Gold Coast Health
Collaborative Research Grant Scheme 2027
Institutional Letter of Support

Dear Research Grant Scheme Chair,

Project title:	
Name: Co-lead CI (applicant)	
Position: Co-lead CI (applicant)	

Co-lead Chief Investigator

By signing this document, I confirm that:

□ I am a Gold Coast Health employee with an appointment, minimum 0.4 FTE for the duration of the grant.

□ I have read, understood and agree to abide by the Grant Guidelines and terms of funding. I will advise the Research Office Grants Administrator of any variations in the project (including changes to Academic Co-lead).

Signature:		Date:	

Line Manager of Co-lead Chief Investigator

□ I am aware that the above project will be submitted in an application for funding support to the 2027 Gold Coast Health Collaborative Research Grant Scheme.

I confirm that:

□ I have reviewed this application, including the attached budget proposal.

□ I am the lead in the area where the project activity will take place and confirm that this project will have the support of this area or department if the funding request is successful.

□ I am the line manager of the Co-lead CI and confirm my support of their involvement in this project. I will advise the Research Office Grants Administrator of any change to the Co-lead CI on the project.

Name:			
Position:			
Area / Department			
Signature:		Date:	

Notes for applicant: This form is a requirement for upload into the online application. This form may be used as the letter of support for an HREC / SSA application.

If the project will take place in multiple areas with different leads, or the lead in the area where the project is taking place is different than your line manager, please complete a copy of this form for each area.

If you have any questions, please contact GrantsGoldCoast@health.qld.gov.au or call 5687 0663.