

Metro North Health Swift Grants 2025

Certification and Signatures

Swift Grant Reference Code: e.g. *Swift-123-2025*

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: