



## U.S. Co-PI Principal Investigator/ Institutional Approval Sheet

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

Department/Campus  
\_\_\_\_\_

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

### CO-PRINCIPAL INVESTIGATOR'S STATEMENT

I understand and agree that if PIMSA funds are awarded to this project, they are intended for the purposes described in the project proposal; that any product of the grant will acknowledge the support of the Health Initiative of the Americas and the PIMSA consortium; that complete descriptions and/or copies of such products will be provided to HIA as the Office of Record for the grantors. Final reports and accountings of expenditures will be submitted as required, and unused funds will be refunded to the grantors upon demand.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of U.S. Principal Investigator

\_\_\_\_\_  
Phone/Email

\_\_\_\_\_  
Print Name

### INSTITUTIONAL APPROVAL

(Campus Research Office, Sponsored Projects Office, or Office of Contract and Grant Administration)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Institutional Official

\_\_\_\_\_  
Office

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Telephone Number/Email

*Please scan and upload the signed document*