Research Services Office

McMurrich Building,

12 Queen’s Park Crescent W

Toronto, ON M5S 1S8

**RE: Matching for Early Researcher Award – Round 15**

This letter confirms that $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in matching funds will be provided in support of the application submitted on behalf of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Department of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the University of Toronto. The account information for any existing accounts is provided in the table below:

**Account Information\***

|  |  |
| --- | --- |
| **Fund, CFC, and CC** | **Source of Funds (ex. Department Operating, UTF etc).** |
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|  |  |
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*\* If any of the accounts is held by a faculty member other than the ERA applicant, please complete and attach page 2 of this letter.*

These funds will be made available at the time of award and will be used to cover eligible expenses as outlined in the ERA program guidelines.

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Name (Chair) Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Chair) Date

This letter confirms that Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ approves the use of the accounts below as matching funds in support of the Early Researcher Award application submitted on behalf of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the University of Toronto.

|  |  |
| --- | --- |
| **Fund, CFC, and CC** | **Source of Funds (ex. Department Operating, UTF etc).** |
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Name (Account Holder) Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Account Holder) Date