



National Kidney Foundation[®]

Serving Maryland and Delaware

**NKFMDDE Mini-Grant Award Application 2020-2021
Sponsor Verification**

Instructions: This form must be completed *only* on behalf of applicants for NKFMDDE mini grants who are in *postgraduate training*. The completed form must be signed by the faculty sponsor and submitted in PDF format to research@kidneymd.org and received no later than 5:00pm, Monday, March 16, 2020.

Applicant Name: _____

Institution: _____

Project Title: _____

Sponsor Verification:

My signature at the conclusion of this statement serves as verification that I have agreed to serve as the faculty sponsor for the above-named applicant for a National Kidney Foundation Serving Maryland & Delaware mini grant. As faculty sponsor, I assure the NKFMDDE that the applicant will have sufficient resources and support to complete the submitted project. I also attest that I will serve as this researcher's professional mentor during the grant period.

Faculty Sponsor Name

Title

Faculty Sponsor Signature

Date