

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.

Signatures and dates for: Principal Investigator, Department Chair/Supervisor, Dean, Director of ORSP, Vice President/ Provost, VP for Finance and Administration

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