

# Confirmation of Medical Grant Funding Acceptance

Date: [Insert Date]

[Your Name]

[Your Title]

[Your Institution]

[Your Institution Address]

Dear [Grantor's Name],

I am writing to formally accept the medical grant funding awarded to [Your Institution/Project Name] as part of [Grant Program Name]. We are truly grateful for this opportunity and support, which will enable us to further our research on [Brief Description of Project].

We appreciate the confidence you have placed in our team and would like to assure you that the funds will be utilized effectively to achieve the objectives outlined in our proposal.

Please let us know if there are any further documents or agreements needed to finalize this acceptance. We look forward to collaborating closely with you throughout the duration of this project.

Thank you once again for your generous support.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Your Contact Information]