University of Florida

Office of Research, Division of Sponsored Research

Proposal Processing

P. O. Box 115500, 208 Grinter Hall

Gainesville, FL 32611-5500

To Whom It May Concern:

This purpose of this letter is to document cost sharing for the proposal entitled “” with the main PI being . This cost sharing is categorized as:

[ ]  Mandatory (the agency requires it – please attach a copy of proposal guidelines).

[ ]  Voluntary Committed (not required by the agency BUT the PI included it in the proposal – please describe circumstances below).

[ ]  Voluntary Uncommitted (includes effort not reflected in proposal or effort that is not an allowable charge – attach guidelines if not an allowable charge and describe circumstances below).

 will be devoting with being cost shared and being reimbursed from the grant. The department approves this due to .

See the table below for the estimated cost of the shared expenses, as well as the department(s) who will be responsible for the cost.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| UF Faculty Member(s) | Department(s) Funding the Commitment | Cost to Dept. Year 1 | Cost to Dept. Year 2 | Cost to Dept. Year 3 | Cost to Dept. Year 4 | Cost to Dept. Year 5 | Total Cost to Dept. over Entire Project Period |
|  |  |  |  |  |  |  |  |

We hope that you will permit this exception to the University of Florida and College of Dentistry Cost Sharing Policy.

Sincerely,

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Teresa A. Dolan, D.D.S., M.P.H.  |
|  |  | Dean, College of Dentistry |