



AFRL/DAGSI OHIO STUDENT-FACULTY COMPETITIVE RESEARCH FELLOWSHIP PROGRAM

Signature Form ODHE FUNDED PROJECT

I certify that to the best of my knowledge all information provided in the application package is true and accurate. I understand that any misrepresentation of facts on the application will invalidate the application and cause me to be ineligible for an AFRL/DAGSI research fellowship award.

Student—print name and date	Faculty—print name and date
Student—signature	Faculty—signature
Proposal Title:	
Горіс Number:	
understand that, for each one-year award, DAGSI will or \$44,130 (MS). The proposed cost share is from a sour of Ohio funding and meets the minimum requirement of \$14,710 respectively for the DAGSI maximum contribution maximum of 26%, with tuition exempt. Overhead reconstructions of the exempt of the AFRL via the AFRL and 8% DAGSI administrative fee applied to the total including tuition and the 26% university overhead).	urce that is an allowable commitment against state of one-third of the DGASI contribution (\$17,420 or ition). The indirect rate to be paid by DAGSI is a overy cannot be used as part of the required cost AFRL/DAGSI Cooperative Agreement must include
University authorizing official—print name and title	Date
University authorizing official—signature	Phone and Email