

**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:

In-Kind Faculty Salaries (Indicate Name)	Source (School, Dept, Center)	Account # (Must Include)	Base Salary	%Effort	\$Amount Toward Project	Fringes Calculated on % of Salary	Indirect Costs Calculated on % of Salary	Total
			\$	%	\$	\$	\$	\$
			\$	%	\$	\$	\$	\$
			\$	%	\$	\$	\$	\$
			\$	%	\$	\$	\$	\$

**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

\_\_\_\_\_ Date:  
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.