**Proposal ID: \_\_LP19\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WRITTEN EVIDENCE FOR LINKAGE PROJECTS**

**This certification form is used for evidence of agreement from proposal participants other than Macquarie University Chief Investigators – where approvals will be captured through the Pure Research Management System record. Where applications include cross-Faculty staff and agreement is required from other Departments/Faculties, this form can also be used.**

*Please attach signed off version of this certification to the application Pure Research Management System Record. For guidance on creating your record in Pure see* [this webpage of resources](https://wiki.mq.edu.au/display/rms/About%2Bthe%2BResearch%2BHub%2BProgram;jsessionid=72333D4D8C028BE21B0E9655D71DBA34)*.*

**Macquarie University where the Administering Organisation on an application is required to obtain written evidence of all the relevant persons and organisations necessary to allow the Proposal to proceed as specified in the *Funding Rules for schemes under the Linkage Program (2018 edition)* (the Funding Rules). The written evidence must be retained by the Administering Organisation.**

**Certification by Chief/Partner Investigators**

I certify that:

1. all the details on this proposal are true and complete;
2. proper inquiries have been made and I am satisfied that I meet the eligibility criteria as specified in the Funding Rules;
3. as a participant listed on the proposal I have responsibility for the authorship and intellectual content of this proposal, and have appropriately cited sources and acknowledged significant contributions where relevant;
4. I have complied with the Funding Rulesand the *Linkage Projects Instructions to Applicants for funding applied for in 2019* and if the proposal is successful I agree to abide by the terms of the *Funding Agreement for schemes under the Linkage Program (2018 edition)*;
5. I understand and agree that all statutory requirements must be met before the proposed research can commence;
6. I have notified the Administering Organisation of any actual or potential conflicts of interest I may have in relation to the proposal and I undertake that, if the proposal is successful, I will notify the Administering Organisation of any conflicts of interest which arise subsequent to the submission of the proposal; and
7. I will notify the Administering Organisation if there are any changes in my circumstances which may impact on my eligibility to participate in, or ability to perform, the project subsequent to the submission of this proposal.
8. To the best of my knowledge, the Partner Organisations involved in this application are solvent at the time of submission of this application.

In participating in this proposal, I consent to:

1. this proposal being referred under confidentiality conditions to third parties, including to overseas parties, who will remain anonymous, for evaluation or assessment purposes; and
2. the ARC copying, modifying and otherwise dealing with information contained in the proposal, for the purpose of conducting the funding round.

**Certification by organisations (other than the Administering Organisation, contributing to the project appropriate delegate as determined by that organisation)**

I certify that:

1. my organisation supports the proposal and will contribute the resources outlined in the proposal; and
2. I have complied with the Funding Rules,and if the proposal is successful I agree to abide by the terms of the *Funding Agreement for schemes under the Linkage Program (2018 edition)*.

**In the section below, for each participant and organisation please obtain the signature(s) of Chief/Partner Investigators/organisation delegate OR attach written evidence of agreement. This written evidence needs to be firsthand confirmation in written form (for example, handwritten or electronic letters or emails) which can be appended to this document.**

| **Please indicate****CI/PI/Org** | **Full name, title and initials**(Printed) | **Signature** | **Position** | **Date** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**CI -** *Chief Investigator* **PI -** *Partner Investigator*  **Org -** *Organisation*

**Note:** *Please photocopy this page if further signatures are required. Each signatory need only sign once.*