



## Attestation for support to students, trainees and research support personnel funded through CIHR research grants

Nominated Principal Investigator's Full Name

Program Name

FRN

### Response:

**Yes, I accept this supplement**

By accepting this supplement, I am confirming that:

- The research and work of trainees and research support personnel, for which I received this agency grant, was disrupted by COVID-19 from April 1 to June 30, 2020.
- This agency grant was used to pay the salaries and stipends of trainees and research support personnel during this period of disruption.

The trainees and research support personnel supported by the supplement will need to ensure they did not benefit from compensation under the Canada Emergency Student Benefit or the Canada Emergency Response Benefit between April 1 and June 30, 2020. They also cannot have benefited from other income supports related to COVID-19, including the extensions of tri-agency scholarships and fellowships during this same period. Note that the supplement cannot be used for the remuneration for work directly associated with a program of study for trainees who graduated in the spring of 2020.

**No, I do not qualify / No, I decline this supplement**

Signature of Nominated Principal Applicant:

Date:

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