

**2009 Covidien Research Grant
Letter of Intent Cover Page**

Title of Proposal:

Research Proposal Focus (check one): Childhood Obesity Bariatric Surgery

Investigator Name:

Investigator Signature:

Mentor Name (if applicable):

Mentor Signature:

Department Chair or Dean Name:

Department Chair or Dean Signature:

Institution Name:

Institution Address:

Institutional Fiscal Officer Name:

PLEASE NOTE:

The scientific project including AIMS and hypothesis should be described on a maximum of one page on Institutional letterhead along with this cover sheet and the bio-sketch.

If my application is funded, I agree to secure Institutional Review Board (IRB) or Animal Welfare Committee approval, if appropriate, for the proposed research prior to initiating the study. I further understand that I will not receive any funding until I have provided evidence of IRB approval.

Signature of Applicant_____