



GHUCCTS

Georgetown-Howard Universities Center for
Clinical and Translational Science

**Georgetown-Howard Universities Center for Clinical and Translational
Science (GHUCCTS)**

**Pilot Translational and Clinical Studies Program Application Division
Chief/Department Chair Approval Form**

Principal Investigator:

Name/Title _____

Dept./Division/Center _____

School/College _____

Institution _____

E-mail _____

Phone _____

Fax _____

Project Title:

Signatures:

Principal Investigator

Date

***I support the proposed pilot project and assure that appropriate time and resources will be made available to the applicant to complete this project, upon notice of award.**

Division Chief/Department Chair/Other

Date

Printed Name (Division Chief/Department Chair/Other)

Position (Division Chief/Department Chair/Other)

Printed Name (Division Chief/Department Chair/Other)

***I support the proposed pilot project and assure that appropriate time and resources will be made available to the applicant to complete this project, upon notice of award.**

GHUCCTS Executive

Date

***Howard Executive:** Dr. Thomas Mellman (tmellman@howard.edu)
Georgetown Executive: Dr. Joseph Verbalis (verbalis@georgetown.edu)
DCVA Executive: Dr. Marc Blackman (Marc.Blackman@va.gov)
MedStar Executive: Dr. Neil Weissman (Neil.J.Weissman@Medstar.net)
ORNL: Dr. Kristina Thiagarajan (thiagarajakd@ornl.gov)

Comments:

**** GHUCCTS funding mechanism requires a 50% cost-share with the applying institution. Applicants are encouraged to consult with their institution's cost-share policies, procedures, and associated approval process prior to application submission***