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 1/1/26-12/31/26
				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 1/1/26-12/31/26
				Total	_____

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

Grant type/number	Funding organization	Total amount	Funding period	Role	Direct costs for 1/1/26-12/31/26	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 1/1/26-12/31/26	Earmarked for Project in Section B (Y/N)
		Total		

SECTION F: Institutional Bridge Funding

Source	Total amount	Funding period	Direct costs for 1/1/26-12/31/26	Earmarked for Project in Section B (Y/N)
		Total		

<u>Department Chair/Dean Certification of Applicant's Funding Status</u>

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: _____