

Signature Page

Summary Information

Applicant Name	
Position, Department & Institution	
Project Title	
E-Mail	
Which competition are you applying to?	

Signatures

The signatures below indicate that the applicant and/or, if applicable, their supervisor:

- i. Attests to the completeness, accuracy, and correctness of the information provided in this application;
- ii. Has an appointment that provides adequate time and access to facilities to conduct the proposed research and the absence of any other impediments to the conduct of that research;
- iii. Agrees that all information and materials provided in connection with this application may be reproduced, disseminated, and used by the Children's Hospital Research Institute of Manitoba, for any purpose at any time; and
- iv. Agrees to comply with all requirements of the Children's Hospital Research Institute of Manitoba, including its policies and funding guidelines.
- v. The Principal Applicant is the primary author of this proposal and is responsible for the intellectual content, budgetary management, completion of the proposed work and adherence to the policies outlined at www.chrim.ca
- vi. The supervising Member has reviewed the proposal and agrees with the intellectual content and feasibility (i.e. skills, time allotment) of the proposed project in the hands of the applicant.

Applicant Name	Supervising CHRIM Member Name
Applicant Signature	Member Signature
Date	Date

Director of ORS Signature (required)	Date
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