

Chief Investigator A/Project Leader Details

Chief Investigator A/Project Leader Name:

SmartyGrants Application ID:

Project Title:

Administering Institution Details

Institution:

Institution Contact Name:

Contact Position:

Email:

Certification by CEO/DVCR of the Administering Institution (or their authorised delegate):

I certify and confirm the following:

I have read, understood and complied with the relevant THRF Group Grant Guidelines (the grant guidelines) and, to the best of my knowledge, all details provided in this application form and in any supporting documentation are true and complete in accordance with the grant guidelines.

Proper enquiries have been made and I am satisfied that the participants and organisations listed in this application meet the requirements specified in the grant guidelines.

The listed participants are responsible for the authorship and intellectual content of this application, and have appropriately cited sources and acknowledged significant contributions to this application.

To the best of my knowledge, all personnel contributing to the project activity have familiarised themselves with the *Australian Code for the Responsible Conduct of Research*, the *National Statement on Ethical Conduct in Human Research*, the *Australian code for the care and use of animals for scientific purposes* and other relevant policies concerning the conduct of research, and have agreed to conduct themselves in accordance with those policies.

To the best of my knowledge, all material personal and financial interests and Conflicts of Interest relating to parties involved in or associated with this application have been disclosed to the Administering Institution, and, if the application is successful, I agree to manage all Conflicts of Interest relating to this application in accordance with the *Australian Code for the Responsible Conduct of Research*, and any relevant successor documents.

I have obtained sufficient written agreement of all the relevant persons and organisations necessary for this application to be submitted. This written evidence has been retained and will be provided to THRF Group if requested.

I consent, on behalf of all the parties, to this application being referred to third parties for confidential assessment purposes.

I consent, on behalf of all the parties, to THRF Group copying, modifying and otherwise dealing with information contained in this application for the purpose of conducting the funding round.

The application is being submitted with the full authority of, and on behalf of, the Administering Institution, and I acknowledge that if found to be in breach of any requirements the application may be excluded from consideration by THRF Group.

If this application is successful:

The project can be carried out as set out in this application and in accordance with the terms and conditions of the grant guidelines and the relevant funding agreement.

The project can be accommodated within the general facilities of this Institution and if applicable, within the facilities of other relevant organisations specified in this application, and sufficient working and office space is available for project personnel.

This Institution and relevant participating organisations will make the financial and/or in-kind contributions to the project as set out in this application.

Access to privileged data or resources, such as patient data or patient samples, or workspaces, such as clinics, can be accommodated by this Institution or by other relevant organisations specified in this application.

Approval of project activity by relevant institutional committees or approval bodies (such as for ethics or biosafety) will be sought and obtained prior to the commencement of the Project or parts of the Project that require such approval.

Arrangements for the management of the project will be agreed in writing between all participating organisations associated with the application before the project can commence.

In carrying out the Project the Administering Institution will comply, and require any other participating organisations to comply, with the provisions of any applicable laws, regulations, by-laws and requirements of any Commonwealth, State, Territory or local authority.

Name:

Position:

Signature:

Date:

Please return the completed statement to the applicant.