



Loss Prevention Grant Fund PY 2024-2025 Acknowledgement Form

I. Senior Leadership Acknowledgement

Principal Investigator must obtain a signed Acknowledgement Form from their Department/Foundation Chief, Vice President, CMO, or CNO.

| Applicant Name | | |
|--|-----|-------------|
| Principal Investigator (if different): | Pho | ne number: |
| Affiliate: | Ema | il address: |
| Project Title: | | |

I have reviewed this grant proposal:

| | Vice President | CMO/CNO | D/Chief of Department or Foundati | on |
|--|----------------|---------|-----------------------------------|----|
|--|----------------|---------|-----------------------------------|----|

Date

(print name)

II. Additional Resources Acknowledgement

All additional departments participating in the grant must also obtain a signed Acknowledgement Form from their Department/Foundation Chief, Vice President, CMO, or CNO.

| Out of Dept Resources | VP Signature | Print Name |
|-----------------------|--------------|------------|
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Please scan the signed form and email it to cgomes@lifespan.org or fax to 401-444-8963.

Thank you.