

## CSHP Foundation Research Grant Application Signature Page

<b>PROJECT TITLE:</b>	
<b>PRINCIPAL INVESTIGATOR</b> <i>(Name, Job Title &amp; Institution)</i>	<b>Signature</b>
<b>CO-INVESTIGATORS</b> <i>(Name, Job Title &amp; Institution)</i>	<b>Signature</b>
<b>AUTHORIZED SIGNING OFFICIAL *</b> <i>Print Name, Job Title &amp; Institution</i>	<b>Signature:</b>  <b>e-mail address:</b>

*\* 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.*