

REQUEST FOR CENTRAL CAMPUS COST SHARING

Attach to this form a one-page summary of the proposed research project. Send form and all relevant information to Vice Chancellor for Research, 119 California Hall at least three weeks prior to the date the proposal is due at the agency.

PRINCIPAL INVESTIGATOR AND CAMPUS ADMINISTRATIVE INFORMATION:

Name: _____ Title: _____ E-mail: _____
PRINCIPAL INVESTIGATOR

Name: _____ Title: _____ E-mail: _____
CO-PRINCIPAL INVESTIGATOR

Administering Unit: _____ Contact name: _____
E-mail: _____ Telephone: _____

PROPOSAL AND SPONSOR INFORMATION:

Agency: _____

Program Announcement or RFP solicitation name and #: _____

Date due at agency: _____ Anticipated project begin date: _____

Title of project: _____

Total amount of proposal: \$ _____ Published mandatory cost sharing %: _____ Mandatory cost sharing: \$ _____

PROJECT INFORMATION: Please check off all of the categories that apply to this project.

- Basic Research Applied Research Instruction Training Service Other: _____
- On campus Off campus: Location (required if off campus): _____

COST SHARING TO BE PROVIDED BY OTHERS:

Department: \$: _____ In-kind or contributed effort: (specify) _____

ORU \$: _____ In-kind or contributed effort: (specify) _____

Third Party \$: _____ In-kind or contributed effort: (specify) _____

Other \$: _____ Explain: _____

If cost sharing is to be provided by Department, ORU, Division, or third parties, provide a letter of support from each party.

REQUESTED COST SHARING FROM CENTRAL CAMPUS (total and each applicable budget year). **Total \$:** _____

Year 1 \$: _____ Year 2 \$: _____ Year 3 \$: _____ Year 4 \$: _____ Year 5 \$: _____

Provide an explanation on how the proposed research meets the criteria for campus cost sharing/matching program:

Explain how the campus cost sharing/matching will be spent: