



Loss Prevention Grant Fund PY 2025-2026 Acknowledgement Form

I. Senior Leadership Acknowledgement

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

Applicant Name			
Principal Investigator / Applicant (if different):		Phone number:	
Affiliate:		Email address:	
Project Title:			

I have reviewed this grant proposal:

Vice President/CMO/CNO/Chief of Department or Foundation

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

Please scan the signed form and email it to cgomes@brownhealth.org or fax to 401-444-8963.

Thank you.