

Research Investigator Awardee Contract

I hereby acknowledge that I have been informed of Research and Development policy regarding Research Investigator awards. Specifically, I agree that by accepting this award I will acknowledge the Department of Veterans Affairs as my primary affiliation on all publications and presentations, that my research will be conducted in a VA Medical Center, and that I will be subject to an annual review by the Research Office. This review will be forwarded to the Rehabilitation Research and Development Service at VA Headquarters for approval. Failure to comply with the conditions of this award will result in immediate cancellation and withdrawal of funds and may jeopardize my eligibility to compete for future Research and Development funding.

I also acknowledge that I am not eligible to receive more than 100% cumulative R&D salary support. Accordingly, I certify that:

- Rehab R&D funds will be my only VA salary source
- I also receive VA salary support from _____ in the amount of \$_____. I will notify Rehab R&D Service in writing immediately if my salary support situation changes.

Principal Investigator

Date

Associate Chief of Staff for
Research and Development

Date

Chief of Staff

Date