



GRANT RELEVANCE FORM

Instructions: This Grant Relevance Form must be completed prior to the use of grant funds to purchase equipment, computers or software. Complete the information in the table, including title of project, Oracle award and project number, and the % of the purchase being charged to the award. Describe the proposed purchase in detail, including model numbers as appropriate, answer all questions, and obtain review and approval from the appropriate investigator(s) prior to routing to the OSP Grants Manager for review and approval.

Title	Award #	Project #	%

Description of Purchase:

How can this purchase be assigned with a high degree of accuracy to each of the above listed awards?

Why is the purchase required to complete the work on each of the above listed awards?

OFFICE OF SPONSORED PROGRAMS



Harvard Pilgrim
HealthCare



Harvard Pilgrim
Health Care Institute

By signing below, the Principal Investigator(s) certifies that they have reviewed and approved this purchase and will comply with the relevant HPHC/HPHCI IT policies regarding the review, approval and installation of any equipment, computer and software on HPHC/HPHCI networks.

Principal Investigator:

Principal Investigator:

Principal Investigator:

OSP Approval: