

# **BLR&D/CSR&D Career Development Awardee Contract**

I hereby acknowledge that I have been informed of the Biomedical Laboratory/Clinical Science Research and Development Services (BLR&D/CSR&D) policy regarding Career Development Awards. Specifically, I agree that by accepting this award, I will acknowledge the Department of Veterans Affairs as my primary affiliation on all publications and presentations; I will conduct my research in a VA Medical Center or other approved site; and I will submit a completed annual performance review and evaluation, conducted by the Research Office at my VA Medical Center, to VA headquarters for approval. Failure to comply with the conditions of this award may result in immediate cancellation and withdrawal of funds and may jeopardize my eligibility to compete for future VA Research and Development funding.

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Awardee's Printed Name

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Signature of Awardee

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Associate Chief of Staff for  
Research and Development

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Date