UCSB OFFICE OF RESEARCH Instructions for Completing the UCSB Office of Research UC Cash Project Contribution Request Form

| Descend # | Enter the ODDit record to consisted with the present |
|----------------------------|--|
| Record # | Enter the ORBit record# associated with the proposal |
| Sponsor Deadline | Enter the due date for the submission |
| Lead PI | Enter the first, middle initial and full last name of the individual primarily |
| | responsible for the project |
| Lead PI Email | Enter the full e-mail address of the Lead Principal Investigator |
| PI Home Dept | Enter the name of the PI's home department, unit, institute, etc. |
| Administering Dept | Provide the name of the department, unit, institute, etc. responsible for |
| | submitting the proposal |
| C&G Liaison Name & | Provide name and email of the person in the administering department |
| Liaison email | who is responsible for administering extramurally funded projects |
| Proposal Title | Enter title of project. Should match the title on the Office of Research |
| | data sheet and sponsor forms |
| Funding Sponsor | Enter the name of the potential funding agency. Please do not |
| | abbreviate |
| Solicitation Title | Provide the title of the agency announcement |
| Co-PIs & their home | List first and last names of co-PIs, their titles, and their affiliations |
| department(s) | (department/research unit if from UCSB, institution if not from UCSB) |
| Other Collaborators | List any other individuals or entities involved in the project |
| Does the solicitation | Check "yes" if the agency guidelines state that there is a mandatory cost |
| require cost sharing? | share requirement. If not, check "no" |
| Is cost sharing prohibited | Check "yes" if the agency guidelines state that cost sharing is prohibited. |
| in the solicitation? | If not, check "no" |
| Does the solicitation | Check "yes" if the agency guidelines state that a letter of support is |
| require a letter of | required. If not, check "no" |
| support? | |
| Cost-sharing requirement | Please describe the sponsor's cost-sharing requirement and associated |
| and associated page # | page # from solicitation |
| from solicitation | |
| Sponsor Budget – | List the total direct costs on the sponsor budget |
| Direct Costs | |
| Sponsor Budget – | List the total indirect costs on the sponsor budget |
| Indirect Costs | |
| Sponsor Budget – | List the total budget requested from the sponsor (direct + indirect costs). |
| Total Budget | Include sponsor budget as an attachment to request form |
| Cost Share Budget - | List already secured in-kind cost share |
| Secured In-Kind | |
| Cost Share Budget - | |
| Requested Cash | List the requested cost share cash amount |
| Requested Cash | List the requested cost share cash amount |
| Cost Share Budget - Total | List the requested cost share cash amount List the cost share budget (in-kind + requested cash). Include cost share |

All UC Cash Contribution Request forms must be sent to <u>costshare@research.ucsb.edu</u> and accompanied by required supporting documentation as outlined on form at least 10 days before sponsor deadline.