

Letter of Support

Part A: To be completed by the Applicant

Applicant Name	_____
	(The applicant must specify his/her name in this section before submitting the Letter of Support for signing by the CHQ Research Director or Director, Research Management Office)
Applicant Type	<input type="checkbox"/> Primary Applicant <input type="checkbox"/> Secondary Applicant
Administering Institution	
Grant Type	2020 Health Services Research Stimulus Grant
Grant Title	
Grant Application Number (obtain from SmartyGrants)	

Part B: To be completed by the Director, Research Management Office or equivalent of the Administering Institution. For Children's Health Queensland Hospital and Health Services staff, the support of the CHQ Research Director is essential. Other HHS Health Professionals will need to be endorsed by their local HHS Director.

Eligibility criteria

I confirm that this Children's Hospital Foundation grant application meets the following Eligibility Criteria:

- Applicant is not requesting more than \$80K for project-support costs and \$20K for health services research support costs for the duration of the award.
- Applicant adheres to the eligibility criteria outlined in the *2020 Children's Hospital Foundation Health Services Research Stimulus Grant Application Guidelines*.
- The Applicant's employer is aware of this application.

Signature:	
Date:	
Printed Name:	
Position:	<input type="checkbox"/> Director, Research Management Office <input type="checkbox"/> CHQ Research Director

Supervisor Confirmation (for PhD student applicants)	
Signature:	
Date:	
Printed Name:	