

# Memorandum to Request Veterans Health Foundation Financial Support for Research Projects at VAPHS

To: CEO, Veterans Health Foundation (151-U)

From: [PI Name]

Re: Letter of Support for

1. I am the Principal Investigator for the above named research project. I would like to request the cooperation of the **Veterans Health Foundation (VHF)** to accomplish the goals and objectives of this research project. Please assess if the study budget and proposed payments seem reasonable. This proposal will be submitted to the VAPHS IRB once your approval is obtained.
2. I anticipate that a total of \_\_\_\_\_ participants will be enrolled in this study over a period of \_\_\_\_\_
3. I propose to pay each study participant \$ \_\_\_\_\_ per visit.
4. A total of \_\_\_\_\_ visits will occur per subject over a time period of \_\_\_\_\_
5. The purpose of the proposed payment is described below:
  
6. Please assess if the study budget for the above referenced protocol includes sufficient funds to cover participant payments, and that the method and timeline of payment(s) outlined in this memo is both appropriate and realistic. If you concur/approve, please provide your signature below. If you do not concur/approve, please return this unsigned form to the PI listed above.

VHF Concurrence: \_\_\_\_\_ VHF Approval: \_\_\_\_\_

\_\_\_\_\_  
Clinical Trials Center Manager, Signature/Date

\_\_\_\_\_  
CEO, VHF Signature/Date

\*You may sign this document electronically. If using ink, please include date with signature.

VHF Determined Payment Method:

