Letter of Support

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

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| **Applicant Name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (The applicant must specify his/her name in this section before submitting the Letter of Support for signing by the CHQ Research Director or Director, Research Management Office) |
| **Applicant Type** | Primary Applicant  Secondary Applicant |
| **Administering Institution** |  |
| **Grant Type** | 2018 Woolworths Nutrition-Related Health Services Research Grant |
| **Grant Title** |  |
| **Grant Application Number (obtain from SmartyGrants)** |  |

**Part B: To be completed by the Director, Research Management Office or equivalent of the Administering Institution. For Children’s Health Queensland Hospital and Health Service staff, the support of the CHQ Research Director is essential. Other HHS Health Professionals will need to be endorsed by their local HHS Director.**

## Eligibility criteria

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

* The Applicant is approved to conduct the research under the banner of the Woolworths Centre for Childhood Nutrition 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 *2018 Woolworths Nutrition-Related Health Services Research Grant* *Application Guidelines.*
* The Applicant’s employer is aware of this application.

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| Signature: |  |
| Date: |  |
| Printed Name: |  |
| Position: | Director, Research Management Office  CHQ Research Director |