

Letter of Industry Partner Organisation Certification

This declaration is to be completed by each Industry Partner in the collaboration. Each declaration must be uploaded as an attachment in RMS.

- I certify that our organisation will meet the requirements for Key Industry Partner/Other Industry Partner as outlined in the Industry Fellowships Program Grant Opportunity Guidelines and a standard ARC grant agreement, including:
 - the requirement to enter into arrangements regarding Intellectual Property which do not unreasonably prevent or delay academic outputs, and
 - (for the Key Industry Partner) supporting the Fellow to spend at least 20% of the project activity period on-site or otherwise working in an industry setting and provide appropriate facilities for this.
- I declare (subject to this application being successful) that our organisation will support and actively participate in the proposed project.
- I declare that our organisation will contribute (subject to this application being successful) the staff, funds and other resources indicated in the application and has obtained, or will obtain, the necessary authorisations to do so.

Total In-Kind Contribution (\$)	Total Cash Contribution (\$)

- If a Cash Contribution is being made, I certify that no part of our organisation's Cash Contribution is drawn from funds previously appropriated or awarded from Commonwealth or Australian State or Territory Government sources for the purposes of research, nor from funds previously used to leverage government research or research infrastructure funding.
- I declare the information contained in this application that relates to our organisation together with any statement provided, is to the best of my knowledge, true, accurate and complete. I also understand the giving of false or misleading information is a serious offence.
- I declare I am authorised to sign and submit this declaration on behalf of our organisation.

By signing below, I agree to the above declaration and confirm all the above statements to be true.

Industry Partner (organisation name):	
Partner ACN (if applicable):	
Authorised representative (Name and signature):	
Position/role:	
Phone:	Email:
<i>Ensure the Industry Partner organisation name and Partner ACN match those provided in the application form. Electronic signatures are acceptable.</i>	