

(Reference Policy F.6 Research Approval)

## Form F.6.1 Application for a Letter of Support for Potential Research Projects in the Developmental or Grant Writing Phase

---

### Process for obtaining a “Letter of Support”

Research projects that are still in the developmental or grant writing phase that are looking to include involvement with the Canadian Mental Health Association, Thunder Bay Branch (CMHA), may complete the form below and forward it to the **Executive Director**.

To: Chief Executive Officer  
c/o Canadian Mental Health Association, Thunder Bay Branch,  
200 Van Norman St, Thunder Bay, ON P7A 4B8  
Tel: 807-345-5564  
Email: [cmhatb@cmha-tb.on.ca](mailto:cmhatb@cmha-tb.on.ca)

Upon receipt of the completed form, the Chief Executive Officer (CEO) will review the information. If the potential project is deemed appropriate and matches CMHA, Thunder Bay Branch’s Mission and Values, a formal notice and the Letter of Support will be forwarded to the researchers. If the project is found to be unacceptable, a notice of non-acceptance will be forwarded to the researchers.

***Please note:*** A Letter of Support **does not** guarantee Operational Approval. Continued support and involvement with CMHA, Thunder Bay Branch is contingent on appropriate research ethics approval, funding and internal approval. As such, once the research project is at the commencement stage it must go through the appropriate CMHA, Thunder Bay Branch processes for Operational Approval.

---

### Letter of Support Form to be completed and submitted to CEO, CMHA, Thunder Bay Branch

Project Title: \_\_\_\_\_

Name/Title of Principal Investigator: \_\_\_\_\_

Principal Agency/Association Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

Please provide a brief description of the proposed project including the main objectives or hypotheses.  
(If more space is needed you may attach an (1) additional page)

Please describe your inclusionary and exclusionary criteria for participation in the project:

Please outline how you plan to involve CMHA Thunder Bay Branch in the project.  
For example time, staffing, resources, etc. If applicable, please attach a copy of your proposed budget.

Please describe how your project fits with the mission and values of CMHA, Thunder Bay Branch:

Will you be applying for external funding?      Yes      No

From what sources?

Please share any additional information that you believe would be pertinent to this application.