

Matching Funds Request Form

Please provide all the requested information using the format outlined below:

1. Name of Funding Agency/Sponsor _____

2. Provide required matching contribution (in terms of percentage) and type of support required by Funding Agency/Sponsor and attach guidelines:

_____ Matching Funds

_____ In-kind

3. APPLICANT INFORMATION

PRINCIPAL INVESTIGATOR	DEPARTMENT	EMAIL
CO-INVESTIGATORS/CO-APPLICANT(S)	FACULTY / UNIVERSITY	EMAIL

4. RESEARCH PROJECT INFORMATION

Title: _____

Application Deadline: _____

5. PROJECT DESCRIPTION:

*Please provide a **brief description** of the proposed project that addresses:*

- central focus or theme
- significance for the relevant discipline(s) and alignment with TMU SRC

priorities

- nature of undergraduate/graduate student involvement
- anticipated length of project
- anticipated outcome and impact of the project

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6. BUDGET (Please attach a copy of the full project budget)

Total amount of funding requested for this project from the External Sponsor/Funder (cash)	
Total amount of funding received from or committed by your School / other TMU commitments in support of your project (Please indicate cash or in-kind)	
Total amount of funding secured from other external sources(s), including Partners . (Please indicate cash or in-kind)	
Requested matching funds from FCS (cash and in-kind)	
Breakdown of costs (only if the full budget is not available/attached):	