**IIT Regional Funding Review Committee**

**Funding Submission Form**

**Please complete the form and submit with all applicable documents to IIT central email box at ArthurChild.IIT@ahs.ca**

|  |  |  |
| --- | --- | --- |
| **Study Name** |  | |
| **Principal Investigator** |  | |
| **Email** |  | |
| **Phone** |  | |
|  |  | |
| **Co-Investigators and/or other collaborators** | **(Names and titles) (Attach a list if needed)** | **Role in study** |
| **1.** |  | **Co-Investigator**  **Collaborator** |
| **2.** |  | **Co-Investigator**  **Collaborator** |
| **3.** |  | **Co-Investigator**  **Collaborator** |
| **4.** |  | **Co-Investigator**  **Collaborator** |
| **5.** |  | **Co-Investigator**  **Collaborator** |
| **6.** |  | **Co-Investigator**  **Collaborator** |
| **7.** |  | **Co-Investigator**  **Collaborator** |
| **8.** |  | **Co-Investigator**  **Collaborator** |

**Protocol attached**

**Budget completed and attached**

**Industry Partner Funding or Grant Funding expected?** (Attach a letter of intent or Funding Confirmation)

**Tumour Group letter of support attached** (signed and dated)

**CCI participation?  Yes  No**

If yes, will they be submitting to the same Spring/Fall review as ACCC? **Yes No**

**Other sites participation?  Yes  No**

If yes, please complete the table below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Sub-site** | **Site Investigator**  **(Please indicate the email address of the contact person)** | **Subsite has confirmed participation** |
| 1. |  |  | Yes  No |
| 2. |  |  | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Submitted By |  |  |  |
| Email |  |  |  |