



HOFSTRA NORTH SHORE-LIJ
SCHOOL of MEDICINE
AT HOFSTRA UNIVERSITY

Hofstra North Shore-LIJ School of Medicine
Grants Management Office
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E-mail: billi.vernillo@hofstra.edu

DATE: _____

Disclosure Statement

Principal Investigator

Agency

Name: _____

Name: _____

Department: _____

Deadline Date: _____

Project Title: _____

Proposal Overview: _____

Are there any collaborating institutions? If so, please list all collaborators: _____

Are there any co-Investigators? If so, please list all co-investigators: _____

Does the agency require cost sharing or in-kind contributions? If so, please describe agency requirements and proposed budget plan: _____

Does the agency require a time commitment? If so, please describe the agency's requirements: _____

Is there any proposed travel in your proposal and is it required by the sponsoring agency?: _____

Please provide any additional information pertinent to the proposal: _____

APPLICATION APPROVALS :

PI/PD SIGNATURE **DATE**

DEPARTMENT CHAIR/CENTER HEAD/SITE DIRECTOR SIGNATURE **DATE**
(If the department chair is the PI, please retain the Vice Dean's signature on the line above)