



Project Details

Project Leader Name:

SmartyGrants Application ID:

Project Title:

Administering Organisation Endorsement

Certification by CEO of the Administering Organisation (or their authorised delegate):

By signing below, I certify and confirm the following:

- I have read, understood and complied with the relevant THRF Group Grant Guidelines (the grant guidelines) and, to the best of my knowledge, all details provided in this application form and in any supporting documentation are true and complete in accordance with the grant guidelines.
- Proper enquiries have been made and I am satisfied that the participants and organisations listed in this application meet the requirements specified in the grant guidelines.
- The listed participants are responsible for the authorship and intellectual content of this application, and have appropriately cited sources and acknowledged significant contributions to this application.
- I have obtained sufficient written agreement of all the relevant persons and organisations necessary for this application to be submitted. This written evidence has been retained and will be provided to THRF Group if requested.
- I consent, on behalf of all the parties, to this application being referred to third parties for confidential assessment purposes.
- I consent, on behalf of all the parties, to THRF Group copying, modifying and otherwise dealing with information contained in this application for the purpose of conducting the funding round.
- The application is being submitted with the full authority of, and on behalf of, the Administering Organisation, and I acknowledge that if found to be in breach of any requirements the application may be excluded from consideration by THRF Group.

- Our Organisation and the Project Leader is able to demonstrate, as applicable, ongoing compliance of their service/support with the *National Safety and Quality Primary and Community Healthcare Standards* or equivalent.

If this application is successful:

- The project can be carried out as set out in this application and in accordance with the terms and conditions of the grant guidelines and the relevant funding agreement.
- The project can be accommodated within the general facilities of this Institution and if applicable, within the facilities of other relevant organisations specified in this application, and sufficient working and office space is available for project personnel.
- This Organisation and relevant participating organisations will make the financial and/or in-kind contributions to the project as set out in this application.
- Access to privileged data or resources, such as patient data or patient samples, or workspaces, such as clinics, can be accommodated by this Organisation or by other relevant organisations specified in this application.
- Approval of project activity by relevant institutional committees or approval bodies (such as for ethics or biosafety) will be sought and obtained prior to the commencement of the Project or parts of the Project that require such approval.
- Arrangements for the management of the project will be agreed in writing between all participating organisations associated with the application before the project can commence.
- In carrying out the Project the Administering Organisation will comply, and require any other participating organisations to comply, with the provisions of any applicable laws, regulations, bylaws and requirements of any Commonwealth, State, Territory or local authority.
- We will ensure all services/supports are delivered in accordance with relevant professional, legislative, and regulatory requirements, including maintaining appropriate professional registration for all clinicians and health professionals through the relevant National Boards, as well as ensuring mandatory screening and safeguarding requirements are current and documented, including National Police Checks and Working With Children Checks (WWCC) where applicable.

Name of Authorised Person*:

Position Title:

Phone:

E-mail:

Signature:

Date:

**Where an individual is both Project Leader and the CEO/authorised signatory of the Administering Organisation (or their authorised delegate), they cannot endorse their own proposal. In this circumstance, please arrange an alternative, appropriate endorser.*

Please return the signed form to the Project Leader for submission with their application