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AUTHORITY TO ACCEPT EXTERNAL FUNDING

- Only the relevant University Delegate can accept Grant/Consultancy offers.
- Offers, Contracts and Agreements must be forwarded to the local Business Office, accompanied by this completed form. The Business Office will then check the documents, negotiate contracts/agreements if necessary, and arrange the Delegate's approval.

1. Application details:	
Scheme Reference: (External Reference)	
Title:	
First named investigator:	
Family Name:	Given Name:
Business Office:	
Adminstrating Faculty/School/Centre:	
Department:	
Local area budget code* (if a new project): <u>OR</u> Existing GLC number (SPF account number) (if a renewal):	
*If multiple budget codes apply due to the project being shared between two or more ANU areas, please attach a completed RIBG/IGS Shared Form	

2. Funding details:				
Primary Funds Provider:				
Scheme:				
Start date:			End date:	
Year	Amount Awarded	Cash	In-kind	GST status
20__				<input type="checkbox"/> inclusive <input type="checkbox"/> exclusive <input type="checkbox"/> N/A
20__				<input type="checkbox"/> inclusive <input type="checkbox"/> exclusive <input type="checkbox"/> N/A
20__				<input type="checkbox"/> inclusive <input type="checkbox"/> exclusive <input type="checkbox"/> N/A
20__				<input type="checkbox"/> inclusive <input type="checkbox"/> exclusive <input type="checkbox"/> N/A
20__				<input type="checkbox"/> inclusive <input type="checkbox"/> exclusive <input type="checkbox"/> N/A

3. Investigator Certification:
<p>I certify that I:</p> <ol style="list-style-type: none"> 1) Will carry out the project in accordance with its associated terms and conditions (as detailed in the Contract/Agreement and any future certified variations) and in accordance with University policies; 2) Have fully read and understood the terms and conditions associated with the project; 3) Have consulted with my Business Manager on the management of the project and its associated budget; 4) Undertake to ensure that, in relation to the project and its outcomes, all associated staff and students will abide by the terms and conditions and relevant University policies; 5) Have retained copies of all relevant documents including the application and Contract/Agreement.

Signed:	Name:	Phone:
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Section 4 MUST be completed and signed by the Business Office Administrator who has reviewed the Contract/Agreement.

4. Contract/Agreement Checklist:		
Non-compliance summary / Outcome of negotiation		
FINANCIAL AND REPORTING DETAILS		
<input type="checkbox"/> Parties expressed correctly <input type="checkbox"/> Definitions present <input type="checkbox"/> Research project defined correctly	Clause:	Issues:
Payment details (e.g. payment dates/ payment on receipt of milestones etc)		
	Clause:	Issues:
Narrative/technical reports due dates		
	Clause:	Issues:
Financial reporting requirements (period, frequency, etc)		
<input type="checkbox"/> Attached to Narrative report <input type="checkbox"/> End of Financial Year <input type="checkbox"/> End of Calendar Year <input type="checkbox"/> End of Project <input type="checkbox"/> Other, please specify:	Clause:	Issues:
Other financial requirements		
<input type="checkbox"/> Certified <input type="checkbox"/> Audit paid by _____ <input type="checkbox"/> Refund unspent funds	Clause:	Issues:
Invoicing		
<input type="checkbox"/> To be raised by Business Office <input type="checkbox"/> Created by recipient Dates:	Clause:	Issues:
Carry-forward of funds		
<input type="checkbox"/> Special requirements to request carry forward <input type="checkbox"/> Not stated	Clause:	Issues:
Capacity to vary budget		
<input type="checkbox"/> Yes <input type="checkbox"/> No Process: <input type="checkbox"/> Stated <input type="checkbox"/> Not stated	Clause:	Issues:

Non-compliance summary / Outcome of negotiation		
Asset ownership		
<input type="checkbox"/> ANU <input type="checkbox"/> Funds Provider <input type="checkbox"/> Other, please specify:	Clause:	Issues:
Special Interest Conditions		
<input type="checkbox"/> None <input type="checkbox"/> Yes, to be considered part of funds <input type="checkbox"/> Yes, to be returned in part or full to the Funds Provider NB. If yes, and negotiation is unsuccessful, approval and endorsement from the Director of Financial & Business Services is required – see certification box below.	Clause:	Issues:
INSURANCE AND INDEMNITY DETAILS		
Insurance		
<input type="checkbox"/> Not provided by ANU <input type="checkbox"/> Provided by ANU using provision in place <input type="checkbox"/> Special insurance/indemnity required <input type="checkbox"/> Clinical research <input type="checkbox"/> Other, please specify:	Clause:	Issues:
Indemnities		
<input type="checkbox"/> Parties' liabilities are specified <input type="checkbox"/> Liabilities are proportional <input type="checkbox"/> Liabilities are mutual <input type="checkbox"/> Amounts are within ANU insurance covers	Clause:	Issues:
Risk assessment		
In the view of the reviewer, the University's exposure to risk is: <input type="checkbox"/> Very high <input type="checkbox"/> High <input type="checkbox"/> Low Justification:		
INTELLECTUAL PROPERTY RIGHTS		
Ownership and licenses		
<input type="checkbox"/> Consistent with ANU Policy <input type="checkbox"/> Owned by ANU <input type="checkbox"/> Owned by Funds Provider <input type="checkbox"/> Shared <input type="checkbox"/> IP clause limited to this work and/or limited in time <input type="checkbox"/> Royalty free irrevocable licence clause for other party to use IP generated by this work	Clause:	Issues:
Student involvement and IP issues		
<input type="checkbox"/> Students involved <input type="checkbox"/> Student owns IP <input type="checkbox"/> Student has assigned ownership of IP <input type="checkbox"/> No restrictions on thesis submission <input type="checkbox"/> No restrictions on publication of research for > 12 months	Clause:	Issues:

Non-compliance summary / Outcome of negotiation

Other IP issues (e.g. publication restrictions, commercialisation)

	Clause:	Issues:
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Other

<p>Disputes:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Provision for mediation/arbitration prior to Court litigation</p> <p><input type="checkbox"/> Other, please specify:</p> <p>Governing law:</p> <p><input type="checkbox"/> ACT</p> <p><input type="checkbox"/> Commonwealth</p> <p><input type="checkbox"/> Other, please specify:</p> <p>Termination:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Unspent money recovered</p> <p><input type="checkbox"/> Unspent money can be used for committed expenses</p> <p><input type="checkbox"/> Other, please specify:</p> <p>Provision for exchange of notices:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Correct ANU address</p> <p><input type="checkbox"/> Correct Funds Provider address</p> <p><input type="checkbox"/> Other, please specify:</p>	Clause:	Issues:
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NEGOTIATION OF THE CONTRACT/AGREEMENT

Did the Contract/Agreement require negotiation with the Funding Organisation/Client?
 Yes No

Did the Reviewer seek any advice prior to commencing negotiation?
 Research Office Legal Office ANU Innovation Business Manager Other, please specify:

PLEASE ATTACH DOCUMENTATION OUTLINING THE NEGOTIATIONS UNDERTAKEN AND THE OUTCOMES (e.g. correspondence, email, written log of phone conversations, etc. NB: this documentation may be required by auditors)

The outcomes of the negotiation were:
 Successful Partially Successful Unsuccessful

If the outcomes were partially successful or unsuccessful, please attach a summary of clauses that are still unsatisfactory.

PLEASE ENSURE THE FINAL VERSION OF THE CONTRACT/AGREEMENT IS ATTACHED FOR APPROVAL. EARLIER VERSIONS MUST BE KEPT ON FILE IN THE BUSINESS OFFICE AND MAY NEED TO BE PRODUCED ON REQUEST (e.g. from the Research Office, DVC-Research, Legal Office, AUDITORS, etc.)

RECOMMENDATION TO THE BUSINESS MANAGER AND DELEGATE I certify that I have reviewed this contract/agreement, and negotiated clauses as relevant.

The contract/agreement complies with ANU policies:

 Yes No This contract is compliant and I recommend its approval by the Delegate.OR I do not recommend its approval by the Delegate.OR Although this contract does not comply with ANU policy, I recommend approval by the delegate. Unsatisfactory clauses and corresponding recommendations are outlined above OR are attached (where there was insufficient space above). Endorsement by the DVC(E) is required, as it was not obtained in the application process. Endorsement by the Director of F& BS is required.

Signed:	Name:	Date:
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5. Certifications:**DVC-Education: (only required if not provided on application form)** I approve / I do not approve the course component of this application.

Signed:	Name:	Date:
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Financial & Business Services: (only required if negotiation of special interest conditions was unsuccessful) I approve / I do not approve the special interest conditions of this contract/agreement.

Signed:	Name:	Date:
University ID: U	Position Number:	Phone:

Business Manager**Updated certification and recommendations:**Delegation:

In accordance with the University Delegations Policy, the delegate to accept this grant/consultancy is the:

 Dean/Director Director, RO DVC(R) / VC, on the recommendation of the RO.Contract/Agreement (as outlined in checklist above): I confirm that the Contract/Agreement governing the management of the project has been checked and that it is appropriate and in accord with relevant University policies, and I recommend that the Delegate accept the Contract/Agreement on behalf of the University

OR

 I confirm that aspects of the Contract/Agreement that are not appropriate or in accord with relevant

University policies have been negotiated, and that the Funds Provider has not agreed to make all of the requested amendments. Details of unsatisfactory aspects of the Contract/Agreement are attached.

Facilities and Services:

I confirm that the appropriate building space is available for this project within school resources or that the Director of F& S Division has approved the provision of additional facilities.

Risk Management:

My assessment of the level of risk involved for the University in accepting and undertaking this project is that it represents:

- Low risk
- A level of risk requiring the following considerations by the Delegate:

Clinical Trials:

This project involves a clinical trial.

Signed:	Name:	Date:
University ID: U	Position Number:	Phone:

Head of Department

Updated certification and recommendations:

After considering the documentation associated with the acceptance of this grant/consultancy, the advice of the Business Manager relating to management of the project, and any information that has changed since the application was submitted, I:

- Reconfirm the certification and undertakings I agreed to in the application form for this grant/consultancy;
- OR
- With the exceptions and/or provisos outlined in the Comments area below, I reconfirm the certification and undertakings I agreed to in the application form for this grant/consultancy;
- OR
- For the reasons outlined in the Comments area below, I am no longer willing for the project to be undertaken in my Department.

My recommendation to the Delegate is that the Agreement/Contract be:

- Approved
- Not approved

Comments:

Signed:	Name:	Date:
University ID: U	Position Number:	Phone:

School:

Dean/Director		
Updated certification and recommendations:		
<p>After considering the documentation associated with the acceptance of this grant/consultancy, the advice of the Business Manager and Head of Department (where one exists), and any information that has changed since the application was submitted, I:</p> <p><input type="checkbox"/> Reconfirm the certification and undertakings I agreed to in the application form for this grant/consultancy;</p> <p><u>OR</u></p> <p><input type="checkbox"/> With the exceptions and/or provisos outlined in the Comment area below, I reconfirm the certification and undertakings I agreed to in the application form for this grant/consultancy;</p> <p><u>OR</u></p> <p><input type="checkbox"/> For the reasons outlined in the Comment area below, I am no longer willing for the project to be undertaken in my School/Faculty/Centre.</p> <p>Comments:</p>		
<input type="checkbox"/> I am also signing this agreement in my capacity as delegate		
Signed:	Name:	Date:
University ID: U	Position Number:	Phone:
Other Delegate: (determination of whom the Delegate is shall be made by the Business Manager in accordance with the University Delegations Policy)		
<p><input type="checkbox"/> I approve and have endorsed the associated Contract/Agreement</p> <p><u>OR</u></p> <p><input type="checkbox"/> I have determined that the Contract/Agreement will not be accepted by the University for the following reasons:</p>		
Signed:	Name:	Date:
University ID: U	Position Number:	Phone:
Submission of executed Contract/Agreement: (to be completed by the Delegate's office)		
Date the executed Contract/Agreement was submitted to Funds Provider/Client:		
Date documents relating to the grant/consultancy were submitted to Special Purpose Funds:		
Date the fully executed Contract/Agreement was submitted to Special Purpose Funds: (only in the event that the Funds Provider/Client was the last to sign)		