

**RESEARCH GRANT NOTICE OF INTENT FORM**

PRINCIPAL INVESTIGATOR:

CO-INVESTIGATOR(S):

PARTNER ORGANIZATION(S):

<input type="text"/>	
NAME	
<input type="text"/>	
ROLE	ORGANIZATION

<input type="text"/>	
NAME	
<input type="text"/>	
ROLE	ORGANIZATION

<input type="text"/>	
NAME	
<input type="text"/>	
ROLE	ORGANIZATION

PROJECT TITLE:

FIVE PROJECT KEYWORDS:

SIGNATURE  DATE

**PLEASE SUBMIT YOUR COMPLETED APPLICATION ALONG WITH OTHER REQUIRED DOCUMENTS TO [APPLYVISTA@YORKU.CA](mailto:APPLYVISTA@YORKU.CA) BY THE APPLICATION DEADLINE. THANK YOU.**