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| --- | --- |
| **Project:** | Name of Project |
| **Name:** | Principal Investigator or Project Lead Name |
| **Department:** | Name of AHS Department |

By the signatures below, the Principal Investigator (PI)/Project Lead acknowledges they have informed and received approval from their AHS Supervisor/Department to participate in the above mentioned project. This includes all activities related to the project as well as an ability to hold the funds in an AHS functional center with appropriate financial reporting.

**NOTE:** If the PI/Project Lead has a University Appointment, they must hold the funds in a University Research Account and are required to complete the appropriate University Research Services Application Approval form.

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|  |  |  |
| **Principal Investigator/Project Lead**Print Name and Signature |  | **Date**  |
| **AHS Supervisor**Print Name and Signature |  | **Date** |

If Project Proposal Budget is over $50,000, include the following approval signatures:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Senior Program Director/Vice-President**Print Name and Signature |  | **Date**  |
| **BAS Manager**Print Name and Signature |  | **Date** |