

**Complementary Funding
Request Form**

Mason faculty involved in proposals with other 4-VA institutions will be eligible to apply for complementary funding to support cross university collaborative work. Up to $5,000 may be available in complementary funding for you as a Co-PI to a partner 4-VA institution. Grants are per school, not per researcher. Please note that 4-VA funds cannot be transferred between institutions.

Title of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposal Summary: (100 words max) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Role | Name | University |
| Principal Investigator |  |  |
| Participant |  |  |
| Participant |  |  |

Please identify which school(s) you are working with and the amount of funding at host institution as well as partner institutions:

|  |  |
| --- | --- |
| Institution | Amount |
| George Mason University |  |
| James Madison University |  |
| Old Dominion University |  |
| University of Virginia |  |
| Virginia Commonwealth Univ |  |
| Virginia Military Institute |  |
| Virginia Tech |  |
| William and Mary |  |

Project Timeline:

When do you expect to begin your project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

By what date do you need your funding? \_\_\_\_\_\_\_\_\_\_\_\_

What is the anticipated finish date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to process your grant request promptly, we need the following information regarding the person(s) responsible in your unit and college for your financial reconciliation. This is the person who will disburse your funds. Please provide their name and email address. There may be more than one person responsible.

Financial Officer:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, along with those individuals listed above, have submitted the proposal to the host institution for grant funding. We request the amount indicated above as monetary support from 4-VA@Mason

Signature Date:

4-VA@Mason will send copy to Principal Investigator’s Institution.

Please recognize, if awarded the grant, funding recipients will need to comply with policies and procedures outlined in our MOU.