**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  |  |  |  |