



## AGREEMENT TO MANAGE ARC/NHMRC GRANT

- ARC and NHMRC grants are accepted by the Research Office on behalf of the University.
- This form serves as an agreement to carry out, host and manage the nominated project within the College and Faculty/School/Centre.
- ARC and NHMR Offers must be forwarded to the College/Local Area Business Office, accompanied by this completed form, for review and approval by the Dean/Director.

<b>1. Application details:</b>	
Scheme Reference: (External Reference)	
Title:	
<b>First named investigator:</b>	
Family Name:	Given Name:
<b>Business Office:</b>	
Administering College and Faculty/School/Centre:	
Department:	
Local area budget code:	
<p><b>Note:</b> 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 (RO-AC4) available from <a href="http://www.anu.edu.au/ro/documents/index.php">http://www.anu.edu.au/ro/documents/index.php</a></p>	

<b>2. Funding details:</b>					
<b>(Note:</b> additional Funds Provider details should be provided in section 5 eg for industry partners or collaborating organisations)					
Primary Funds Provider:		<b>ARC / NHMRC</b> (circle as appropriate)			
Scheme:					
Start date:	End date:	Year	Amount Awarded	Cash	In-kind
		20__			
		20__			
		20__			
		20__			
		20__			
Revised Budget:	<input type="checkbox"/> Attached <input type="checkbox"/> Not applicable (ie. project was fully funded)				

**Note:** If funding awarded is less than the funding applied for in the original proposal, please attach a revised budget and scope (ie. aims and approach) for the project.

<b>3. Investigator Certification:</b>
<p>I certify that I:</p> <ol style="list-style-type: none"> <li>1) Will carry out the project in accordance with its associated terms and conditions (as detailed in the funding agency Contract/Agreement and any future certified variations) and in accordance with University policies;</li> <li>2) Have fully read and understood the terms and conditions associated with the project;</li> <li>3) Have consulted with my Business Manager on the management of the project and its associated budget;</li> <li>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;</li> <li>5) Have retained copies of all relevant documents including the application and Contract/Agreement.</li> <li>6) I have obtained ethical clearances, and in the case of NHMRC grants/contracts I understand that payments will not commence until these clearances are in place. Ethical clearances:</li> </ol>

<input type="checkbox"/> Were provided with the application for this funding	<input type="checkbox"/> Are attached	<input type="checkbox"/> Not applicable
Signed:	Name:	Phone:

#### 4. Certifications:

##### **Business Manager**

##### Updated certification and recommendations:

##### Facilities and Services:

- I confirm that the appropriate building space and infrastructure (ie. DOI, animal facilities etc) is available for this project within school resources or that the Director of F& S Division has approved the provision of additional facilities.

##### Clinical Trials:

- This project involves a clinical trial.

##### 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 Dean/Director:

##### Variations to be requested from ARC (eg Change of personnel, transfer of grant etc)

- No
- Yes (required Variation paperwork is attached. See [http://www.arc.gov.au/funded\\_grants/variation.htm](http://www.arc.gov.au/funded_grants/variation.htm))

##### Other:

- I agree to accept responsibility for the management of this project.
- I reconfirm the certification and undertakings I agreed to in the application form for this grant, having taken into account any information that has subsequently changed, including a revision to the budget.

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

##### **Head of Department**

##### Updated certification and recommendations:

After considering the documentation associated with this grant, 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;
- 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;
- 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 Dean/Director is that the Agreement/Contract be:

- Accepted  Not accepted

Comments:

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

**Dean/Director**

**Updated certification and recommendations:**

After considering the documentation associated with the acceptance of this grant, 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:

Reconfirm the certification and undertakings I agreed to in the application form for this grant;

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;

OR

For the reasons outlined in the Comments area below, I am no longer willing for the project to be undertaken in my School/Faculty/Centre.

Comments:

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

**5. Additional Funding details (please complete for ARC Linkage Projects, and LIEF):**

**(Note: this is not required for Discovery Projects, Discovery Indigenous, Linkage International, or NHMRC Projects and Fellowships):**

Funds Provider:

Scheme:

Start date:	End date:	Year	Amount Awarded	Cash	In-kind
		20__			
		20__			
		20__			
		20__			
		20__			

Funds Provider:

Scheme:

Start date:	End date:	Year	Amount Awarded	Cash	In-kind
		20__			
		20__			
		20__			
		20__			
		20__			

Funds Provider:

Scheme:

Start date:	End date:	Year	Amount Awarded	Cash	In-kind
		20__			
		20__			
		20__			
		20__			
		20__			

Funds Provider:

Scheme:

Start date:	End date:	Year	Amount Awarded	Cash	In-kind
		20__			
		20__			
		20__			
		20__			
		20__			

**RETURN YOUR GRANT PAPERWORK TO THE APPROPRIATE AREA:**

**Return to Special Purpose Funds (SPF):**

Signed and complete documentation for any straightforward acceptances which **do not** involve the following:

- the appointment of a Fellow
- a Variation or change to the Funding Agreement
- an Agreement for Income Shared between two or more ANU Budget Units (RO-AC4 form)

SPF will establish the 'S' account and notify the Business Manager.

**Return to the Research Office:**

Signed and complete documentation (including Acceptance Pack and Variation forms) for any acceptances that involve either of the following:

- Variation or change to the Funding Agreement (requiring ARC approval)
- An Agreement for Income Shared between two or more ANU Budget Unit (RO-AC4 form).

The Research Office will liaise with the ARC to complete the Variation and send the paperwork on to SPF for an account to be established.

**Return to Human Resources (cc SPF):**

Signed and complete documentation (including Fellowship forms) for any acceptances that involve the following

- The Appointment of a Fellow (completion of the RO-AC3 Fellowship Acceptance form)