

AUTHORITY TO SUBMIT FORM

Research Support Scheme

Research Grants and Contracts | Submissions ▶



This form must be completed by the **lead applicant** and the **Dean, Head of School (HoS) or Medical Research Institute (MRI) Director** in applying for **research support schemes**.
*The primary objective of **research support schemes** is to provide funds to support the conduct of the proposed research activities. These schemes may or may not provide salary support.*

Please submit the completed form to

[this is an electronic form](#)

Funder and scheme

For funding commencing in

Proposal title

This statement represents a commitment by:

Faculty

School (of lead applicant)

Medical Research Institute (MRI)

To provide support to (name of lead applicant)

Staff ID for lead applicant

I, the lead applicant, confirm that the following points have been addressed prior to submission of this research grant application. Please answer each of the following:

I confirm that I have familiarised myself with the funder's guidelines, rules and/or instructions.

This project is a clinical trial.

Please list resources (e.g. consumables and supplies), specialised equipment and research space (e.g. equipment space sqm, specialist environmental conditions) required to complete the proposed project.

I confirm that any salary shortfall for the project personnel will be managed from project funds.

Does the funder restrict indirect costs included in the budget? **If yes**, please attach the document that confirm the indirect cost limit.

The Dean has approved a variation to the indirect cost recovery rate of 35%. If yes, please attach approval with this form. **NB** The Dean's approval is not required if the funder restricts indirect costs.

DVCR pre-approved cash contribution. (office use only)

If applicable, please use the below table to list any requested Faculty and/or School or MRI cash contributions.

Description (e.g. Materials or Travel)	Faculty cash contribution	School cash contribution	Total
Grand Total			

Please note any additional comments in the table below.

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Signature of **lead applicant**

Name of Authorised Delegate
(School/MRI)

For Faculty cash contributions only
Name of Authorised Delegate
(Faculty)

Signature of Authorised Delegate
(School/MRI)

Signature of Authorised Delegate
(Faculty)