REQUEST FOR COST-SHARING/MATCH FORM
WINSTON SALEM STATE UNIVERSITY

University policy allows cost-sharing/match only when it is required by the sponsor. A proposal with cost-sharing/match cannot be approved without a completed and signed Request for Cost-Sharing/Match Form.

PI Name:
PI Dept/Center/School:
Title of Proposal:
Sponsor Name:
Project Start Date:
Project End Date:

<table>
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<tr>
<th>In-Kind Faculty Salaries (Indicate Name)</th>
<th>Source (School, Dept, Center)</th>
<th>Account # (Must Include)</th>
<th>Base Salary</th>
<th>%Effort</th>
<th>$Amount Toward Project</th>
<th>Fringes Calculated on % of Salary</th>
<th>Indirect Costs Calculated on % of Salary</th>
<th>Total</th>
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In-Kind Staff: $ Account #(s)
Cash Contributions (Travel, Supplies, etc): $ Account #(s)
Third-Party In-kind: $ Grand Total: $

NOTES: 1) Account Numbers must be inserted in order to approve source of contribution. 2) Total value of Faculty, Staff and Student In-Kind contribution should include the $ Amount Toward Project, Fringes, and Indirect Cost. 3) All proposed cost-sharing/match must be for the benefit of conducting activities in this proposal. 4) Release-time for faculty and staff must be approved when submitting this proposal in order to obtain approval as committed cost-sharing/match (complete the Grant Release-Time Form and attach it to this form). 5) Source of cost-sharing/match must be available during the period(s) of the project in order for it to be allowable. 6) A letter committing cost-sharing/match from a Third-Party must be signed by authorized person(s) for that entity and must be attached to this form.

Approvals:

_______________________________ Date:
PI/PD

_______________________________ Date:
Chair

_______________________________ Date:
Dean

Provost & VC for Academic Affairs

NOTE: Person(s) who are responsible for cost-sharing/match resources must sign, along with the Principal Investigator (PI) responsible for this report.