CHIEF'S LETTER OF SUPPORT & COST SHARING AUTHORIZATION FORM FOR ECOR FUNDING

NAME	OF PRINCIPAL INVESTIGATOR (PI):
Please	check off the appropriate <u>box</u> below:
	This letter accompanies a <i>Deliberative ISF</i> application (one that requires competitive review by an ECOR committee) for an unfunded grant. <u>No</u> additional departmental matching funds are being requested.
	This letter accompanies a <i>Deliberative ISF</i> application (one that requires competitive review by an ECOR committee) for an unfunded grant. Additional matching funds are being requested.
	This letter accompanies a Deliberative ISF application for an unfunded grant that previously received a <i>Formulaic</i> grant ¹ and we are now requesting additional financial support (in excess of \$75,000 for R01s and equivalent and \$37,500 for R21s).

DELIBERATIVE ISF AND FORMULAIC COST SHARING TABLE

Notes:

- The 15% Indirect Costs and all totals are automatically calculated.
- Complete the "Departmental matching funds" cell <u>only</u> if you're requesting extra funds on top of the base amount. The "ECOR additional funds" cell will be automatically calculated based on your "departmental matching funds" input.
- List the "ECOR base support" as \$0 if this letter accompanies a Deliberative ISF application for an unfunded grant that previously received a Formulaic grant and you are now requesting additional support (in excess of \$75,000 for R01s and equivalent and \$37,500 for R21s).

	REQUESTED AMOUNT (DIRECT COSTS)	15% INDIRECT COSTS	TOTAL
ECOR BASE SUPPORT			
(\$75,000: R01s or equivalent & \$37,500: R21s)			
DEPARTMENTAL MATCHING FUNDS			
ECOR ADDITIONAL FUNDS			
GRAND TOTAL			

Fund number(s) for departmental matchin	ng funds (if applicable):

• If your request for funding is approved, ECOR's Finance Manager, Jeanne Mahoney, will complete the departmental transfer.

¹ Please note, such applications require a full Deliberative ISF grant application.

LETTER OF SUPPORT QUESTIONS FOR THE CHIEF TO ADDRESS

The Chief's letter must address the following questions for each application:

- 1. Please detail current financial resources available to the PI for this project. In addition, please clarify the following possible alternative sources of support:
 - A. Does the PI have his/her own funding (include startup money and/or sundry funds)?
 - B. What other resources does the PI have access to (including departmental funds)?
- 2. Please comment on the potential consequences of the specific cutbacks (i.e., non-salary and salary effects; for salary effects, please detail how many lab members are affected and how essential they are to the project).
- **3.** How will the funds be used? (Salary support for PI and/or other staff; assist with experiments essential to resubmission of the application).
- **4.** How and why is this research important to the department and/or the thematic center (the merit/value to the department/center/hospital)?
- **5.** Please discuss the PI's career trajectory and his/her importance to the institution (including if this project or resource is a critical aspect of a collaborative research effort).

SIGNATURES

I certify that:

- I have reviewed the proposed cost sharing set forth in this form and approve that the amounts stated above may be charged to the account(s) identified.
- The funding source is not from an account which is in the recipient PI's name.
- There is sufficient funding in the account(s) to cover the charges.
- The costs would be allowable under the terms of the award.
- By signing this form the department is authorizing ECORs Financial Manager, Jeanne Mahoney, to transfer the committed departmental funds.

Principal Investigator (Name & Signature)	Date
Guarantor Signature – Department Chief (Name & Signature) (Individual Responsible for funding of cost share amount)	Date
THEMATIC CENTER DIRECTOR (Name & Signature) (All Thematic Center requests must have signatures from both the Chief and the	Date e Thematic Center Director)
UNIT CHIEF (Name & Signature) (If possible and applicable have your Unit Chief sign)	Date