**Primary Applicant**

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| NHMRC-Administering Institution |  |
| Primary Applicant Name |  |
| Grant Application Number – **Overall Research Program and Governance Structure** (obtain from SmartyGrants) |  |
| Grant Application Number(s) – **Research Project Applications** (for all research projects to be conducted as part of the research program) |  |

**TO BE COMPLETED BY THE DEPUTY VICE-CHANCELLOR, RESEARCH (OR EQUIVALENT)**

I confirm that the proposal described in above-referenced Application Forms meets the following eligibility criteria:

* The Administering Institution agrees to contribute the match funding specified in the application forms to support the virtual Centre for Child and Adolescent Brain Cancer Research (including funding to support the research program and Shared Program Resources)
* The Administering Institution agrees to contribute the in-kind resources as specified in the application forms
* Funding requested from the Children’s Hospital Foundation for the proposed virtual Centre for Child and Adolescent Brain Cancer Research (including funding for the Shared Program Resources and overall research program) will not exceed $1,000,000 per annum (excluding Queensland Children’s Tumour Bank)
* The Primary Applicant specified on the Overall Research Program and Governance Structure Application is willing to assume ultimate responsibility for the Award on behalf of the Program Directorship
* The Administering Institution agrees to establish agreements to foster collaboration with other institutions involved in the Centre for Child and Adolescent Brain Cancer Research, as required
* The applications adhere to additional eligibility criteria as outlined in section 6 of the *Children’s Hospital Foundation Application Guidelines – Centre for Child and Adolescent Brain Cancer Research*

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| Signature: |  |
| Date: |  |
| Printed Name: |  |
| Position: |  |