

# Metro North Health Swift Grants 2024

## Certification and Signatures

**Swift Grant Reference Code:** *e.g. Swift-123-2024*

**Swift Grant Project Title:**

### Chief Investigator A (CIA)

*By signing this document, you certify that:*

- *You are a Metro North employee with an appointment for the duration of the grant.*
- *The information provided in the application is true and correct.*
- *You have read, understood and agree to abide by the Swift Grants Guidelines, including terms of funding.*

**Name:**

**Date:**

**Signature:**

### Chief Investigator B (CIB) *(if applicable)*

*By signing this document, you certify that:*

- *The information provided in the application is true and correct.*
- *You have read, understood and agree to abide by the Swift Grants Guidelines, including terms of funding.*

**Name:**

**Date:**

**Signature:**

## Metro North Certifications

**Business Manager** (from the Metro North Health cost centre that will receive and administer the grant funds)

As the relevant **Business Manager**, I have reviewed the attached budget proposal, and acknowledge this application for submission.

**Name:**

**Department:**

**Date:**

**Signature:**

## Head of Department

As the **Head of Department**, I have reviewed this application, including the attached budget proposal, and acknowledge this application for submission.

**Name:**

**Department:**

**Date:**

**Signature:**