**Application ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WRITTEN EVIDENCE FOR DISCOVERY INDIGENOUS**

**(For evidence of agreement from application participants and organisations)**

**The Administering Organisation is required to obtain written evidence of all parties necessary to allow the proposed project to proceed as specified in the *Discovery Program Grant Guidelines (2024 edition): Discovery Indigenous*. The written evidence must be retained by the Administering Organisation.**

**Please note: The use of this pro forma is not mandatory.** Each Administering Organisation may determine their own required format for the written evidence (for example, correspondence on an organisation’s letterhead or an email with a detailed electronic signature). The ARC reserves the right to seek the evidence from the Administering Organisation to support the certification of applications if requested. If a different type of written evidence is used, please ensure that the participants provide the same level of certification as detailed below.

**Certification by the Head of Department/School/Institute if applicable**

1. I agree that the project can be accommodated within the general facilities in my Department/School/Institute and that sufficient working and office space is available for any proposed additional staff;
2. I am prepared to have the project carried out in my Department/School/Institute under the circumstances set out in the application; and
3. I agree that the project will not be permitted to commence until there is an ethics plan in place to ensure that the appropriate clearances or other statutory requirements will be met before the part/s of the project that require those clearances commence.

**Certification by organisation/s contributing to the Project (CEO or their delegate) if applicable**

I certify that:

1. my organisation supports the application and will contribute the resources outlined in the application; and
2. I have complied with the grant guidelines, and if the application is successful I agree to abide by the relevant Commonwealth grant agreement.

**In the section below, for each organisation please obtain the signature(s) of the organisation DVCR/CEO or delegate OR attach written evidence of agreement. This written evidence needs to be firsthand confirmation in written form (e.g. handwritten or electronic letters or emails).**

Please tick one box:Head of Department/School/Institute Organisation

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |

**Note: Please copy this page if further signatures are required. Each signatory need only sign once.**