

Agreement to Participate as Training Faculty Member On Institutional Research Training Grants

Not assigned to Principal Investigator or program Director's Department

Training Grant PI _____

Preparation Date _____

Sponsor _____

Budget Period _____ to _____

Project Title _____

Name & Signature of Participating Faculty Member	Effort (if relevant) ¹	I agree to release this person for this project as indicated
Signature		Department Chair Signature
Name (Print or Type)		Name (Print or Type)
Signature		Department Chair Signature
Name (Print or Type)		Name (Print or Type)
Signature		Department Chair Signature
Name (Print or Type)		Name (Print or Type)
Signature		Department Chair Signature
Name (Print or Type)		Name (Print or Type)

Dean's Signature _____ Date _____

School _____

¹ It is not necessary to indicate mentor-related effort that is redundant with effort claimed on research grants. Rather, the effort claimed should only be for effort devoted to the administration of the training grant duties beyond student mentoring and normal institutional teaching responsibilities.

- This form is used to obtain the signature(s) of the appropriate department chairman and dean of any professional personnel outside your department or school who have agreed to participate as a training faculty member on your grant. The form should be completed for submission with your grant proposal to the Dean's Office, School of Medicine, Office of Grants & Contracts Administration, **McKim Hall 3115**.
- **For informational purposes: PHS398, p.41, subsection B. OTHER SUPPORT:**
 - o "Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreement, contracts, and/or institutional awards. **Training awards, prizes, or gifts are not included.**"