

Team Grant Awards
2024 Program/Dept. Manager Statement of Support

Name of Principal Investigator (Applicant): _____

Program/Department.: _____

To the Team Grant Award Peer-Review Committee:

By signing this statement, I agree to support the above-named applicant to complete the research project described in the application, in the event it is funded in this competition. I will provide the following specific support, as indicated by "yes" or "N/A" (if not applicable):

_____ accommodating their work schedule to enable the research to be conducted, as much as is reasonable. We have discussed the impact of the research project on their work schedule.

_____ back-filling their normally assigned workload, in the amount budgeted for in the grant

_____ assisting with the hiring of project staff/consultants according to VCH/PHC policies and procedures

_____ other support (specify):

Name: _____

Position: _____

Signature: _____

Date: _____