AAI RESTORE Grant Program
Funding Confirmation Form

This form must be completed in its entirety, signed by the
Department Chair/Dean, and included in the compiled application PDF.
Review Funding Confirmation Form Instructions before filling in this form.

Applicant Information:

Member ID: _____

Full Name/Degree: _____

Position: _____

Organization: _____

Email Address: _____

SECTION A: Research Support for Your Laboratory

Grant type/number	Funding organization	Total amount	Funding period	Role (e.g., PI, co-I)	Direct costs for 1/1/25-12/31/25
					Total

SECTION B: Research Support for Project from Frozen/Terminated Federal Grant

Grant type/number	Funding organization	Total amount	Funding period	Role	Direct costs for 1/1/25-12/31/25
					Total

SECTION C: All Frozen/Terminated Federal Grants for Your Laboratory

Grant type/number	Funding organization	Total amount	Funding period	Role	Direct costs for 1/1/25-12/31/25	Earmarked for Project in Section B (Y/N)
				Total		

SECTION D: Laboratory Personnel

Position	Employment Status (Full-time (FTE)/Part-time (PTE))	# of Personnel

Total FTE _____
Total PTE

SECTION E: Institutional Start-up Funding

Source	Total amount	Funding period	Direct costs for 1/1/25-12/31/25	Earmarked for Project in Section B (Y/N)

Total _____

SECTION F: Institutional Bridge Funding

Source	Total amount	Funding period	Direct costs for 1/1/25-12/31/25	Earmarked for Project in Section B (Y/N)

Total _____

Department Chair/Dean Certification of Applicant's Funding Status

I hereby certify that the information provided on this form is correct and complete.

_____
Print Name of Department Chair/Dean

Signature: _____ Date: _____

AAI Member Number: _____ (If applicable)

Email Address: _____