



Interdepartmental Research Grant Collaboration Approval

This form is utilized by the Originating Department to request authorization from a Collaborating Department when its faculty/staff are involved in budgeted effort on a grant.

Originating Department:	
Project PI:	

Participation of Other HMHN Departments and/or Divisions:

Collaborating Department(s):	
Collaborating PI(s)/Personnel and Proposed Effort for each member:	
Project Title:	
Sponsor and Funding Announcement:	
Project Period:	

Conflict of Interest

I have no conflict of interest to report.

I have the following conflict of interest to report:

1. _____
2. _____
3. _____

****Please attach Specific Aims, Justification or Scope of Work for the proposal.**

Interdepartmental Certification

Originating Department

Collaborating Department

Name and Title:

Name and Title:

Date:

Date: