

Matching Funds Request Form

PI Name:		Phone #:		Stop #:	
Dept:		College:			
Agency:					
Grant Title:					
External Funding Amount:					
Term (# years):		Start Date:		End Date:	
Total Match Amount Requested:		VPRED Match Awarded:			

Do not fill in shaded area.

Breakdown of Matching Funds Requested

Year	VPRED	College	Department	Other	Total Amount
1					
2					
3					
4					
5					
TOTAL					

* Please notify the Office of the Vice President for Research & Economic Development (VPRED) at 777-6736 or vpr@research.UND.edu when you receive agency notification that your proposal has been approved/rejected.

Required Signatures:

PI: _____ Date: _____

Department Head: _____ Date: _____

Dean: _____ Date: _____

Approved: Denied:

Vice President for Research & Economic Development: _____ Date: _____

Submit to the Office of the Vice President for Research & Economic Development (Twamley 103) five working days before proposal submission date.