

CMRF Agreement to Cost Share

Please note that all information requested below is required.

Project Title:

Name and Degree:

Academic Title:

Primary Departmental Affiliation:

Campus Address:

Telephone Number:

E-mail address:

Department Chair's Signature*

Institutional Account Number

* Department chair or appropriate Responsibility Center Director (*e.g.*, division chief or institute director) who can authorize cost sharing against an Entity-02 or -04 institutional account. This signature certifies acceptance of primary investigator cost shared effort and no indirect cost.