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

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# Lead Applicant/Co-Applicant(s)/Collaborator(s) Signature Form

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| **Title of Application** |
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| **Lead Applicant Name** |
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| **Lead Applicant**  As the Lead Applicant, I confirm that I have read the Breakthrough Health Economics and Policy Call document and related Instructions and I agree to submit this proposal to Breakthrough Cancer Research. I confirm, to the best of my knowledge, that the information provided is correct.  As Lead Applicant, by submitting this application I consent to (a) sharing of my data outside of the European Economic Area (EEA) for the purpose of international peer review, and (b) the use of my data for assessment of my application within Breakthrough.  Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature/E-signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Co-Applicant 1 (copy further as required)**  I confirm that I have read the Breakthrough Health Economics and Policy Call document and related Instructions and I agree to submit this proposal to Breakthrough Cancer Research. I confirm, to the best of my knowledge, that the information provided is correct.  As Co-applicant, by submitting this application I consent to (a) sharing of my data outside of the European Economic Area (EEA) for the purpose of international peer review, and (b) the use of my data for assessment of my application within Breakthrough.  Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature/E-signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Collaborator 1 (copy further as required)**  I confirm that I have read the Breakthrough Health Economics and Policy Call document and related Instructions and I agree to submit this proposal to Breakthrough Cancer Research. I confirm, to the best of my knowledge, that the information provided is correct.  As Collaborator, by submitting this application I consent to (a) sharing of my data outside of the European Economic Area (EEA) for the purpose of international peer review, and (b) the use of my data for assessment of my application within Breakthrough.  Name (BLOCK CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature/E-signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |