

# Training Grant Application (Curricular Enhancement)

Form 2: Signature of Authorized Official

Principal Investigator: \_\_\_\_\_

Trainee(s): \_\_\_\_\_

Trainee(s) is/are: \_\_\_ Undergraduate student(s) \_\_\_ Graduate Student(s) \_\_\_ Post-doc(s)

Institution: \_\_\_\_\_

Project Title: \_\_\_\_\_

Co-Investigators (if applicable): \_\_\_\_\_

Funding Requested: \$ \_\_\_\_\_

**Authorized Institutional Official**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date