

CSHP Foundation Research Grant Application Signature Page

PROJECT TITLE:	
PRINCIPAL INVESTIGATOR <i>(Name, Job Title & Institution)</i>	Signature
CO-INVESTIGATORS <i>(Name, Job Title & Institution)</i>	Signature
AUTHORIZED SIGNING OFFICIAL * <i>(Name, Job Title & Institution)</i>	Signature

** Authorized signing official is an official of the organized health facility in which the research will primarily be conducted/person who can authorize the applicant to receive and manage a research grant from an external agency.*