Date:

To: UMB ICTR Pilot Grant Leadership Committee

From: **[Lead PI of Pilot Grant Submission]**

Re: Required Signatures for UMB ICTR Pilot Grant Submission

Dear UMB ICTR Pilot Grant Leadership Committee

For **[select CEnR or ATIP]** pilot grant titled **[Title of Project]**, please see the required signatures below:

**Lead PI:** [Typed Name and Credentials]; [School], [Department] **Salary Requested**, if any: $

**Signature of Lead PI:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

**Signing Official:** [Typed Name of UMB School Dean or Department Chair or, for UMBC and UMCP, Name of College Chair or Associate Dean for Research]. For projects with UMCP budgeted expenses, attach signed UMCP Universal Funding form (UFF) as well.

**Signature of Official:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

*If applicable,*

**Co PI:** [Typed Name and Credentials]; [School], [Department] **Salary Requested**, if any: $

**Signature of Co PI:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:**

**Signing Official:** [Typed Name of UMB School Dean or Department Chair or, for UMBC and UMCP, Name of College Chair or Associate Dean for Research]. For projects with UMCP budgeted expenses, attach signed UMCP Universal Funding form (UFF) as well.

**Signature of Official:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**      

*If applicable, other faculty-level team member requesting salary support*

**Faculty-level Team Member:** [Typed Name and Credentials]; [School], [Department] **Salary Requested**, if any: $

**Signature of Faculty-level Member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

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**Signature of Official:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

*If applicable, other faculty-level team member requesting salary support*

**Faculty-level Team Member:** [Typed Name and Credentials]; [School], [Department] **Salary Requested**, if any: $

**Signature of Faculty-level Member:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

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**Signature of Official:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**

**Signature of Official:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**