

ACCEPTANCE OF GRANT FORM

Details on this Acceptance Form must be reviewed and where appropriate, amendments made and initialled. The completed and signed form (with other documents as applicable) must be returned to the UNSW Grants Management Office before your project funds can be released.

Also, ensure you are familiar with broader University policies and procedures relevant to your project.

UNSW



GRANTS MANAGEMENT
OFFICE

Version 171108

Lead CI Name:	Dr. S. Savas
Other Investigators:	Robert Bruce, Anne Other, Penny Layne.
Project Title:	Your project title here...
Sponsor Reference number:	DP091234
Sponsor / Scheme:	Australian Research Council/Discovery Project (**)
Total Funds Awarded:	\$432,198.00
Start Date:	01-Jan-2009
End date:	31-Dec-2013
InfoEd Reference Number:	RG081234
Trim File:	2008/1234

Documents/Forms

In addition to this Acceptance Form, a number of other forms may be required prior to release of funds. Please review this list and where applicable, submit the completed and signed forms to the Grants Management Office:

Name	Required?	Comments
GALF	Yes (Received)	<i>Grant Application Lodgement Form. Available on the GMO Website (www.gmo.unsw.edu.au)</i>
Pro-forma Certification	Yes (Received)	<i>Applicable to ARC funded projects only.</i>
Consent Form	No	<i>Applicable to NHMRC funded projects only.</i>
Multi-Institutional Grant Agreement	Yes (Not Received)	<i>To be completed and signed by all parties, and returned to GMO as soon as possible.</i>

Approvals

Note: With the exception of NHMRC[†] funded projects, the activation of research accounts is no longer tied to ethics/other approvals being obtained. It remains the responsibility of Chief Investigators to ensure that work requiring approval is not commenced until such approvals are in place.

[†] The NHMRC also requires **annual confirmation of the currency** of clearances. You must ensure the timely **renewal** of any clearances due to expire during the term of the grant.

Does this project require Human and/or Animal Ethics Clearance?

Yes No

If **Yes**, provide details below.

Human Ethics Clearance:

Approval No.

Approval Date:

Expiry Date:

If not approved, date expected:

Animal Ethics Clearance

Approval No.

Approval Date:

Expiry Date:

If not approved, date expected:

Note: The *date expected*, will be used by GMO to monitor Ethics Clearances pending.

If you do not require Ethics Clearances until later in your project, please indicate a date for this here:

Are **Research Safety Committee Clearances** required?

Yes No

If **Yes**, please check the relevant items. GMO will alert the relevant University personnel:

<input type="checkbox"/> Risk Group 3 or 4 Micro-Organisms	<input type="checkbox"/> Ionising Radiation
<input type="checkbox"/> Genetically Modified Organisms	<input type="checkbox"/> Non ionising radiation
<input type="checkbox"/> Security Sensitive Biological Agents (SSBA)	<input type="checkbox"/> Class 3 or 4 Laser
<input type="checkbox"/> Poisons, therapeutic goods or drugs of addiction (S8)	<input type="checkbox"/> Scheduled Prohibited or Notifiable Carcinogen
<input type="checkbox"/> Design or manufacture of high risk plant or equipment	

Confirmation of Acceptance of Grant:

If you are happy with the above arrangements, please now confirm your acceptance of the grant by signing off on the statement below.

Note: You should sign off on this acceptance if you are administering a share of a grant provided through another University.

I hereby accept the offer of the grant and concur with the arrangements made for its management as detailed above and agree to comply with the terms of award and with broader UNSW policy for the management of research.

As a successful grant applicant I understand that, unless I specifically request otherwise, my application will be included in the library of successful research applications maintained by the University's Research Strategy Office for the use of intending grant applicants to assist in the framing, formatting and layout of their grant proposals.

First named Chief Investigator:

I certify on behalf of all investigators named on the application that all details given in the attached application are true and correct.

Name

Signature

Date

School/Centre Administrator or Finance Manager:

Please confirm the Host Department ID of the project account where funds will be deposited.

Fund Code/Department ID/Project ID (FDP):

Department ID (if incorrect above): _____

Note: Funds will not be released until all funding body requirements have been met.

If applicable, the following FDPs are embedded in this project. If Department IDs are incorrect, please contact GMO.

FDP:	Name or Reason	Role
RE1234/ACBY/RM9877	Robert Bruce	APD

Head of School/Centre/Institute:

I confirm the project can be supported (infrastructure, space etc) within the School/Centre and the budget is acceptable to the School/Centre.

Name

Signature

Date

*Note: If you are the first named Chief Investigator on the application, this form must be co-signed by an appropriate supervisor.
e.g. Dean, if the Chief Investigator is Head of School.*