<Date>

**Head: Grants Management Office**

Faculty for Medicine and Health Sciences

Stellenbosch University

Francie van Zijl Drive, Tygerberg,

7505, Cape Town,

South Africa

Dear Mr Baugaard

**Re: Institutional Contractual Letter for R01 NIH grant application PAR-00-000**

This letter confirms the willingness of <name of the institution>, to enter into an agreement with **Stellenbosch University** for inclusion in Prof. XXXX’s grant proposal to the National Institute of Health.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project investigator at our Institution:** | | | Prof YYYYYYY | |
| **Project Title:** |  | | | |
| **Period of Support:** | | From: 1 Jul 2023 | | To: 30 Jun 2028 |
| **Funding Level:** | | **Direct Cost** | | **Total Cost** |
| **Year 1** | |  | |  |
| **Year 2** | |  | |  |
| **Year 3** | |  | |  |
| **Year 4** | |  | |  |
| **Year 5** | |  | |  |
| **UEI** | | XXXXXXXX | | |
| **Congressional District Code:** | | e.g. CA-012 outside of the USA it is 00-000 | | |
| **Scope of Work Summary:** Prof XXXX YYYYY and her team will be responsible for identification, recruitment and clinical assessment of suitable study participants from TTTT for the proposed research project. Saliva samples from these patients will be taken and sent to Stellenbosch University, South Africa by courier. In addition, her team will contribute to the interpretation of the results, writing up of manuscripts and presentation of the findings at scientific meetings. | | | | |

By signing this letter, <insert the name of the institution>, certifies that to the best of its knowledge all **Financial Conflict Disclosures** have been made related to the activities that may be funded by a resulting agreement and all identified conflicts have or will have been satisfactorily managed in accordance with the policy of Stellenbosch University (in the absence of our own policy) prior to the expenditure of any funds.

Award notices or contracts resulting from this submission should be sent to my attention. If you have any further questions, please contact:

|  |  |
| --- | --- |
| Signature of Signing Official | Signature of Principal/ Co-Investigator |
| <Name of official> | <Name of Investigator > |
| <Name of the institution> | <Name of the institution> |
| <Address line 1> | <Address line 1> |
| <Address line 2> | <Address line 2> |
| < +Country code> <telephone number> | < +Country code> <telephone number> |
| <Email Address> | <Email Address> |