

University of Central Arkansas | Sponsored Programs

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**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 across departmental and/or college lines, please fill out one of these forms for each division providing cost sharing.*

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| **Date:**  | **Funding Opportunity Number:**  |
| **Principle Investigator:**  | **Sponsoring Agency:**  |
| **Proposal Title:**  | **Is the proposed cost sharing mandatory and/or voluntary?**Mandatory [ ]  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, please see the [cost-sharing policy](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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

**Dean** Type name here. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

**Authorizing Official** Dr. Stephanie Bellar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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School and Research

*Thank you for taking the time to complete this form. Sponsored Programs will respond to your request within five (5) business days.*