

Office of Research and Sponsored Programs Cost Share / Matching Funds Approval Form

Revision Effective Date: 10/18/2023

	PROPOSAL ID					
Principal Investigator:						
Department:						
Agency/Sponsor:						
Proposed Start Date:		Propos	ea Ena D	ate:		
Is Cost Share required by the spo Yes – If yes, attach agen No – If no, provide justific Have you requested and received	cy documentation cation for inclusion approval for C	on on of cost share in ost Share within t	he past ye	ear?		
☐ No ☐ Yes If ye	es, please indica	ate project account	number(s)	and amount	(s):	
Describe each item included in the budget indirect costs), identify the unit (funded by) the individual authorized to commit resource.	and account numb	ber (if available) that w	ill be coverin	ng the cost sha	re, and secure the signature of	
Description	Amount	Funded B (Dept. College,	y	Account	Approver's Signature	
	\$,			
	\$					
	\$					
	\$					
	\$					
UL LAFAYETTE COST SHARE SU	MMARY		Third Parl	ty Contributors		
Total Cost Share for Direct Costs:	\$		Name:		Amount:	
Total Cost Share for Indirect Costs:	\$				\$	
Third-Party Contributions:	\$				\$ \$	
Total Commitment:	\$				\$	
ENDORSEMENTS:		APPRO	OVALS:			
Principal Investigator	Date	Date Vice Pro		esident, Research & AOR		
Department Head	Date	Vice President, Administration & Finance Date			nnce Date	
Dean/Director	Date	Provost	& Vice President, Academic Affairs Date			