

Collaborative Research Grants 2022

Certification and Signatures

Instructions

1. The full name of both CIA and CIB must be typed into the application form.
2. Both CIA and CIB must tick the relevant statements to indicate certification of the application, sign and date their respective sections.
3. A Metro North Business Manager, the Head of Department, the Executive Director and Partner Organisation Delegate must name, date and sign the certification page.
4. Upload a scanned copy of the signed certification pages in the final section of the application.
(Please note that this document will become locked for editing once it has been signed electronically)

Collaborative Research Grant Reference Code:

e.g. CRG-123-2022

Collaborative Research Grant Project Title:

Chief Investigator (CIA)

Select the statements as certification of the application

I am a Metro North employee with an appointment for the duration of the grant.

CV/Resume uploaded (2-pages, correct template, PDF)

Budget proposal uploaded (on correct template)

The information I have provided in the application is true and correct.

I have read, understood and agree to abide by the Metro North Office of Research Grants Policy and Guidelines and the Collaborative Research Grants Guidelines, including terms of funding.

Name:

Date:

Signature:

Chief Investigator (CIB)

Select the statements as certification of the application

I am an eligible applicant of the collaborating organisation.

CV/Resume uploaded (2-pages, correct template, PDF)

The information I have provided in the application is true and correct.

I have read, understood and agree to abide by the Metro North Office of Research Grants Policy and Guidelines and the Collaborative Research Grants Guidelines, including terms of funding.

Name:

Date:

Signature:

Metro North Certifications

Business Manager (from the Metro North facility or service most aligned to the application)

As the relevant **Business Manager**, I have reviewed the requested budget proposal, and acknowledge this application for submission.

Name:

Department:

Date:

Signature:

Head of Department

As the **Head of Department**, I have reviewed this application, including the requested budget proposal, and acknowledge this application for submission.

Name:

Department:

Date:

Signature:

Metro North Facility Executive Director Certification

Name:

Facility:

Date:

Signature:

Collaborating Organisation Certification

Collaborating Organisation: UQ QUT QIMRB Griffith USC

Name:

Position:

Date:

Signature: