



**Lifespan
Risk Management**



**Lifespan
Risk Services, Inc.**

Loss Prevention Grant Fund FY 2021 Senior Leadership Acknowledgement Form

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 this preliminary proposal.

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

I have reviewed this grant proposal:

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

Date

(print name)

This form cannot be uploaded into the electronic grant application.

Please:

- scan the signed form and email to vtill@lifespan, OR
- fax to 401-444-8963 OR
- send the original via interoffice mail to Valerie Till (245 Chapman St., Suite 200).

Thank you.