**CANPATH REQUEST FOR LETTER OF SUPPORT AND COST ESTIMATE FORM**

 *Please note:*

* *Provision of a draft Letter of Support is strongly recommended*
* *10 business days are required to provide a Letter of Support*
1. **Grant Submission Details**

|  |  |
| --- | --- |
| Name of granting agency: |  |
| Name of grant competition: |  |
| Grant submission due date: |  |
| Title of grant being submitted: |  |

1. **Principal Applicant Information**

|  |  |
| --- | --- |
| Name: |  |
| Career: | Independent investigator:[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]Early career (for 0 to 5 years)[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.][Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]Mid-career (for 5 to 15 years)[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]Senior (for more than 15 years) [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.][Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]  | Graduate studentPostdoc fellowOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current position: |  |  |
| Contact email and phone number: |  |
| Mailing address: |  |
| *Note: The Letter of Support will be addressed to the Principal Applicant at the address noted above.* |

1. **Research Project Overview**

*Project background and objectives:* (max. 250 words)

|  |
| --- |
|  |

1. **CanPath Data Sought**

*Specify dataset(s) and type of data, see* [*https://portal.canpath.ca/datasets*](https://portal.canpath.ca/datasets) *for data availability:*

|  |
| --- |
|  |

*Selection criteria for CanPath participants on whom data is sought:*

|  |
| --- |
|  |

*Proposed methods for analyzing CanPath data:*

|  |
| --- |
|  |

1. **CanPath Biosamples Sought (if applicable)**

*Specify type, number, and volume, see* [*https://portal.canpath.ca/samples*](https://portal.canpath.ca/samples) *for details:*

|  |
| --- |
|  |

*Selection criteria for CanPath participants on whom biosamples are sought:*

|  |
| --- |
|  |

*Biosample pre-analytical characteristics required, if applicable:*

|  |
| --- |
|  |

*Proposed methods for analyzing CanPath biosamples:*

|  |
| --- |
|  |

1. **Linkage of CanPath Participants with Other Datasets (if applicable)**

*Data to be linked to CanPath: (Specify dataset(s), type of data, and their source):*

|  |
| --- |
|  |

**Submit your completed form to the CanPath Access Office at** **access@canpath.ca****.**