



Cleveland Clinic Research Programs Committees (RPC) – FAX to 216-636-3329

Internal Funding Application

SIGNATURE PAGE

Assigned RPC Number:

Date:

Title :

The Application identified was submitted electronically and my signature below represents a final submission to the RPC.

This research project is consistent with departmental policies and objectives. Financial commitments of departmental matching funds are authorized. The Principal Investigator accepts scientific and financial responsibility and agrees to provide annual and final reports of progress.

Principal Investigator _____ PRINTED NAME: _____

Co-Investigator _____ PRINTED NAME: _____

Co-Investigator _____ PRINTED NAME: _____

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