**COVER LETTER FOR CENTER-RELATED PILOT PROJECT PROPOSALS**

Faculty member’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty member’s dept and institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of proposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one:

Children’s Center for Cardiovascular Biology

Children’s Center for Clinical Outcomes Research & Public Health (CORPH)

Children’s Center for Cystic Fibrosis Research

Children’s Center for Developmental Lung Biology

Children’s Center for Immunology and Vaccines

Children’s Center for Pediatric Healthcare Technology Innovation

Children’s Center for Pediatric Nanomedicine

Children’s Center for Neuroscience

Children’s Center for Transplant Immunology and Immune Therapeutics

The signature below confirms that the budget in the provided template has been reviewed and that current salary base information and non-federal fringe rates have been used.  We are aware that this is sponsored project and therefore, upon award, any primary investigator cost-share designations on the budget request will be honored [and recorded through the Emory effort certification process. - *For applications coming from Emory PI’s, please include this statement as well.*]

Sincerely,

***PLEASE TYPE NAME AND CONTACT INFO***

Departmental (or Institutional) Administrator or Business Manager Signature and Contact Information