



### Applicant Details

Chief Investigator/Applicant Name:

SmartyGrants Grant application ID:

Project Title:

### Administering Institution Details

Institution:

Institution contact name:

Contact position:

Telephone:

Email:

### Certification by DVCR/CEO or their authorised delegate of the Administering Institution:

I certify and confirm that:

I have read, understood and complied with the relevant THRF Group Grant Guidelines (the grant guidelines) and, to the best of my knowledge, all details provided in this application form and in any supporting documentation are true and complete in accordance with the grant guidelines.

I consent, on behalf of all the parties, to this application being referred to third parties for confidential assessment purposes.

I consent, on behalf of all the parties, to THRF Group copying, modifying and otherwise dealing with information contained in this application for the purpose of conducting the funding round.

The application is being submitted with the support of, and on behalf of, the Administering Institution, and it is acknowledged the application may be excluded from consideration by THRF Group if found to be in breach of any requirements.

Name:

Position:

Signature:

Date:

**Please return the completed statement to the applicant.**