

Request for VCR Cost-Share on Grants and Contracts

PI's Name: _____

Position: _____

Dept/Center _____

Title of Proposal: _____

Proposal deadline: _____ **Proposed funding period:** _____ to _____
mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

Funding Agency/Sponsor: _____

- Attach copy of RFP pages stating required match/cost-share.
- Attach copy of proposal budget showing proposed cash and in-kind cost-share.

Agreement for cash portion of cost-share:

	Cost object	Amount
Department/Center (PI)	_____	_____
College (PI)	_____	_____
Department/Center (Co-PI)	_____	_____
College (Co-PI)	_____	_____
Vice Chancellor for Research	<u>Budget Transfer</u>	_____

Signatures:

	Name	Date
Principal Investigator	_____	_____
Department Chair/Center Director	_____	_____
Dean	_____	_____
Co-PI	_____	_____
Department Chair/Center Director	_____	_____
Dean	_____	_____
Vice Chancellor for Research	_____	_____

Submit form with attachments at least one week before proposal deadline to:

Office of Research & Graduate Studies OR fax to: (402)472-3834

ATTN: Cost-Share Requests

303 Canfield, UNL 0433
