

The Office of Research 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 Information:**

Department: \_\_\_\_\_ PI: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project for which cost-sharing has been committed: Sponsor: \_\_\_\_\_

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

### **Source of Cost Sharing Funds & Authorization:**

Cost Sharing Guaranteed by Dept 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 Signatory:

### **Source of Cost Sharing Funds & Authorization:**

Cost Sharing Guaranteed by Dept Chair/Dean/Other: (Name/Title): \_\_\_\_\_

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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 Signatory:

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

# Cost Sharing Authorization Form Page 2

## **Source of Cost Sharing Funds & Authorization:**

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