

## HIIFP Application Form

		<b>For Ministry Use Only</b>	
		Application Number	
Principal Researcher (print name)		Email Address	
Institution Name		Institution Address	
Telephone No. (of Applicant)			
Co-Applicants (Name, Email Address, Institutional Affiliation)			
1.			
2.			
3.			
<b>Topic No.</b>	Title of Research Topic		
Brief Purpose of Research			
Start Date		Completion Date (estimated)	
<b>Financial Summary</b>			
Total Funds Requested from MTO	Total Funds Requested from Other Sources	Total Funds Requested (MTO + Other Sources)	
Have you applied to any other funding agencies in support of this research?			
YES <input type="checkbox"/> (provide details) NO <input type="checkbox"/>			
<b>Signatures</b>			
It is understood that the provisions outlined in the MTO HIIFP Program Guide AND the details contained in the Research Project Proposal submitted by the Institution are hereby accepted and agreed to.			
	Principal Researcher	Head of Department	Authorized Signing Officer of Institution
Print Name			
Signature			