

Regional Centres Competition Application Signatures



Canadian
Frailty
Network

Réseau canadien
des soins aux
personnes fragilisées

Please upload separate forms for each Principal Investigator in Forum.

Principal Investigator

First
Name

Surname

Proposal Title:

CFN File Number:

- ☐ I agree to receive email communications from CFN in addition to those specifically regarding this project (e.g. general communications regarding funding opportunities, Network changes, conferences, etc.).

I, the undersigned, have read the CFN 2022 Regional Centres Competition Guidelines and Instructions and declare that I meet the eligibility guidelines.

I also declare that I have provided true, complete and accurate information in all aspects of my application package. I understand that CFN has the right to reject an application or retract grant funding on the basis of false or misleading information forming any part of an application.

If any circumstances pertaining to this proposal change, including other funding (as described in the Application), I agree that I will advise CFN immediately (executivedirector@cf-nce.ca).

Signature

Date

Host Institution of the Principal Investigator Named Above

Last
Name

First
Name

Institution

I, the undersigned, acknowledge that the Institution named above is aware that the Principal Investigator named above has applied for funding from the Canadian Frailty Network, a national research network funded through the Networks of Centres of Excellence (NCE) program.

Signature

Date

Vice-President, Research of the Institution named above
(or designate)

