**ADVANCE GRANT**

MSU Budget Justification and Match Fund Commitment(s)

Inventor/PI: \_\_\_\_\_\_\_\_\_\_\_\_\_ Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PD #:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tech ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Detail of Sponsored Funds and Cost Share Distribution (Direct Costs Only)** | **Costs ($)** |
| 1. Sponsored Program Costs (up to 50% of Total Project Costs)
 | $ |
|  *Compensation (salaries, consultants, subcontracts): $* |  |
|  *Materials, Supplies, Travel, Other Expenses: $* |  |
| 1. Cost Share Commitment Costs (at least 50% of Total Project Costs)
 | $ |
|  *Compensation (salaries, consultants, subcontracts): $* |  |
|  *Materials, Supplies, Travel, Other Expenses: $* |  |
| **Total Project Cost** **– (Not to Exceed $55,000)** | $ |

**BUDGET JUSTIFICATION DETAILS**

Salaries:

Consultants:

Subcontractors:

Travel:

Materials & Supplies:

Other Expenses:

Matching Funds (approvals below):

**REQUIRED AUTHORIZED SIGNATURES**

**PI Signature(s):**

By signature below, I understand and agree to comply with the following program requirements, if my proposal is funded: 1) Participate in mid-project and final project update sessions as reasonably requested; 2) Complete written final project report; 3) Fund project cost sharing requirement in the project cost share account; 4) Tuition is not an allowable expense under any circumstances; 5) Use vendors/contractors based in the State of Michigan or seek prior approval for exception; 6) Comply with your institution’s research policies and any applicable human, animal, plant and environmental research regulations.

 Signature Print Email Date

**Technology Manager**:

By signature below, I verify that I have reviewed the proposal, including budget and milestones, and confirm that it is nonconfidential, that the technology/IP listing is accurate, the milestones are meaningful for derisking the technology, and that the technology is (or will be) available for licensing from MSU in the field-of-use applicable to the proposal.

 Signature Print Email Date

**Cost Sharing Funds Approval**:

By signature below (or an affirmative email), I verify that the required matching funds are available from the source(s) listed below over which I have authority and will be transferred to an account for the sole use of this project should an award for the ADVANCE Innovation Hub funds be made. Additionally, I verify by signature below that these matching funds have not originated from another program funded by the Michigan Economic Development Corporation/Michigan Strategic Fund. (If there are multiple sources of matching funds, the person responsible for each increment of the match should be listed as a signatory below. For a proposal to be accepted for review, the total of these commitments must match or exceed the requirements of the grant being sought.)

***College Level Match (must total at least 25% of Total Project Cost):***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| College/Dept | **Department**: |  | **College/Unit**: |  |
|  | Amount ($): |  | % of Total Grant: |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  Signature | Print | Email |  |  Date |
|  |  |  |  |  |

Other Sources (only if applicable):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Match Source 2 | **Department**: |  | **Organization/Unit**: |  |
|  | Amount ($): |  | % of Total Grant: |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  Signature | Print | Email |  |  Date |
|  |  |  |  |  |

***----------------------------------------------------------------------------------------------***

***MSU Innovation Center Match (up to 25% Total Project Cost):***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Match Source 3** | **Department**: | MSU Innovation Center | **College/Unit**: | OVPRI |
|  | Amount ($): |  | % of Total Grant: |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  Signature | Print | Email |  |  Date |
|  |  |  |  |  |