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**HRCI/HRB Joint Funding Scheme 2020**

**(formerly the MRCG/HRB Joint Funding Scheme)**

**PART D2**

# Host Institution Signature Form

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| **Title of Application** |
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| **Principal Investigator’s Name** |
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| Dean of Research or equivalent person authorised to endorse research grant applications for the Research Institution I have read this application and the relevant Guidance notes, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |