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| Project Title: |  |
| EOI Ref No.: |  |

I have read and understood the Instructions to Applicants

I have read and accept the Terms and Conditions of Funding.

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| **CHIEF INVESTIGATOR:** | | | |
| Name: |  | | |
| Signature: |  | Date: |  |

**ASSOCIATE INVESTIGATORS:**

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| --- | --- | --- | --- |
| 1. Name: |  | | |
| Signature: |  | Date: |  |

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| 2. Name: |  | | |
| Signature: |  | Date: |  |

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| 3. Name: |  | | |
| Signature: |  | Date: |  |

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| 4. Name: |  | | |
| Signature: |  | Date: |  |

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| 5. Name: |  | | |
| Signature: |  | Date: |  |

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| 6. Name: |  | | |
| Signature: |  | Date: |  |

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| 7. Name: |  | | |
| Signature: |  | Date: |  |

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| 8. Name: |  | | |
| Signature: |  | Date: |  |

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| 9. Name: |  | | |
| Signature: |  | Date: |  |

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| 10 Name: |  | | |
| Signature: |  | Date: |  |

**CERTIFICATION BY HEAD OF DEPARTMENT:**

I certify that this project is appropriate to the general facilities in my Department, with all safety requirements satisfied, and that I am prepared to have the project carried out in my Department.

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| Name: |  | | |
| Position title: |  | | |
| Signature: |  | Date: |  |

**CERTIFICATION BY HEAD OF ORGANISATION:**

I have read and accept the Terms and Conditions of Funding.

I certify that this project satisfies all the requirements of this Organisation and that the classifications quoted for personnel are in accordance with practice at this Organisation.

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| --- | --- | --- | --- |
| Name: |  | | |
| Position title: |  | | |
| Signature: |  | Date: |  |