

UCSD NO. _____

REQUEST FOR EQUIPMENT MATCHING COMMITMENT

Department: _____ P.I. _____ Date: _____

Granting Agency: _____ Award notice from agency expected before: _____

Project Title: _____

<u>Funding Summary:</u>	<u>FY:</u> <u>Year 1</u>	<u>FY:</u> <u>Year 2</u>	<u>FY:</u> <u>Year 3</u>	<u>FY:</u> <u>Year 4</u>	<u>FY:</u> <u>Year 5</u>	<u>Total</u>
Agency	_____	_____	_____	_____	_____	_____
Divisional Dean	_____	_____	_____	_____	_____	_____
Department	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____	_____

Justification for matching in the amount proposed:

Department Chair's Approval: _____ Date: _____

Divisional Dean's Approval: _____ \$ _____ Date: _____

Proposal Status: Awarded _____ Rejected _____

If awarded, amount of Equipment Award from Agency: \$ _____

<u>If awarded, transfer request:</u>	<u>FY:</u> <u>Year 1</u>	<u>FY:</u> <u>Year 2</u>	<u>FY:</u> <u>Year 3</u>	<u>FY:</u> <u>Year 4</u>	<u>FY:</u> <u>Year 5</u>	<u>Total</u>
Dean's Match	_____	_____	_____	_____	_____	_____
Date Requested	_____	_____	_____	_____	_____	_____
Date Matched	_____	_____	_____	_____	_____	_____
Approved	_____	_____	_____	_____	_____	_____

Department _____

Dept Index No.: _____

UCSD Proposal Number: _____