APPLICATION FOR MATCHING FUNDS

PI Name: _____ Department_____

Co-PI Name: _____ Department: _____

Co-PI Name: _____ Department: _____

Co-PI Name: _____ Department: _____

Title of Project: _____

Funding Agency: _____

Classification: Grant   Contract   Other: _____

Announcement Requires Match: Yes   No

Funds Requece: HEF Funds: $_____ n-HEF Funds: $_____

Anticipated Start Date: _____

Departmental Match $_____ Departmental Index $_____

College Match $_____ College Index $_____

University Match $_____ University Index $_____

PI: _____
                                                                          Date

Department Chair: _____
                                                                          Date

Dean: _____
                                                                          Date

Associate Provost of Research: _____
                                                                          Date

Inform ORSPA when agency official notifies funding status.

Office of Research and Sponsored Programs
P.O. Box 10119 Beaumont, Texas 77710   (409) 880- www.lamar.edu
MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

Matching Funds Form 04/2021