



**Routing Slip**

**This routing slip is to be included with your signature pages and is for CIHR's administrative use only.**

**Funding Opportunity**

**ResearchNet ID**

**Applicant**

Surname

Given Names

PIN

**Title**

**Relevant Research Area:**

**Title of Priority Announcement/Funding Pools:**

**Linked Programs:**



**Participants Signatures**

The participants are in the following order when applicable: Principal Knowledge User, Knowledge Users, Principal Applicant and Co-Appllicants, Primary Supervisor and Supervisors.

It is agreed that the general conditions governing grants and awards, as well as the statement "Meaning of Signatures on Application Forms" as outlined in the CIHR Grants and Awards Guide, apply to any grant or award made pursuant to this application and hereby accepted by the participant(s).

**Supervisor(s) Signatures (If applicable)**

It is agreed that the general conditions governing grants and awards, as well as the statement "Meaning of Signatures on Application Forms" as outlined in the CIHR Grants and Awards Guide, apply to any grant or award made pursuant to this application and are hereby accepted by the applicant's supervisor(s).

The author(s) of the Summary of the Research Project included in the candidate's application also agree that it accurately describes the training program proposed.

**Consent to Disclosure of Personal Information**

I understand that maintaining public trust in the integrity of researchers is fundamental to building a knowledge-based society. By submitting this application or by accepting funding from CIHR, NSERC and/or SSHRC, I affirm that I have read and I agree to respect all the policies of these Agencies that are relevant to my research, including the *Tri-Agency Framework: Responsible Conduct of Research* (<http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/>). In cases of a serious breach of agency policy, the agency may publicly disclose any information relevant to the breach that is in the public interest, including my name, the nature of the breach, the institution where I was employed at the time of the breach, the institution where I am currently employed, and the recourse imposed against me.

I accept this as a condition of applying for or receiving Agency funding and I consent to such disclosure.

Surname	Given Names	Role	Signature
			X

Institution	Faculty	Department	Date

Surname	Given Names	Role	Signature
			X

Institution	Faculty	Department	Date

Surname	Given Names	Role	Signature
			X

Institution	Faculty	Department	Date



### Signature of Institution Paid

<b>Institution Paid Signature</b>	
<p>It is agreed that the general conditions governing Grants and Awards, as well as the statements “Meaning of Signatures on Application Forms” as outlined in the CIHR Grants and Awards Guide, apply to any grant or award made pursuant to this application and are hereby accepted by the applicant’s institution or the applicant(s) employing Institution(s).</p> <p><b>A signature is not required at institutions outside of Canada.</b></p> <p>If both your Program and submitting institution are using the Electronic Approval Tool on ResearchNet, a signature is not required for block 1 if the Authorized Official can bind the institution to all obligations outlined in the “Meaning of Signatures on Application Forms”. If the Authorized Official cannot bind the institution to all obligations in the “Meaning of Signatures on Application Forms”, complete block 2.</p>	
<b>1. Signature of Authorized Official:</b>	
Print Name:	Date:
Signature: X	
<b>2. If the Authorized Official above cannot bind the institution to all obligations outlined in the “Meaning of Signatures on Application Forms”, please provide additional signatures below as required.</b>	
Print Name:	Date:
Signature: X	
Print Name:	Date:
Signature: X	

### Signature of Research Institution

<b>Institution Signature at Primary Location of Research (Awards Programs Only)</b>	
<p>It is agreed that the general conditions governing Grants and Awards, as well as the statements “Meaning of Signatures on Application Forms for the Authorized Official at the Primary Location of Research” (<a href="http://www.cihr-irsc.gc.ca/e/22630.html#1-G3">http://www.cihr-irsc.gc.ca/e/22630.html#1-G3</a>) as outlined in the CIHR Grants and Awards Guide, apply to any award made pursuant to this application and are hereby accepted by the Nominated Principal Applicant’s institution where the research is to be conducted.</p>	
<b>Signature of Authorized Official:</b>	
Print Name:	Date:
Signature: X	