College of Education: INSTITUTIONAL SUPPORT FORM (ISF)

COERO 202202V6

| ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, | ated university resources in an externally funded project. Two types of ry and cost share. Not all types of support may apply. <u>Complete ONE</u> LTY AND STAFF RECEIVING OR PROMISING COLLEGE OR |
|--|--|
| DEPARTMENTAL RESOURCES. At least 5 business days before subm | ission, email the completed form to the appropriate RC for review |
| and routing for signatures. ISF Version | |
| Date | KC# |
| | Grant Start Date |
| Sponsor | Grant End Date |
| Lead College (for the TXST PI) | IDC/F&A Rate (%) |
| | ESTIMATED PROPOSAL COST OVERVIEW |
| FACULTY INFORMATION (contact info for the person completing | g this form) Direct Costs (\$) |
| Name | Indirect Costs (\$) |
| Email | Cost Sharing Total (\$) |
| Department/Appointment | TOTAL |

COURSE BUYOUT AND SUMMER SALARY

A course buyout is time paid by the sponsor to work on a funded project. Complete this section for ALL COE PERSONNEL in the project. Include COE faculty/staff name, their department/appointment that is being bought out, semester, and number of course buyouts/percent of time bought out/summer time. COERO will route this form to supervisors for all COE personnel included in this section. If there are no course buyouts or summer salary, type NA. (*Ex. Ting Liu, HHP, Fall 2022, 1 course*)

COST SHARE

Cost share is the commitment of university resources to help offset expenses associated with executing the grant. It may be voluntary or mandatory. Voluntary cost share requires AVPR approval. Read more at AA/PPS 03.01.21 and the ORSP website.

What is the benefit to the university for the cost sharing?

| | Cost Share Source 1 | Cost Share Source 2 | Cost Share Source 3 |
|--|---------------------|---------------------|---------------------|
| Type of Cost Share (Mandatory or Voluntary) | | | |
| Cost Sharing Funds Source* | | | |
| Purpose (ex. conference travel in Fall 2023) | | | |
| Cost Sharing Dollar Amount (\$) | | | |
| Account Number (Cost Center and Fund or In-Kind person/org) | | | |
| Account Manager Name | | | |

*(ex. Dept, College, Research Startup, IDC account, University, In-Kind [external to university only])

ADDITIONAL INFORMATION

I acknowledge that this request has been discussed and agreed upon by COE faculty and chairs/supervisors in accordance with UPPS 02.02.01. I acknowledge review of the following policies regarding applying for (UPPS 02.02.01) and managing sponsored projects (UPPS 02.02.02) as well as cost share (AA/PPS 03.01.21).

SIGNATURES