



Michael Smith

**Health  
Research BC**

**Applicant:** Asta Tester  
**Application ID:** C2-2022-2818  
**Form:** Department Head  
**Competition:** 2022 Convening and  
Collaborating  
**Date Submitted:** 2022-03-10 14:57:01

**Third Party Name:** Asta Tester

**Date Submitted:** 03/10/2022 11:57 AM

**Application ID:** C2-2022-2818

## Approval for Project

---

**Do you acknowledge that this primary applicant is in your department and that funds for this project will flow through your department and be used to support this project?**

By submitting this task in the next step, you indicate your support of this project.

Yes

SAMPLE