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**	
_____	_____	_____	**ORSP Approver**
Sign	**Print**	**Date**	

ORSP use only:

Date Submitted to ORSP_____ Date Reviewed by ORSP:_____ Reviewed By: _____