



## ALBERT EINSTEIN SOCIETY QUALITY IMPROVEMENT

### SEED GRANT APPLICATION

#### SIGNATURE PAGE

<b>PRINCIPAL INVESTIGATOR:</b>	
<b>By signing below, I attest that I am the author of this grant proposal and that if the project is funded I will serve as the Principal Investigator and take primary responsibility for conducting the project and adhering to all guidelines including completing the project and submitting a manuscript to a journal with a PubMed ID.</b>	
PRINCIPAL INVESTIGATOR NAME (PLEASE PRINT):	
PRINCIPAL INVESTIGATOR SIGNATURE:	DATE:

<b>MENTOR:</b>	
<b>As Mentor, I agree to be responsible for guiding the Principal Investigator through the research and publication process including: ensuring that timelines are adhered to, quarterly and final reports are completed on time, and a manuscript is submitted to a journal with a PubMed ID within the grant timeframe.</b>	
MENTOR NAME (PLEASE PRINT):	
MENTOR SIGNATURE:	DATE:

<b>DEPARTMENT ASSURANCES:</b>	
<b>The Principal Investigator has at least two years of training remaining, as of July 1 of the academic year in which the funds will be awarded</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>As Program Director, my signature below indicates:</b>	
<ul style="list-style-type: none"><li>• The principal investigator has at least 2 years of training remaining as of 7/1 of the academic year in which funding will be awarded.</li><li>• I have reviewed this proposal and find it to have scientific merit, to be feasible to conduct and complete within the one-year time period, and the budget is appropriate*.</li><li>• The department will cover ALL expenses beyond the grant award and I understand no additional AES funds will be awarded to my department until the overage is paid.</li><li>• I understand that the track record for my department completing projects and publications from AES Seed grants will be considered when additional funding decisions are made**.</li></ul>	
PROGRAM DIRECTOR NAME (PLEASE PRINT):	
PROGRAM DIRECTOR SIGNATURE:	DATE:

Title of Project:

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**DEPARTMENT ASSURANCES:**

**As Department Chair, my signature below indicates:**

- I have reviewed this proposal and find it to have scientific merit, to be feasible to conduct and complete within the one-year time period, and the budget is appropriate\*.
- The department will cover ALL expenses beyond the grant award and I understand that no additional AES funds will be awarded to my department until the overage is paid.
- I understand that the track record for my department completing projects and publications from AES Seed grants will be considered when additional funding decisions are made.

DEPARTMENT CHAIR NAME (PLEASE PRINT):

DEPARTMENT CHAIR SIGNATURE:

DATE:

\* If the proposal is seen as not having enough scientific merit or being not feasible to conduct and complete within the proposed time frame or the budget is not appropriate, the Department Chair and Program Director should communicate these opinions back to the Principal Investigator and the Mentor and suggest appropriate changes before the project is submitted.

\*\* The Program Director will share oversight responsibility during the course of the project with the Mentor, Research Educator, and Seed Grant Core Committee.