**FY25 Core Facility Assistance Grant**

**Cover and Cost Share Confirmation Page**

**Date of Application**:

**Name of the Applicant**:

**Applicant email**:

**Full Name of the Core Facility**:

**Department/Unit of the Core Facility**:

**Name of the Core Facility director**:

**Proposal Title**:

**Total Amount requested**:

**Cost Share Amount**:

(See Required Cost Share table on application website)

**Provider of Cost Share (department/Unit)**:

(See Required Cost Share table on application website)

**Signatures of the Applicant, department or Committee Chair, and Provider of the Cost Share**:

(These signatures will constitute acknowledgement that the request has been discussed, and the application and Cost Share have been approved)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Department or Provider of Cost Share**

 **Committee Chair**

[Name] [Name] [Name]

[Title/Position] [Title/Position] [Title/Position]

[Department/Unit] [Department/Unit] [Department/Unit]