

Form Must be Typed

**Bowie State University
Office of Research and Sponsored Programs (ORSP)
Cost Sharing/Matching Authorization Form**

****Note: Please use one form for each cost sharing/matching source.
Please route form to ORSP prior to review by Provost or Vice President. ****

Principal Investigator (PI) and Agency Information

PI : _____ Department: _____
PI Phone#: _____ E-mail: _____ Fax#: _____
Project Title: _____
Funding Agency: _____

Cost Sharing Information

Amount of Cost Sharing/Matching \$: _____ PeopleSoft Dept ID for Cost Sharing: _____
Description: _____

This cost sharing source is also included on a pending application. Yes or No
If yes, please provide: _____
Funding Agency _____ Submission Date _____
 Voluntary Mandatory
If this includes the time of an individual other than the PI, please complete below:

Sign _____ Print _____ Date _____

Third Party in kind/cash contribution

Attach signed documentation on Third-Party Contributor's letterhead

Dollar Amount: _____
Name _____ Description _____

The authorized signatures confirm that the Bowie State University account number(s) provided is/are valid, guarantee that funds are available to cost share toward the referenced project and verify that the signatory has signature authority on the cost-sharing funding source. In addition, the Authorized Signatory understands that by signing this form, the Controller's Office is granted authority to transfer the specified funds from the accounts listed.

_____	_____	_____	Principal Investigator
Sign	Print	Date	
_____	_____	_____	Department Chair/Supervisor
Sign	Print	Date	
_____	_____	_____	Dean
Sign	Print	Date	
_____	_____	_____	Vice President/ Provost
Sign	Print	Date	
_____	_____	_____	VP for Finance and Administration
Sign	Print	Date	
_____	_____	_____	Director of ORSP / Asst. VP for Research
Sign	Print	Date	

ORSP use only:
Date Submitted to ORSP _____ Date Reviewed by ORSP: _____ Reviewed By: _____