

Cooperative Research Centres Projects (CRC-P) – Partner Declaration – Round 17

This declaration is to be completed by each partner in the collaboration. Each declaration must be uploaded as an attachment in the application portal.

- I declare the partner is aware of its obligations under the CRC Projects Grant Opportunity Guidelines.
- I declare (subject to this application being successful) the partner will support and actively participate in the proposed project.
- I declare the partner will contribute (subject to this application being successful) the staff, funds and other resources indicated in the application and the partner has obtained, or will obtain, the necessary authorisations to do so.
- I am aware of the eligible expenditure guidance outlined in the CRC Projects Grant Opportunity Guidelines, especially in relation to expenditure associated with clinical trials.
- I declare the information contained in this application that relates to the partner 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 acknowledge if the department is satisfied any statement made in an application is incorrect, incomplete, false or misleading, the department may, at its absolute discretion, take appropriate action.
- I understand I may be requested to provide further clarification or documentation to verify the information supplied in this form and the department may, during the application process, consult with other government agencies, including State and Territory government agencies, about the applicant's claims and may also engage external technical or financial advisers to advise on information provided in the application.
- I give my consent to be contacted by the department to discuss the particulars of the partner's commitment to the proposed CRC Project.
- I approve of the information in this application being communicated to the department in electronic form.
- I declare I am authorised to sign and submit this declaration on behalf of the partner.

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

Name of Project:	
Partner (organisation name):	
Partner ABN:	
Authorised representative (name):	
Position/role:	
Phone:	
Email:	
Signature:	Date:

You MUST ensure:

- ***All fields are completed.***
- ***The 'Name of Project', 'Partner organisation name' and 'Partner ABN' match exactly those provided in the application form.***

Electronic signatures are accepted.