

SIGNATURES OF APPROVAL

2018 Irving Institute/Clinical Trials Office Pilot Award Application

- A. I certify that the information presented in this proposal is, to the best of my knowledge, complete, accurate, and developed according to practices commonly accepted within the scientific community.

Signature of Principal Investigator

Date

- B. I have reviewed this application and agree to provide matching funds. Furthermore, I hereby take responsibility for ensuring that the necessary space, personnel, and facilities which are mentioned in the application pertaining to my Department will be available for this project should it be funded. I recommend that this application be submitted.

Signature of Department Chair

Date

REMINDERS

**PLEASE REVIEW APPLICATION WITH DEPARTMENT CHAIR AND OBTAIN LETTER OF APPROVAL.
CONVERT THIS SIGNED DOCUMENT INTO A PDF AND UPLOAD TO APPLICATION WEBSITE:**

irvinginstitute.columbia.edu/smapply