|  |
| --- |
| Office for Research Governance and Development**Gold Coast Health Collaborative****Research Grant Scheme****Collaborator Letter of Support** |

Dear Research Grant Scheme Chair,

|  |  |
| --- | --- |
| Project title: |  |
| Lead Principal Investigator’s Name: |  |
| Lead Principal Investigator’s Position: |  |

□ I am aware that the project above will be submitted for funding support from the 2020 Gold Coast Health Collaborative Research Grants Scheme.

□ I confirm that I am aware of, and support, the proposed use of resources and space within my institution for this project.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |
| Name: |  |
| Position: |  |
| Institution: |  |

This form will be submitted with the EOI for consideration.

**Notes for applicant:**

**This form is only needed when the project will make significant use of resources and space at an institution outside of Gold Coast Health. It should be signed by the relevant leadership in that institution who have authority of the use of that resource/space.**

If you have any questions, please contact GrantsGoldCoast@health.qld.gov.au or call 5687 8310