

Reminder: Project team members need to also sign & submit a Use & Disclosure form

6. PROJECT TEAM INFORMATION (Co-applicants only)			
Surname	Given Name and Initial	Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Other	
Organization		Department	
Street Address			
City and Province		Postal Code	Fax Number
Telephone	E-mail Address		
I hereby acknowledge my involvement as a Co-applicant on this grant application. _____ _____ (Signature) (Date)			
Surname	Given Name and Initial	Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Other	
Organization		Department	
Street Address			
City and Province		Postal Code	Fax Number
Telephone	E-mail Address		
I hereby acknowledge my involvement as a Co-applicant on this grant application. _____ _____ (Signature) (Date)			

Project team members (Principal and Co-applicants) must sign:

1) Application Form

2) Use & Disclosure Form
(on WorkSafeBC web site)

• *The Secretariat will not release funding until all signatures are obtained.*

Co-applicants are individuals whose participation is required for the project to succeed.

Describe the role of each Co-applicant in your proposal.

If you have more than 2 team members, copy this page and number accordingly.

Please add additional page(s) numbered "Page 2a", "Page 2b", etc., if necessary.

