

## COLLEGE OF SCIENCE AND MATHEMATICS REQUEST FOR COST-SHARE

**Request for Cost-Share becomes part of Proposal and both must be submitted to the Dean's office in sufficient time to receive approval for funds before the entire package is submitted to SPAR.**

Revised 03/25/03 (help@cosm.sc.edu) Date of Request:

**Funding Agency:** **Proposal Due Date:**

<b>Principal Investigator &amp; Co-PIs:</b>	<b>Department &amp; Coll/Sch:</b>	<b>Phone:</b>	<b>E-Mail:</b>

**Title of the proposal:** \_\_\_\_\_

<b>Start Date:</b>	<b>Duration (months):</b>	<b>Direct Costs Yr 1:</b>	<b>Indirect Costs Yr 1:</b>	<b>PROJECT TOTAL</b>

**Itemize COSM cost-share and attach copy of proposal budget and explanation, identifying each faculty participant and noting faculty release time (academic year vs summer report).**

REQUESTED MATCHING FUNDS FOR :	<u>YEAR 1</u>		<u>YEAR2</u>		<u>YEAR3</u>		<u>YEAR4</u>	
	DEPT	COSM	DEPT	COSM	DEPT	COSM	DEPT	COSM
Personnel								
Fringe Benefits								
Travel								
Equipment								
Other								
<b>TOTAL</b>								

**IF ANOTHER COLL/SCH IS PARTICIPATING, ITEMIZE COST-SHARE & ATTACH LETTERS OF COOPERATION:**

REQUESTED MATCHING FUNDS FOR :	<u>YEAR 1</u>		<u>YEAR2</u>		<u>YEAR3</u>		<u>YEAR4</u>	
	DEPT	COLL/SCH	DEPT	COLL/SCH	DEPT	COLL/SCH	DEPT	COLL/SCH
Personnel								
Fringe Benefits								
Travel								
Equipment								
Other								
<b>TOTAL</b>								

THE DEPARTMENT OF _____ will provide _____ \$ in matching funds. Comments : _____	Signature: _____ Department Chair/Date
THE OFFICE OF THE DEAN _____ will provide _____ \$ in matching funds. Comments : _____	Signature: _____ Office of the Dean/Date

**IF FUNDING LEVEL IS REDUCED, COST-SHARE FUNDS WILL BE REDUCED ACCORDINGLY**