

# Matching Request Form

Revised 2/15/18



Date: \_\_\_\_\_

VPR Document # \_\_\_\_\_

## Originating Investigator(s) Information

Principal Investigator: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Co-PI: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Co-PI: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_ Phone: \_\_\_\_\_ email: \_\_\_\_\_

Note: Use Attachment 1 for additional names.

## Budget Information

Matching required by sponsor? \_\_\_\_\_ Percentage: \_\_\_\_\_ Total matching requested (\$): \_\_\_\_\_

Total requested from sponsor (\$): \_\_\_\_\_ Indirect cost rate (%): \_\_\_\_\_ Total indirect cost (\$): \_\_\_\_\_

## Proposed Project Information

Title of Project: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Duration: \_\_\_\_\_

Provide justification for the requested matching funds and suggested split of matching between departments and colleges. Attach additional pages if necessary. Provide the detailed match distribution on Page 2.

Please attach: **1)** description and URL from agency about their required cost-sharing, **2)** draft budget, and **3)** draft proposal abstract.

**Matching requests must be submitted no less than two weeks before submission deadline!**

Submission Deadline: \_\_\_\_\_

Proposed Grant Administration Unit: \_\_\_\_\_

Proposal Number: \_\_\_\_\_

**Match Distribution and Approvals**

College/Department	SystemPart/ Account #	Amount	Use of Funds (e.g., equipment, salaries)	Approval Signature (account signature authority)

Note: Use Attachment 2 for additional matches and approval signatures.

**Signatures:** (all participating department heads and deans not signing above)

x  
-----  
Department Head:

x  
-----  
Department Head:

x  
-----  
Dean:

x  
-----  
Dean:

x  
-----  
Other:

x  
-----  
Department Head:

x  
-----  
Department Head:

x  
-----  
Dean:

x  
-----  
Dean:

x  
-----  
Other:

Note: Use Attachment 3 for additional signatures.

**Approval:** x  
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Dr. Mark A. Barteau, Vice President for Research

**Routing**

Route through appropriate Department Heads and Deans.

Forward to the Office of the Vice President for Research, MS 1112