**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 (attach approval emails):

**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.7) Request college level matching fund to be transferred to the project account as the detail amounts listed in Cost Sharing Funds Approval table below.

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

**Please do not proceed to match fund approval until the proposal has been approved (and this form signed) by your Technology Manager**

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

**Cost Sharing Funds Approval\***:

By signature below , I verify that the required matching funds have been approved from the source(s) listed below 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 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, please list each one. For a proposal to be accepted for review, the total of these commitments must match or exceed the requirements of the grant being sought.)

***Match sources:***

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

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

Other Sources (only if applicable):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Match Source 2 | **Department**: |  | **Organization/Unit**: |  |
|  | Amount ($): |  | % of Total Grant: |  |
|  |  |  |  |  |
| \* Email approval from a chair or dean committing to cost share should be provided by the PI with the proposal submitted. | | | | |
|  |  |  |  |  |
|  |  |  |  |  |

***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 |
|  |  |  |  |  |