**Breakthrough Cancer Research Health Economics and Policy Call 2024**

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# Host Institution Signature Form

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| **Title of Application** |
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| **Lead Applicant Name** |
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| **Dean of Research or equivalent person authorised to endorse research grant applications for the Institution.**  I have read this application and the relevant instructions, I confirm that all staffing/budget issues have been discussed with the applicant and I confirm that the research institution is willing to accept and administer the award, if successful.  Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position/ Institution (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature/ E-signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |