**Part A: To be completed by the Investigator**

|  |  |
| --- | --- |
| Investigator Name |  |
| Administering Institution |  |
| Grant Application Number – **Overall Research Program and Governance Structure** (obtain from SmartyGrants) |  |
| Grant Application Number(s) – **Research Project Applications** (for the research projects that will be co-led by this investigator) |  |

**Part B: To be completed by the Director, Research Management Office or equivalent of the Administering Institution.**

I confirm that the application meets the following eligibility criteria:

* The application adheres to the eligibility criteria defined in in section 6 of the *Children’s Hospital Foundation Application Guidelines – Centre for Child and Adolescent Brain Cancer Research*
* The Administering Institution agrees to contribute the match funding and in-kind support specified in the application forms, if applicable
* The Administering Institution agrees to establish agreements to foster collaboration with the Primary Applicant’s Administering Institution, as required
* The applicant’s line manager / employer is aware of, and supports, the application

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |
| Printed Name: |  |
| Position: |  |