

February 26, 2013

Theodore Braun  
Oregon Health & Science University  
3181 SW Sam Jackson Park Rd, L481  
Portland, OR 97239

*RE: 2013 AMA Foundation Seed Grant Research Program  
Award Amount: \$2,500*

Dear Mr. Braun:

Congratulations! On behalf of the American Medical Association (AMA) Foundation and its Board of Directors, I am pleased to inform you that you have been selected as a 2013 Seed Grant Research Program recipient.

Please complete the enclosed grant agreement and email to [Julie.Milner@ama-assn.org](mailto:Julie.Milner@ama-assn.org) by **March 15, 2013**. When completing the agreement, **be sure to first confirm with your faculty supervisor which department/institution to make the grant check payable** to avoid check processing delays; each institution has its own policies regarding grant administration and how funds are distributed. **Please also confirm the correct mailing address of your faculty supervisor.** Please note that for legal reasons, we are unable to make the check payable to an individual (whether it is you or your faculty supervisor), and it must be made to your institution.

As soon as we receive your agreement, we will mail the grant check and a Final Report Form to your faculty supervisor.

Please also remember to acknowledge the AMA Foundation as a source of support in any presentations, publications, or materials resulting from your seed grant. Note that the AMA Foundation is a separate legal entity from the AMA and references to your grant should use the Foundation's full legal name: "American Medical Association Foundation" or "AMA Foundation."

Within a few weeks, your name, institution's name, project title, and proposal summary will appear on our website, along with the other grant recipients. In the meantime, please visit us at [www.amafoundation.org](http://www.amafoundation.org) to learn more about other scholarship and award opportunities for medical students, physician residents and fellows.

We appreciate your participation in this important research program and wish you the very best as you move forward in your career. If you have any questions, please e-mail us at [seedgrants@ama-assn.org](mailto:seedgrants@ama-assn.org) or call us at (312) 464-4200.

Sincerely,



Krista Batey  
Program Officer



Seed Grant Agreement 2013-2014

Please return this completed and signed form acknowledging your agreement to the following grant requirements. **Your Faculty Supervisor must also sign the form. Upon receipt, the check will be mailed to your Faculty Supervisor.**

Name of Grant Recipient: Theodore Braun

Make Check Payable to: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

I would like to receive the AMA Foundation's monthly e-newsletter.

Project Title: Development of a Murine Model of Pancreatic Cancer Cachexia

Award Amount: \$2,500

**Grant Requirements and Agreements**

The AMA Foundation Seed Grant Funds will be used in the manner described on my application. Any funds not required for the research project will be returned to the AMA Foundation. If the proposed project is postponed for more than six (6) months or cancelled, I will return the Seed Grant funds in its entirety to the *AMA Foundation*, or I will submit a written extension request.

I will acknowledge the *AMA Foundation* in all oral or written presentations, and in any news or public relations release related to this research. I will send a reprint or copy of any publication to the *AMA Foundation* in a timely manner.

I must submit to the *AMA Foundation* a Final Report Form of my research findings upon completion of the project.

I hereby acknowledge and agree to the above requirements: \_\_\_\_\_

(Signature of Seed Grant recipient)

**Faculty Supervisor Agreement**

I acknowledge that the above named has received a Seed Grant Award from the AMA Foundation. I am familiar with the research project and believe this to be a worthy research proposal. I will supervise utilization of the funds as described in the grant proposal. Any unused funds will be returned to the AMA Foundation.

I agree to receipt of the funds from the *AMA Foundation* and distribution to the above named recipient.

I hereby acknowledge and agree to the above requirements: \_\_\_\_\_

(Signature of Faculty Supervisor)

Name and Title of Faculty Supervisor: \_\_\_\_\_  
(*Check mailed to this individual*)

Mailing Address: \_\_\_\_\_  
(*Check mailed to this address*)

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_