COST SHARING AUTHORIZATION FORM

Sponsored Projects Administration will request that accounts be established for both the sponsored project and the cost-sharing commitments only upon receipt of this form. Submission of this form is required only when the cost-sharing involves direct costs, excluding tuition waivers.

REQUESTING DEPARTMENT

Department: ___________________ PI: ___________________ Phone:__________ Email: ____________

Project for which cost-sharing has been committed: Sponsor________________________________

Title _________________________________________________________________________________

SOURCE OF COST SHARING FUNDS AND AUTHORIZATION:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Fund at Inception?</th>
<th>Yes</th>
<th>No</th>
<th>If no, on what date?</th>
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</tbody>
</table>

Special instructions from authorized signator:

*The authorized signature(s) represents that the account number provided is valid, guarantees that funds are available to cost share toward the referenced project and certifies that the signator has signature authority on the cost-sharing funding source. In addition, the Authorized Signator understands that by signing this form, Grants and Contracts Accounting is granted authority to transfer the specified funds from the accounts listed.

USE CONTINUATION PAGE(S) IF NECESSARY
SOURCE OF COST SHARING FUNDS AND AUTHORIZATION:
Cost Sharing guaranteed by Department Chair/Dean/other (name/title): ________________________________

Account number: __________________ Authorized signature*: ________________________________

1st Year Amount: ________________ Fund at Inception? Yes __ No __ If no, on what date? ___________
2nd Year Amount: ________________ Fund at Inception? Yes __ No __ If no, on what date? ___________
3rd Year Amount: ________________ Fund at Inception? Yes __ No __ If no, on what date? ___________
4th Year Amount: ________________ Fund at Inception? Yes __ No __ If no, on what date? ___________
5th Year Amount: ________________ Fund at Inception? Yes __ No __ If no, on what date? ___________

Special instructions from authorized signator:

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