**APPENDIX 1- Application Cover and Signatory Form**

**Collaboration for health research in northern bc**

**Request for Project Grant Applications**

**Application Cover and Signatory Form**

1. Title of Proposal:

2. Details of Co-Principal Investigators, must have minimum one from each organization: UNBC, NH and PHSA

|  |  |
| --- | --- |
| Name Nominated Principal Investigator |  |
| Title  |  |
| Department |  |
| Organization |  |
| Email |  |
| Telephone |  |
| Signature |  |
| Date |  |

|  |  |
| --- | --- |
| Name of Co-Principal Investigator |  |
| Title  |  |
| Department |  |
| Organization |  |
| Email |  |
| Telephone |  |
| Signature |  |
| Date |  |

|  |  |
| --- | --- |
| Name of Co-Principal Investigator |  |
| Title  |  |
| Department |  |
| Organization |  |
| Email |  |
| Telephone |  |
| Signature |  |
| Date |  |