Letter of Support

The Letter of Support is to be completed by the Director, Research Management Office or equivalent of the Administering Institution. For CHQHHS staff, the support of the CHQ Research Director is essential. Other HHS Health Professionals will need to be endorsed by their local HHS Director.

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| --- | --- |
| **Applicant Name** | Primary Applicant  Secondary Applicant |
| **Administering Institution** |  |
| **Grant Type** | Health Services Research Stimulus Project Grant |
| **Grant Title** |  |
| **Grant Application Number (obtain from SmartyGrants)** |  |

## Eligibility criteria

I confirm that this Children’s Hospital Foundation grant application meets the following Eligibility Criteria:

* Applicant‘s proposed funded grant is within at least one of CHQ’s priority areas of research.
* Grant application budget is not more than $80,000 for the lifetime of the grant.
* Applicant adheres to the eligibility criteria outlined in the *Children’s Hospital Foundation 2017 Health Services Research Stimulus Project Grant* *Application Guidelines.*
* The Applicant’s employer is aware of this application.

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| **Personal Details *(person providing Letter of Support)*** | | | |
| Title | Given Names | | Surname |
|  |  | |  |
| Phone | | Email | |
|  | |  | |
| Position | | Institution Name | |
|  | |  | |

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| --- | --- |
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| Signature | Date |