



## Request for Cost Sharing Authorization

*Instructions: The PI should fill in the form fields, print this form, and request signatures from the appropriate chair and dean, and deliver the form to Sponsored Programs (TW 328). For cost sharing across departmental and/or college lines, please fill out one form for each division providing cost sharing. We request that forms be hand delivered rather than sent through campus mail, or sent as an attachment to the appropriate Sponsored Programs Administrator.*

<b>Date</b>	<b>Funding Opportunity Number</b>
<b>Principal Investigator</b>	<b>Department</b>
<b>Phone</b>	<b>Email</b>
<b>Sponsoring Agency</b>	
<b>Proposal Title</b>	
<b>Is the proposed cost sharing mandatory or voluntary?</b> Mandatory <input type="checkbox"/> Voluntary <input type="checkbox"/> <i>(Voluntary cost sharing is discouraged.)</i>	

Type*	Start & End Dates	Dollar Amount	Account # or Dept.	Authorizer's Name	Authorizing Signature

*\*Cash, in-kind, effort, equipment, indirect costs, etc. Please see the UCA Cost Sharing Policy.*

Fill out **only** for contributed effort.

Faculty Member	UCA ID#	% Effort

**Comments**

**Approvals**

Principal Investigator, Print Name	PI, Signature	Date
------------------------------------	---------------	------

Chair, Print Name	Chair, Signature	Date
-------------------	------------------	------

Dean, Print Name	Dean, Signature	Date
------------------	-----------------	------

Kimberly Ashely-Pauley, Director of Research and Sponsored Programs	Signature	Date
---	-----------	------

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