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|  | **Research, Innovation & Commericalisation (RI&C)** |
| Authority to Submit Form: ARC 2023 Linkage Projects (LPs)This form is required for all University of Melbourne administered applications |

This form needs to be completed and submitted to RIC (email to: **ric-arclinkage@unimelb.edu.au** **)** by no later than, 9am Wednesday 6 December 2023 (RIC’s Final Application due date for the ARC LP23 Round 2 applications). **Applications without a completed Authority to Submit Form cannot be submitted to the ARC.**

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| Linkage Project ID (generated by RMS) | **LP23**………………… |
| Lead Chief Investigator Name & Title |  |
| **Department/School** **(to administer this grant)** |  |
| **The Project Leader confirms that the final application meets the below criteria outlined in the ARC documents:** [**Linkage Program Grant Guidelines (2023 edition)**](https://sites.research.unimelb.edu.au/__data/assets/pdf_file/0004/4395478/Linkage-Projects-Grant-Guidelines-2023-edition.pdf)**and** [**Linkage Projects Instructions to Applicants for funding applied for in 2023**](https://sites.research.unimelb.edu.au/__data/assets/pdf_file/0011/4395485/LP23_Instructions-to-Applicants-.pdf) **(Mandatory)** | **Lead CI to Certify:** |
| **Webpages:** Webpage addresses/URLs and hyperlinks have not been included except for the special circumstances (e.g., publications that are only available online) as outlined on page 3 of the *LP23 Instructions to Applicants*. | Yes [ ]  | Initial: |
| **Medical Research Policy:** I have read the ARC’s Medical Policy and confirm that my application adheres to this policy. <http://www.arc.gov.au/arc-medical-research-policy> | Yes [ ]  | Initial: |
| **National Interest Test Statement (NIT):** I have undergone the required NIT review and approval process via my faculty and have uploaded the faculty approved version at Part A5 in RMS. | Yes [ ]  | Initial: |
| **Partner Organisation Cash Contribution:** I have confirmed with each Partner Organisation that no part of its 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. | Yes [ ]  | Initial: |
| **Conflict of Interest Policy:** I have read the [ARC’s Conflict of Interest Policy](http://www.arc.gov.au/arc-conflict-interest-and-confidentiality-policy) and have notified ric-arclinkage@unimelb.edu.au of any Conflict of Interest that exists or is likely to arise in relation to any aspect of my Application , particularly in relation to CIs and their association with a Partner Organisation on my application. | Yes [ ]  | Initial: |
| **Funding Duplication:** The application does not duplicate funding for research or research infrastructure funded by the Commonwealth. | Yes [ ]  | Initial: |
| **Final Reports:** I confirm that any outstanding ARC final reports which are due have been submitted to the appropriate Administering Organisation for submission to the ARC. \*Outstanding reports will impact the eligibility of submitted ARC grant applications\* | Yes [ ]  | Initial: |
| **Record in-kind Contributions:** It is my responsibility to ensure that the in-kind contributions and its calculations are documented throughout the project. Should this project be funded, I am aware that the records must be kept for the duration of the project and calculations may be audited by the ARC. | Yes [ ]  | Initial: |

**Certification by the UoM Head of Department/School/Institute where the grant will be administered\***

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;
3. 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;
4. I am aware that the ARC provides 30% for on-costs, while the University of Melbourne’s salary and on-costs may be greater. I understand that any differences between the ARC salary rate (and/or the on-cost rate) must be met from non-ARC or NHMRC funding sources;
5. I have noted the amount of time which the investigators nominated in the application will be devoting to the project and agree that it is appropriate to existing workloads;
6. I understand that any named Chief Investigator(s) in my Department/School/Institute must satisfy the ARC CI eligibility criteria as at the grant commencement date and, if successful, for the Project activity period, ie: each CI must hold a minimum 0.2FTE paid appointment as at the grant commencement date and, if successful, for the project activity period OR hold an honorary academic appointment (honorary position that gives full academic status, as certified by the Deputy Vice-Chancellor (Research) and not employed by an organisation other than an Eligible Organisation for more than 0.2 FTE);
7. If the Project lead is honorary, I confirm that I have appropriate administrative controls in place to manage all governance risks should a participant with an honorary academic appointment for eligibility purposes act as the Project Leader for the duration of the project.
8. 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.

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| Lead Chief Investigator Name\* (PLEASE PRINT) |  |
| Head of Dept/School/Institute Name\* (PLEASE PRINT) |  |
| HOD/School/Director Signature\* |  |

\*If the lead Chief Investigator is the HOD, certification must be obtained by the Dean

**Certification by Head of Department/School/Institute (if applicable)**

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 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.

**Certification by organisation/s contributing to the Project (DVCR/CEO or their delegate)**

I certify that:

i) my organisation supports the application and will contribute the resources outlined in the application; and

ii) I have complied with the grant guidelines, and if the application is successful I agree to abide by the relevant Commonwealth grant agreement.

**PLEASE ARRANGE THE FOLLOWING SIGNATURES:**

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| ***Head of Department signatures:* Provide the names of ALL Chief Investigators and obtain signatures of their Head of Department/School/Institute (excluding the lead CI)** |
| ***CI Full Name******(please print)*** | ***Head of Department Name (please print)*** | ***Head of Department Signature*** | ***Department Name/Organisation*** | ***Date*** |
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| ***DVCR or Delegate / CEO signature*** **(Required for each participant organisation)- For all Partner organisations and other organisations** |
| **Name of Organisation** | **Full Name of DVCR / CEO or Delegate** | **Signature** | **Date** |
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**Note: Forms are accepted electronically so scanned electronic signatures are fine**