**APPENDIX C**

**CAPITAL EQUIPMENT GRANT MATCH**

|  |  |
| --- | --- |
| **Equipment:** |  |
| **Equipment Requestor:** |  |

Use as many pages as necessary to document the required **minimum 50% equipment cost match**. Include information for all match contributors, including the equipment requestor, as applicable.

|  |
| --- |
| **Match Contributor (all fields are required):** |
| **Name** |  |
| **Position** |  |
| **College** |  |
| **Department** |  |
| **Does contributor have current start-up funding from the Office of Research?** |   Yes No |
| **Purchase contribution amount** | $ |
| **Index number for match amount** | A |
| **Signature indicating match contribution agreement** |  |

|  |
| --- |
| **Match Contributor (all fields are required):** |
| **Name** |  |
| **Position** |  |
| **College** |  |
| **Department** |  |
| **Does contributor have current start-up funding from the Office of Research?** |   Yes No |
| **Purchase contribution amount** | $ |
| **Index number for match amount** | A |
| **Signature indicating match contribution agreement** |  |