

## 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
<b>Grand Total</b>			

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)