



## Loss Prevention Grant Fund PY 2026-2027 Acknowledgement Form

### I. Senior Leadership Acknowledgement

Principal Investigator /applicant must obtain a signed Acknowledgement Form from their Department/  
Foundation Chief, Vice President, CMO, or CNO.

<b>Applicant Name</b>			
<b>Principal Investigator / Applicant (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

All additional departments participating in the grant must also obtain a signed Acknowledgement Form from their Department/Foundation Chief, Vice President, CMO, or CNO.

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

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

Thank you.