**WRITTEN EVIDENCE FOR LINKAGE INFRASTRUCTURE, EQUIPMENT AND FACILITIES (LIEF) FOR FUNDING COMMENCING IN 2025**

**(For evidence of agreement from Participating 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 ***Linkage Program Grant Guidelines (2024 edition : Linkage Infrastructure, Equipment and Facilities* (grant guidelines)**

**Please note**: The ARC reserves the right to seek the evidence from the Administering Organisation to support the certification of the application if requested.

|  |  |  |
| --- | --- | --- |
| **Application ID LE25xxxxxxx** | **Lead CI name:** |  |

**PARTICIPATING ORGANISATIONS**

**Organisations please complete the following information:**

All named CI/PI representing your organisation in the proposal

|  |  |
| --- | --- |
| **Name of Participant (add rows as required)** | **Role (select one)** |
|  | CI / PI |
|  | CI / PI |

**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 Organisations contributing to the project**

* **Head of School/Institute (For Deakin CIs),**
* **DVCR, CEO or delegate to certify and sign (for all non Deakin participants)**

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.

Head of School/Institute/DVCR/CEO or delegate:

|  |  |
| --- | --- |
| **Full name:** |  |
| **Position:** |  |
| **Name of Organisation:** |  |
| **Signature** |  |
| **Date:** |  |

Funding to be contributed by the participating organisation:

* Table is to be completed by an authorised delegate of the organisation only

|  |  |  |  |
| --- | --- | --- | --- |
| **Year \*** | **$ Cash** | **$ In-kind** | **$ Total** |
| **2025** |  |  |  |

\*Add rows as required