



Canadian Institutes of
Health Research

Instituts de recherche en
santé du Canada

Natural Sciences and Engineering
Research Council of Canada

Conseil de recherches en sciences
naturelles et en génie du Canada

Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada

Protected B when completed

Addition, Removal and/or Revision of Individuals on the Grant and/or Prize Team

SECTION 1 – GRANT RECIPIENT INFORMATION AND SIGNATURES

GRANT RECIPIENT INFORMATION

Family name	Given name
Email address	Telephone number
Administering institution	
Address	
Application/Project title	Agency application or grant reference number

SIGNATURES

Grant recipient

Print name	
Date	Signature

Authorized official at the administering institution

Position title	
Print name	
Date	Signature

SECTION 2 – INDIVIDUALS ON THE GRANT OR PRIZE TEAM TO BE ADDED, REMOVED OR REVISED

Please provide current contact information.

It is agreed that the terms and conditions governing Grants and Awards, as set out in the Agency's policies, including specific program documentation, funding opportunities and terms and conditions, apply to any grant or award and are hereby accepted by the applicant(s) listed below.

Individual 1

Family name	Given name	
Email address	Telephone number	
Institution/organization		
Address		
Modification type	NSERC/SSHRC participant role	CIHR participant role
Effective date of change	Signature of individual 1	

Individual 2

Family name	Given name	
Email address	Telephone number	
Institution/organization		
Address		
Modification type	NSERC/SSHRC participant role	CIHR participant role
Effective date of change	Signature of individual 2	

Individual 3		
Family name	Given name	
Email address	Telephone number	
Institution/organization		
Address		
Modification type	NSERC/SSHRC participant role	CIHR participant role
Effective date of change	Signature of individual 3	
Individual 4		
Family name	Given name	
Email address	Telephone number	
Institution/organization		
Address		
Modification type	NSERC/SSHRC participant role	CIHR participant role
Effective date of change	Signature of individual 4	

Individual 5		
Family name	Given name	
Email address	Telephone number	
Institution/organization		
Address		
Modification type	NSERC/SSHRC participant role	CIHR participant role
Effective date of change	Signature of individual 5	
Individual 6		
Family name	Given name	
Email address	Telephone number	
Institution/organization		
Address		
Modification type	NSERC/SSHRC participant role	CIHR participant role
Effective date of change	Signature of individual 6	