

Research Grant Application Acknowledgement Form

This acknowledgement form must be completed and sent, via mail or fax, to accompany every research proposal submitted to the Eversight Eye and Vision Research Program. Proposals will not be eligible for consideration unless this form is received before the proposal deadline.

Researchers must agree to provide Eversight with the publishable summary report of the main findings of the project, presented in layman's terms, at the conclusion of the 12-month grant cycle. This may be used by Eversight to stimulate public interest in and support for its research program.

Date:

Research proposal title:

If this project is approved for support, I agree to provide a project report and financial statement at the completion of the one-year award duration. I agree to return to Eversight any unexpended funds. I agree to acknowledge the support of Eversight in all publications resulting from this grant and to submit to Eversight timely reports on publications, presentations, and any further funding from other sources. Failure to meet these agreements could jeopardize future funding in the academic departments or units associated with the investigator.

Printed name of Principal Investigator:

Principal Investigator signature:

Printed name of Department Chair:

Department Chair signature:

If the proposed research project will involve the use of laboratory animals, review and complete this section. Otherwise, leave it blank.

It is the policy of Eversight that institutions and organizations using laboratory animals in projects or demonstrations supported with funds from Eversight grants shall assure Eversight, in writing, of compliance with the **Principles for Use of Laboratory Animals** as stated in the regulations of the Department of Health and Human Services.

I hereby certify that (name of institution) _____ is in compliance with the principles for use of laboratory animals under the regulations of the Department of Health and Human Services. I further certify that the Research Proposal shown on this Acknowledgement, submitted for consideration by Eversight, has been reviewed by the appropriate institutional committee(s) and approved with respect to principles for the care, use and treatment of experimental animals under the regulations of the Department of Health and Human Services.

Principal investigator signature: _____ **Date:** _____

If the proposed research project will involve the use of human subjects, review and complete this section. Otherwise, leave it blank.

Safeguarding the rights and welfare of human subjects involved in research supported by Eversight is the responsibility of the institution to which the support is awarded. It is the policy of Eversight that no grant to support research involving human subjects be made unless the research is given initial and continuing review and approval by an appropriate committee of the applicant's institution.

This review should assure that:

- a) The rights and welfare of the individuals involved are adequately protected.
- b) The methods used to obtain informed consent are adequate and appropriate.
- c) The risks to the individuals are outweighed by the potential benefit by the importance of the knowledge to be gained.

I hereby certify that (name of institution) _____ is in compliance with the U.S. Department of Health and Human Services/Public Health Service requirements regarding the initial and continuing review of research involving human subjects. I further certify that the Research Proposal shown on this Acknowledgement, submitted for consideration by Eversight, has been reviewed by the appropriate institutional committee(s) and approved with respect to the study of human subjects as adequately protecting the rights and welfare of the individuals involved, employing adequate methods of securing informed consent from these individuals, and not involving undue risk in the light of the potential medical benefits to be derived therefrom.

Principal investigator signature: _____ **Date:** _____

Acknowledgement Form Submission Instructions

When this form has been completed, it can be sent via mail or scanned and emailed:

Eversight
ATTN: Eye and Vision Research Program
6700 Euclid Avenue, STE 101
Cleveland, Ohio 44103

Email: grants@eversightvision.org

To help ensure the eligibility of your Research Proposal for consideration, please be sure that the title of the Research Proposal shown on this form corresponds exactly with the title shown on the proposal itself.

Principal Investigator signature: _____ **Date:** _____