**Written evidence (certification) of agreement to participate in the following Australian Research Council (ARC) project:**

|  |  |
| --- | --- |
| **ARC Funding Opportunity** |  |
| **RMS Application ID** |  |
| **MQ Lead CI** |  |

The ARC requires Administering Organisations to obtain written evidence of all parties necessary to allow the proposed project to proceed as specified in the Grant Guidelines for the relevant Program. The written evidence will be retained by the Administering Organisation, Macquarie University (MQ).

**Participants from external organisations (i.e. organisations other than MQ)**

Certification is required from the participant’s line manager/Head of Department/School/Institute and/or DVCR/CEO/Director to confirm commitment. Note that the ARC requires only one signature, unless the internal certification policies of the participant’s organisation require both line management and organisational sign-off (please duplicate the signature box below if necessary).

**Macquarie University CIs in a different department or school from the Lead CI**

Certification is required from the HoD/HoS of MQ CIs who are not in the same department as the Lead CI. This is because only the Lead CI’s HoD/HoS can approve via Pure, but HoD/HoS approval is required for all participants.

**Participant details**

|  |  |
| --- | --- |
| **CI/PI Name(s)** |  |
| **Department/School/Institute** |  |
| **Organisation Name (if not MQ)** |  |

**Certification by the Head of Department/School/Institute**

1. I agree that the project can be accommodated within the general facilities in my Department/School/Institute and that sufficient working and office space is available for any proposed additional staff;
2. I am prepared to have the project carried out in my Department/School/Institute under the circumstances set out in the application; and
3. I agree that the project will not be permitted to commence until there is ethics approval in place to ensure that the appropriate clearances or other statutory requirements will be met before the part/s of the project that require those clearances commence.

**Certification by DVCR/CEO or their delegate (external organisations only)**

I certify that:

1. my organisation supports the application and will contribute the resources outlined in the application; and
2. I have complied with the grant guidelines and, if the application is successful, I agree to abide by the relevant Commonwealth grant agreement.

Please mark relevant box: [ ]  Head of Department/School/Institute [ ]  DVCR/CEO or their delegate

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| --- | --- | --- | --- |
| **Full Name** |  | **Position Title** |  |
| **Signature** |  | **Date** |  |