

# ACKNOWLEDGEMENT FORM

The following researcher is applying for an Eversight Eye & Vision Research Grant for the project listed below. It is the duty of the Principal Investigator to furnish the final grant application to their Department Chair for informed acknowledgment prior to submission. By signing and dating this form, the applicant's Department Chair formally supports the grant application in its entirety and acknowledges everything within.

## PROJECT INFO

Principal Investigator Name \_\_\_\_\_

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

Institution Name \_\_\_\_\_

## DEPARTMENT CHAIR

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Upload this completed form along with any supporting graphs/figures and supplemental documents to the online application available at [eversightvision.org/grants](https://eversightvision.org/grants).