**GENERAL CAMPUS MATCHING FUNDS PROGRAM – APPLICATION FORM**

**Program Overview:**

* Match explicitly required by the agency in the RFP or solicitation.
* Proposals must be submitted and managed by an Academic Affairs department, ORU or similar unit.
* Proposals deemed large will exceed $1M per year in total funding [direct cost (DC) & indirect cost (IDC)].
* Proposals deemed interdisciplinary should involve at least three faculty from at least two Divisions.
* EVC will match cost-sharing provided by units at a ratio of 2:3 up to a maximum of 5% modified total direct costs (MTDC).

See full program guidelines: <https://evcra.ucsd.edu/budget-financials/index.html#General-Campus-Matching-Funds-P>

Submit this form to the Office of Executive Vice Chancellor Academic Affairs (jflouie@ucsd.edu) with additional required documents as necessary.

**PRINCIPAL INVESTIGATOR AND CAMPUS ADMINISTRATIVE INFORMATION:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (PRINCIPAL INVESTIGATOR)

Home Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (CO-PRINCIPAL INVESTIGATOR)

Home Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT INFORMATION: *(Complete all fields applicable to requested funding program)* Proposal #:** \_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Title of Project: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_ |
| Required Cost Share [ ]  YES [ ]  NO | Total requested cost sharing: | $ \_\_\_\_\_\_\_\_\_\_\_ | Total amount of project: | $ \_\_\_\_\_\_\_\_\_\_\_\_ |
| Requested cost sharing % of MTDC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sponsor/Agency:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Program Announcement for RFP Solicitation name and #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date due to sponsor: \_\_\_\_\_\_\_\_\_\_ | Duration of time funding is required:  | \_\_\_\_\_\_\_\_\_\_\_\_ | Anticipated project begin date: | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**COST SHARING TO BE PROVIDED BY OTHERS:**

For ***each commitment***, please provide email confirmation and clearly list below:

1. Who has committed support; e.g. Vice Chancellor/Dean/Department/ORU/Faculty member/3rd Party
2. Type of support; e.g. cash/in-kind/admin effort, etc.
3. Is the commitment *new* or previously committed (e.g., prior seed funds, retention, startup, fellowships, etc.)?
4. Amount of support

**PROJECT SUMMARY/JUSTIFICATION:** *(See specific program guidelines for additional required information)*

**BUDGET:** *(Please provide an itemized budget; may be attached to this document)*

**CAMPUS-WIDE BENEFITS:** *(Please explain the broad access of this project- ex. multiple department use of facility)*

**FINANCIAL SUSTAINABILITY PLAN:** *(Please explain how this program will be funded long-term)*

**SIGNATURES OF APPROVAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Principal Investigator: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date  |
| Department Chair/ORU Director: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date  |
| Department Chair/ORU Director: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date  |
| Dean: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date  |
| Dean: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date  |