REQUEST FOR CASH COST SHARING FUNDS

Some sponsors, particularly some who fund equipment grants, require the University to cash cost share a portion of the project costs. WSU’s policy is to share project costs only when required by the sponsor as a condition of funding, except in exceptional circumstances. This form should be completed prior to proposal submission to sponsor and returned to the Office of Sponsored Projects if cash cost sharing is required. Complete a form for each year the cash cost sharing is requested.

Project Title: ____________________________

Principal Investigator/Project Director: ____________________________

Check one of the following (attach sponsor documentation):

☐ The sponsor requires cash cost sharing in the amount of $_______ or ____% of total project costs.

☐ The sponsor requests cash cost sharing in the amount of $_______ or ____% of total direct costs.

☐ The PI/PD requests cash cost sharing in the amount of $_______ or ____% of total project costs.

Give reason(s): ______________________________________________________

Amount requested from:

Sponsor: $_______ cost code: __________________

Department: $_______ cost code: __________________

Dean: $_______ cost code: __________________

*Provost’s Cash Cost Sharing Fund: $_______ cost code: __________________

(* At least 20% of the cash cost sharing must be secured from the department or dean before the Provost’s Cash Cost Sharing Fund is requested.)

Describe each proposed cash cost sharing expenditure item and list the cost for each:

• _____________________________________________________________________
  $_______

• _____________________________________________________________________
  $_______

• _____________________________________________________________________
  $_______

Total: $_______

Cash cost sharing, as described above, has been budgeted and will be provided to the project if the proposal is funded by the sponsor in the amount requested. If it is funded in a reduced amount, cash cost sharing will be reduced proportionally.

PI/PD ____________________________ Date

Dean ____________________________ Date

Associate Provost ____________________________ Date

Department Chair ____________________________ Date

Office of Sponsored Projects ____________________________ Date

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