

## Loss Prevention Grant Fund PY 2022-2023 Senior Leadership/Supporting Departments Acknowledgement Form

### I. Department Acknowledgement

Physicians acting as Principal Investigator are required to obtain the signature of their department or Foundation Chief. All others must obtain the signature of the Vice President governing their department or the Chief Medical Officer of the affiliate where the project is to take place, acknowledging the Principal Investigator's intention to submit a proposal.

<b>Applicant Name</b>			
<b>Principal Investigator (if different):</b>		<b>Phone number:</b>	
<b>Affiliate:</b>		<b>Email address:</b>	
<b>Project Title:</b>			

I have reviewed this grant proposal:

\_\_\_\_\_  
Vice President/CMO/CNO/Chief of Department or Foundation

\_\_\_\_\_  
Date

\_\_\_\_\_  
(print name)

### II. Additional Resources Acknowledgement

Please identify needed resources outside your department and obtain VP signature to acknowledge support.

<b>Out of Dept Resources</b>	<b>VP Signature</b>	<b>Print Name</b>

Please scan the signed form and email it to [vtill@lifespan.org](mailto:vtill@lifespan.org) or fax to 401-444-8963.

Thank you.