Cost Share Commitment Form

PI Name:	Dept:	College:
Proposal Title:		
Sponsor:	**Cost Share Required? ___Y___N Suggested? ___Y___N**	

Amount Requested from Sponsor: $_____ Total Cost Share: $_____
Cost Share amount requested from Vice President of Research: $_____
Purpose of Cost Share requested from Vice President of Research: _____
Has PI received Cost Sharing from Vice President of Research in past 3 years? ___Y___N

		Cost Share Source (Check one per line)							
Year	**Description of Cost Sharing**	**PI**	**Dept**	**Coll**	**Inst/Ctr**	**IDC**	**VP Res**	**Other**	**Amount**
	Total Cost Sharing								

_____ I request a REDUCTION of F&A costs to _____%.
_____ I request a WAIVER of F&A costs.

Justification:

Principal Investigator: _____ Date: _____
Department Chair: _____ Date: _____
Institute/Center Director: _____ Date: _____
Dean: _____ Date: _____
Vice President for Research: _____ Date: _____
Executive Director, RFS: _____ Date: _____

For Division of Research Use Only

Date request received (RFS): _____
Approved amount of request (RFS): _____
Date approved form returned to PI (RFS): _____
Fiscal year(s) of commitment (RFS): _____

RFS Log #/Date sent to RIC: _____
Date copy sent to Dir.,OCG: _____
Date copy sent to Res.Admin.: _____