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AUTHORITY TO APPLY FOR EXTERNAL FUNDING
All applications for external funding require submission to the local Business Office for University endorsement.

Sections 1 to 5 MUST be completed by the applicant.

1. Application details:

Title:			
Type of Funding 1:	<input type="checkbox"/> Grant	<input type="checkbox"/> Consultancy	<input type="checkbox"/> Other, please specify:
Type of Funding 2:	<input type="checkbox"/> Research	<input type="checkbox"/> Non-research	
Type:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	
Administrating Faculty/School/Centre:			
Department:			

First named investigator:

Family Name:			Given Name:		
Title:	Email:			Phone:	
University ID: U			<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Other investigators:

No Yes (provide details on Page 2)

Classification Codes:

		%		%		%
FOR Code/s						
SEO Code/s						

2. Funding details:

Funds Provider:
(If more than one, provide details on Page 2)

Scheme:

Scheme Reference (External Reference):					Date due at Funds Provider:		
Year	Requested Amount	Cash	In-kind	Currency	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

I have attached a budget/costing template

Business Office use only:

Method of submission:	<input type="checkbox"/> Electronic	<input type="checkbox"/> Courier	<input type="checkbox"/> Mail	<input type="checkbox"/> Hand
<input type="checkbox"/> Ready for submission	<input type="checkbox"/> Has been submitted		Date submitted:	

3. Other Investigators: (if insufficient space, please attach separate sheet)				
Internal:				
Family Name	Given Name	Title	University ID	
External:				
Family Name	Given Name	Title	Email address	Institution
Other Funds Providers: (if insufficient space, please attach separate sheet)				
Funds Provider:				
Scheme:				
Scheme Reference (External Reference):				

4. Clearances/Approvals required:
<p>Ethics: Funds cannot be accessed until relevant ethics approvals have been obtained. Tick where applicable: <input type="checkbox"/> Human <input type="checkbox"/> Animal <input type="checkbox"/> rDNA <input type="checkbox"/> Radiation <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Not applicable</p> <p>DVC-Education: Does this grant/consultancy include funding for award courses or non-award courses (including professional training courses)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the appropriate endorsement must be obtained on Page 3 of this application. NB. Grants to fund student exchanges must be processed through SRIE.</p> <p>Facilities and Services: Does this grant/consultancy have implications for space or buildings that cannot be met from existing School resources? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach approval from the Facilities and Services Division.</p> <p>Peer review: Has this application been peer reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please justify:</p> <p>Other: Are there any issues associated with this application that require consideration of the Business Manager, HOD and/or Dean/Director, for example: <input type="checkbox"/> The research will impact on ongoing staffing responsibilities (teaching, administration, etc); <input type="checkbox"/> An investigator's contracted appointment terminates before or during the proposed project period; <input type="checkbox"/> The application includes cash or in-kind contributions (local, central, other), or there is a budget deficit that will need to be covered by the local area; <input type="checkbox"/> The application includes a request for salaries or scholarships (for existing or new staff); <input type="checkbox"/> Space and infrastructure allocations would need to be made for this project (e.g. office, laboratory, housing for major infrastructure, etc); <input type="checkbox"/> I anticipate restrictions on IP rights; <input type="checkbox"/> Other, please specify:</p>

5. Applicant Certification:		
I certify that all the details I have provided in this form, and the attached application, are complete and correct.		
Signed:	Name:	Phone:

6. Business Office:		
Existing GLC number (SPF account number):		
Budget information: <input type="checkbox"/> A copy of the budget calculations/costing template is attached.		
Financial information: (please tick if any of these conditions apply)		
<input type="checkbox"/> Overheads have been included in the budget where required by University policy.		
<input type="checkbox"/> There is a deficit associated with the grant/consultancy (see attached statement for detail of funding arrangements to allow for this deficit).		
Administrator responsible for checking application:		
<input type="checkbox"/> I confirm that I have checked this application and that it is correct and prepared in accordance with the Funds Provider's guidelines and instructions.		
<input type="checkbox"/> The application is in accord with the relevant University policies.		
NB. If aspects of the application are incorrect and/or not in accordance with the Funds Provider's instructions; and/or the application is not in accord with the relevant University policies, please provide details and recommendation:		
Signed:	Name:	Phone:
The delegate for this application is:		
<input type="checkbox"/> Business Manager / Executive Officer <input type="checkbox"/> Director, RO <input type="checkbox"/> DVC(R) / VC, on the recommendation of the RO		

7. Certifications:		
DVC-Education:		
<input type="checkbox"/> I approve / <input type="checkbox"/> I do not approve the course component of this application.		
Signed:	Name:	Date:
Head of Department: (Holder of Head of Department Delegation) (if there is no HOD, the Dean/Director must sign here <u>AND</u> in the following box)		
If this application is successful:		
<input type="checkbox"/> Yes <input type="checkbox"/> No The University has agreed to provide additional funds to the School/Faculty/Centre, and I have attached details and proof of approval.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I have considered the implications the project will have for the Department.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I am willing for the project to be undertaken in my Department		
Comments:		
Signed:	Name:	Date:
University ID: U	Position Number:	Phone:

Business Manager / Executive Officer: (Holder of Admin Manager Delegation)		
<input type="checkbox"/> I am satisfied with the checking process undertaken for this application; <input type="checkbox"/> DVC(E) endorsement has been obtained; <input type="checkbox"/> I recommend that the HOD / Dean/Director / Delegate approve submission of the application <u>OR</u> <input type="checkbox"/> I do not recommend the submission of this application for the following reasons:		
<input type="checkbox"/> I agree to accept responsibility for the management of this project		
Signed:	Name:	Date:
University ID: U	Position Number:	Phone:

Dean/Director: (Holder of Head of Budget Unit Delegation)		
<input type="checkbox"/> Infrastructure costs for this project have been sought from the Funds Provider <u>OR</u> <input type="checkbox"/> School/Faculty/Centre infrastructure costs will be met from: <input type="checkbox"/> Existing S/F/C funds <input type="checkbox"/> Existing Dept funds <input type="checkbox"/> Other, as specified below		
Comments:		
I have read this form, considered the financial, space, staffing and other implications of the project, and agree that if successful, the project will be supported by this School/Faculty/Centre; that the necessary infrastructure support and space are available; and that any University commitments to the project outlined in the proposal will be met from existing School/Faculty/Centre funds (unless an approval for additional funding from the University is attached).		
Signed:	Name:	Date:
University ID: U	Position Number:	Phone:

Delegate: (determination of whom the Delegate is shall be made by the Business Manager in accordance with the University Delegations Policy)		
<input type="checkbox"/> I have the delegation to approve and submit the application to the funding agency <input type="checkbox"/> I have signed the application (if required by the Funds Provider) and approved its submission		
Signed:	Name:	Date:
University ID: U	Position Number:	Phone: