University Corporation for Atmospheric Research
Cost Sharing Approval Form

Principal Investigator: ____________________________________________________________

Sponsor: _______________________________________________________________________

Proposal Number: ________________________________________________________________

Proposal Title: __________________________________________________________________

Total Cost Share Obligation: $ ______________

Cost Sharing Included in this Proposal is: Mandatory □ Voluntary □

Cost Share Detail
1) Source*: ____________________________ Amount: $ _____________
   Account Key (if unknown, indicate “new”): ____________________________
   Description of Cost Share: _________________________________________

2) Source*: ____________________________ Amount: $ _____________
   Account Key (if unknown, indicate “new”): ____________________________
   Description of Cost Share: _________________________________________

3) Source*: ____________________________ Amount: $ _____________
   Account Key (if unknown, indicate “new”): ____________________________
   Description of Cost Share: _________________________________________

* See Cost Share Guideline Item #5 for Eligible Cost Share Sources.

Principal Investigator Certification

Certification: I certify that the above amount represents UCAR’s total cost sharing obligation.

Principal Investigator: ____________________________  ____________________________
   Signature                                      Date

Review and Approvals

Division/Program Director: __________________________
   Signature                                      Date

Entity Budget Office: __________________________
   Signature                                      Date

Vice President – F&A: __________________________
   Signature                                      Date

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