



**The Air Force Research Laboratory/
Dayton Area Graduate Studies Institute**



**Ohio Student-Faculty Graduate Fellowship
Signature Form**

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: _____

Topic Number and Sponsor: _____

I understand that, for each one-year award, DAGSI will contribute an annual maximum of \$52,260 (Ph.D.) or \$44,130 (MS). The proposed cost share is from a source that is an allowable commitment against state of Ohio funding and meets the minimum requirement of one-third of the DAGSI contribution (\$17,420 or \$14,710 respectively for the DAGSI maximum contribution). The indirect rate to be paid by DAGSI is a maximum of 26%, with tuition exempt. Overhead recovery cannot be used as part of the required cost share. Any cost share commitment from AFRL via the AFRL/DAGSI Cooperative Agreement must include an 8% DAGSI administrative fee applied to the total (i.e., all expense categories including tuition and the 26% university overhead).

University authorizing official—print name and title

Date

University authorizing official—signature

Phone and Email