

Request for Start-up or Matching Funds

Funds will not be available unless this form and a budget justification has been submitted and approved by Academic Affairs

Start-up Funds: Yes	No	Matching Funds: Yes _	No	
College/School:				
Department:				
Faculty's Name:				
Appointment Rank:				
Requested Funds (<i>Budget</i>	Justification Required):			
Requested date funds will	need to be disbursed: _			
Cost Share Distribution: (Must = 100%)	College/School (%)			
	Academic Affairs' (%)			
	ORED Share (%)			
	Other (%)			
Amount to be disbursed in	n:			
FY1	FY2		FY3	
Additional Comments:				
APPROVALS:				
Dean of Academic Unit	Date	Office of Research/Econor (Match only)	mic Development	Date
 Graduate Dean	Date	Provost/SVPAA		 Date