

Pediatric Research Alliance Pilots: Financial Letter of Agreement

A signed Financial Letter of Agreement is required from the department head of **every** department included in the pilot budget **except** the Emory Department of Pediatrics **or** Children's Healthcare of Atlanta.

PI Name: _____

Title of Pilot Application: _____

Dear Dr. _____:

I agree with the goals of your project and the terms of the award as outlined in the RFA for the Pediatric Research Alliance pilot projects. My signature confirms:

- Acknowledgement of the terms of the award, including absence of institutional overhead/indirect costs if the project is funded.
- Acknowledgment of a business level review of salary and fringe requests to ensure accuracy in numbers and agreement to any cost share requests.
- Agreement that the PI, or faculty or staff member from my institution, has effort available to dedicate to the research project should the proposal be funded.

My signature below also confirms that the budget has been reviewed by an appropriate department or division representative and that current salary base information and non-federal fringe rates have been used.

Sincerely,

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Department: _____

Email Address: _____