



**PARTNERSHIP MODULE**

Name of Applicant / Candidate

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Copy(ies) of this form must be attached to each copy of the application package.

If more than one partner is involved, each must complete this form.

**This section should be completed by the Partner**

The Partner commits to make the following contribution to the research project, if approved, and to advise CIHR at any time if there is a change in the said contribution.

Name of Partner

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Full mailing address

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**Name of Partner contact**

(The Partner contact is the individual to whom questions regarding the Partner's involvement should be addressed)

Telephone number

Fax number

Expected Period of Support:

Years  Months

**CIHR Leverable Contribution**

Partner Contribution	Cash	In-Kind
Year 1		
Year 2		
Year 3		
<b>TOTAL</b>		
<b>Total CIHR Leverable Contribution</b>		

**Signature of responsible Partner officer**

(The responsible Partner officer has the authority to bind the company to the financial support of the grant or award)

Print Name

Signature

Date

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Name of Applicant / Candidate

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**Please respond to the following three questions. Three additional pages may be added if necessary.**

1. Please explain in a letter the Partner's involvement and detail the in-kind contribution for each year (maximum 2 pages).
2. What is the relevance of the research project to the Partner, and how does it pertain to the Partner's internal research agenda?
3. What potential benefits does the Partner derive from participating in the project?