Letter of Partner Organisation Certification - Proforma

**Notes on completing the certification**

* This certification is to be completed by each Partner Organisation (PO) on the application.
* The completed certification must be uploaded at Part E2 of the LP25 application form in RMS and should not be provided directly to the ARC.
* The certification can be on PO letterhead.
* The certification must be a maximum of 2 A4 pages and should include the Application RMS ID number.
* **The required certification text must be included as specified in the proforma below, amended wording is not acceptable**.
* If the Partner Organisation is not making a Cash Contribution, it is acceptable to omit the following certification text only:
* I certify that no part of our organisation’s Cash Contribution is drawn from funds previously appropriated or awarded from Commonwealth or Australian State or Territory Government sources for the purposes of research, nor from funds previously used to leverage government research or research infrastructure funding.
* Ensure the Partner Organisation name in the certification matches the name provided in the application form.
* Electronic signatures are acceptable.
* As well as the mandatory certification text in the proforma below, the certification can include additional information such as:
* A brief profile of the Partner Organisation
* Details regarding how the project aligns with the Partner Organisation’s strategic objectives
* Partner Organisation’s expectations about industry outcomes, products and/or market value, where relevant
* Details/information of the Cash and/or In-Kind Contributions from the Partner Organisation for the project
* Any other evidence of commitment other than cash or in-kind contributions.

**Letter of Partner Organisation Certification**

RMS Application ID:

*[Additional non-mandatory information as appropriate]*

* A brief profile of the Partner Organisation
* Details regarding how the project aligns with the Partner Organisation’s strategic objectives
* Partner Organisation’s expectations about industry outcomes, products and/or market value, where relevant
* Details/information of the Cash and/or In-Kind Contributions from the Partner Organisation for the project
* Any other evidence of commitment other than cash or in-kind contributions.
* I certify that our organisationwill meet the requirements for Partner Organisations as outlined in the Linkage Program Grant Guidelines (2024 edition): Linkage Projects and a standard ARC grant agreement*,* including the requirement to enter into arrangements regarding Intellectual Property.
* I declare (subject to this application being successful) that our organisation will support and actively participate in the proposed project.
* I declare that our organisation will contribute (subject to this application being successful) the staff, funds and other resources indicated in the application and has obtained, or will obtain, the necessary authorisations to do so.

|  |  |  |  |
| --- | --- | --- | --- |
| Total In-Kind Contribution ($) | Total Cash Contribution ($) | Source of Cash Contribution |  |
|  |  | Cash contribution will be sourced from.….  / A Cash Contribution is not being made. |  |

* I certify that no part of our organisation’s Cash Contribution is drawn from funds previously appropriated or awarded from Commonwealth or Australian State or Territory Government sources for the purposes of research, nor from funds previously used to leverage government research or research infrastructure funding.
* I certify that our organisation is solvent at the time of submission of this application.
* I declare the information contained in this application that relates to our organisation together with any statement provided, is to the best of my knowledge, true, accurate and complete. I also understand the giving of false or misleading information is a serious offence.
* I declare I am authorised to sign and submit this declaration on behalf of our organisation.

By signing below, I agree to the above declaration and confirm all the above statements to be true.

|  |
| --- |
| Partner Organisation (organisation name): |
| Partner Organisation ACN/ACNC/ABN (if applicable): |
| Authorised representative (name): |
| Authorised representative (signature): |
| Position/role: |
| Phone:   Email: |
| Date: |
| *Ensure the Partner Organisation name matches the name provided in the application form. Electronic signatures are acceptable.* |