

**OFFICE OF RESEARCH
MATCHING FUNDS REQUEST**

PI Name _____

Phone Number _____

Department _____

College _____

Agency _____

Grant Title _____

Proposed Agency Funding Amount _____

Term (# of years) _____ Start Date (mm/dd/yy) _____ End Date (mm/dd/yy) _____

Total Match Amount Requested _____

Tuition/Match Awarded _____

BREAKDOWN OF MATCHING FUNDS REQUESTED:

Year	Tuition	Match	Justification	Total Amount
1				
2				
3				
4				
5				

** Please notify the Office of Research and/or the Office of Sponsored Programs when you have received agency notification that your proposal has been approved/rejected.*

** This obligation is exclusive for this proposal and will expire at the end of the proposed project. Please make us aware of any extensions or approved continuations.*

Incentive Faculty Research Balance _____ (to be filled out by Research Office)

Requestor Signature _____ FUND/INDEX _____

VP for Research Signature _____ Date _____