**UNIVERSITY OF CENTRAL ARKANSAS**

**SPONSORED PROGRAMS**

**PRE-AWARD COST SHARING AUTHORIZATION FORM**

***Instructions:*** *The use of this form is not required unless cost sharing is presented in your proposal to the sponsoring agency. Please fill out the gray-shaded boxes, print this form, and request the appropriate signatures. Once you have the requisite signatures, send the form to Sponsored Programs, Torreyson West, Suite 324. For cost sharing crossing departmental and/or college lines, please fill out one of these forms for each division providing cost sharing.*

Date:       Funding Opportunity Number:

Principal Investigator:       Sponsoring Agency:

Proposal Title:

The proposed cost sharing is: MANDATORY [ ]  and/or VOLUNTARY [ ]

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| Type\* | Inclusive Dates | Dollar Amount | Account # | Authorizer’s Name | Authorizing Signature |
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\*Cash matching, in-kind, etc. For more information see the [cost-sharing policy](http://www.uca.edu/sponsoredprograms/costsharingpolicy).

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| Faculty Member | UCA ID# | % Effort |
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Fill out only for contributed effort.

Comments:

**APPROVALS**

**Chair** Type name here. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Sponsored Programs** Tim Atkinson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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