Seed Grant Program
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PRINCIPAL INVESTIGATOR

Name/Degree: **Position/Title:**

Name of Institution and Dept:

Mailing Address:

Site of Research (if different from mailing address):

Email: **Phone:**

Signature: _____   **Date:**

OFFICIAL OF INSTITUTION

Name: **Position/Title:**

Name of Institution:

Name of Grant Administration Dept:

Mailing Address:

Email: **Phone:**

The signature of the institutional official verifies that the research activities funded by this grant will be carried out in accordance with the guidelines of the U.S. Department of Health and Human Services.

Signature: _____   **Date:**