**REQUIRED LETTER 2 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

Dear Dr.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print investigator’s last name)

I agree with the goals of your project, and the terms of the award as outlined in the RFA for the Center-related pilot projects, including the absence of institutional overhead costs (i.e., indirect costs) and agree that your effort as Primary Investigator as stated in the budget will be available to dedicate to this research project, should this proposal be funded.

I wish you luck on the proposal.

Sincerely,

***PLEASE TYPE NAME AND CONTACT INFO BEFORE SIGNING***

Chair, Division Chief or Medical Director Signature and Contact Information

***(for applications that the PI is from GA Tech, Steve Cross is the appropriate signature)***