*Note to Collaborating Institution: Please copy on Institutional Letterhead and submit with the WFU CPG Application.*

Date:

OFFICIAL LETTER OF INSTITUTIONAL SUPPORT

Collaborating Investigator:

Department:

Research Project Title:

Budget Begin Date:       Budget End Date:

Project Budget: Amount of subaward budget

WFU Investigator (PI):

Enter name of collaborating Institution here submits the above referenced proposal to Wake Forest University for review and consideration. Appropriate institutional personnel have reviewed the proposal and understand that Collaborating Investigator has agreed to be a collaborator with WFU Investigator on the project listed above without salary support.

Collaborating Institution fully supports the project and, should an award be made, agrees to enter into a subcontract with Wake Forest University.

Signatures:

Authorized Organizational Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collaborating Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_