**Application ID: \_\_LP20\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WRITTEN EVIDENCE OF CERTIFICATIONS FOR LINKAGE PROJECTS FOR FUNDING APPLIED FOR IN 2020 SUBMITTED BY MACQUARIE UNIVERSITY**

**For evidence of agreement from application participants and organisations**

**This certification form is used by Macquarie University (the Administering Organisation) to obtain written evidence of agreement from proposal participants other than Macquarie University Chief Investigators. This completed approval form must be added to the Pure record of the Linkage Project application. Where applications are from different Macquarie Faculties and agreement is needed from Investigators and/or Departments/Faculties of non-lead applicants, this form can also be used. Completing this form will allow the proposed project to proceed as specified in the *Grant Guidelines for the Linkage Program (2019 edition), Linkage Projects for funding applied for in 2020* (grant guidelines).**

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+the+Research+Hub+Program;jsessionid=72333D4D8C028BE21B0E9655D71DBA34).

**Certification by Chief/Partner Investigators**

I certify that:

1. all the details on this application are true and complete;
2. proper inquiries have been made and I am satisfied that I meet the eligibility criteria as specified in the grant guidelines;
3. as a participant listed on the application, I have responsibility for the authorship and intellectual content of this application, and have appropriately cited sources and acknowledged significant contributions, including third parties, where relevant.
4. I have complied with thegrant guidelines,and the *Linkage Projects Instructions to Applicants for funding applied for in 2020* and if the application is successful, I agree to abide by the relevant Commonwealth grant agreement*;*
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 application and I undertake that, if the application is successful, I will notify the Administering Organisation of any Conflicts of Interest which arise subsequent to the submission of the application;
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 application; and
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 application, I consent to:

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

**Certification by Organisation/s (other than the Administering Organisation) contributing to the Project (DVCR, CEO or delegate) if applicable**

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 including the requirement to enter arrangements for intellectual property; and
3. I agree that the project will not be permitted to commence until there is an ethics plan 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.

**In the section below, for each Participant (CI, PI and organisation) please obtain the signature(s) of Chief Investigators/Partner Investigators/Organisation DVCR/CEO or 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).**

| **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.*