**Cover Sheet: Pfizer-NCBiotech Distinguished Postdoctoral Fellowship in Gene Therapy (GTF)**

**Institution ●**

**Faculty Mentor Name (Primary Contact for Proposal) ●**

**Fellow Candidate Name ●**

**Project Title**  **●**

**Is this proposal a resubmission? [ ]  Yes [ ]  No**

**Does the technical project require IRB or IACUC protocols? [ ]  IRB [ ]  IACUC [ ]  Neither**

**Name and Address of location where project will be conducted ●**

**Public Information Summary**

**Maximum 50 words or less:** Brief summary of project for an educated lay audience, indicating the importance to the citizens of NC.

$      Amount requested from NCBiotech **(may not request more than $190,340)**

Amount available from other sources: University: $

**Required Signatures**

**Fellow Candidate:**

By my signature, I attest that the statements included in this application herein are true, complete, and accurate to the best of my knowledge.

**Fellow Candidate Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fellow Candidate **Email address and Telephone number**:

**Faculty Mentor (Primary Contact for Proposal):**

By my signature, I certify that I have read, understand and agree to the conditions stated in the Application Instructions.

Faculty Mentor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Mentor **Email address and Telephone number**:

**Sponsored Programs Office:**

By my signature, I certify that I am authorized to approve and sign off on proposals for the Institution and thereby authorize the submission of this proposal.

Authorized Official Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MUST include printed Name and Title:**

Must include Authorized Official’s **Email Address and Telephone Number:**