CLEAR 2025 Operating Grant Submission Form

Principal Investigator Name:

_____

Proposed Project Title:

_____

Institution Name:

_____

Faculty & Department:

_____

Research Host Institution Information:

Principal Investigator:_____

Signature: _____ **Date:** _____

Head of Department/Division:_____

Signature: _____ **Date:** _____

Director of Research at Institution:_____

Signature: _____ **Date:** _____

ADDITIONAL COMMENTS:

_____

_____

The application may be signed by digital/electronic signature and transmission.