

Office of Grant Support



Indranil Basu, Ph.D., MBA

Assistant Director, Office of Grant Support
Research Assistant Professor of Radiation Oncology

October 06, 2023

To
XXXXXXXX
Grants Management Specialist
HHS/NIH/NIGMS

REF: MIRA 1 R35 GMXXXXXX-01 (PI: XXXXXXXX)

Dear XXXXX,

As the Authorized Organizational Representative of Albert Einstein College of Medicine, I acknowledge that upon receipt of the MIRA 1 R35 GMXXXXXX-01 award, Dr. XXXXXXXX will devote at least 51% of his/her total research effort to this award, inclusive of his/her combined research effort at all institutions where she holds an appointment (including foreign institutions). The total research effort would be determined in person-months and would not include time expended toward teaching, administration, not directly related to the PD's/PI's research, and/or clinical duties.

The institution and PD/PI are aware of and accept that other NIGMS research awards, except as allowed in Section I of the MIRA FOA, must be relinquished, and pending NIGMS research applications withdrawn, as a condition of receiving a MIRA.

With acceptance of the MIRA award, Dr. XXXXX will be restricted from receiving any other sources of NIGMS funding (current or future) except for those grants listed in the NoA special terms and conditions section.

I hope this meets your requirement for approval.

Sincerely,

Indranil Basu, PhD, MBA
Assistant Director
Office of Grant Support