

**WORCESTER POLYTECHNIC INSTITUTE  
VOLUNTARY COST SHARING COMMITMENT REQUEST**

This form must be completed for all proposals to external sponsors that will involve a voluntary cost sharing commitment by the University. Please complete and forward this form to ORA at least two weeks prior to the proposal deadline or anticipated submission date.

PI Name & Department:

Sponsor:

Specific Program, if any:

Amount of This Request: \$

Amount Being Requested from Sponsor: \$

Brief Description of the Proposed Research:

Explanation of the Reason Cost Sharing Is Being Requested and How Cost Sharing Will Enable a Competitive Advantage:

Explanation of Any Sponsor-imposed Limitations on the Amount That Can Be Requested:

Is Cost Sharing for This Proposal Consistent with the Level of Cost Sharing by Collaborating Institutions, if any? Yes  No  (If No, Please Explain)

Please indicate whether any other cost sharing is anticipated should the sponsor make an award to WPI (e.g., department cost sharing, use of professional development funds, other external organization cost sharing):

PI Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Approved by: \_\_\_\_\_ Approval Date: \_\_\_\_\_

FOAPAL: \_\_\_\_\_ Approved Amount: \_\_\_\_\_