



All required signatures must be obtained. Please attach a copy of the signed document with the full application

Grant ID	<input type="text"/>	(PCFA Research Office Use Only)
Type of Award	<input type="text" value="Priority Impact Research Award – Young Investigator"/>	
Project Title	<input type="text"/>	
Institution	<input type="text"/>	State <input type="text"/>

By signing the undersigned agree to the following:

- Not to contest the decision of PCFA regarding funding of this proposal
- To abide by the Policies of PCFA's Research Program (<https://pcfa.org.au/research/apply-for-funding/>)
- Funding is dependent on all relevant approvals (e.g. human ethics committee approval) being obtained, with copies of the letters forwarded to PCFA
- To notify PCFA if funding from alternative sources, other than PCFA, is later obtained for any aspect or specific aim of this research proposal
- To acknowledge funders in all presentations and publications
- To make PCFA aware when data have been published, within a week of publication date but preferably in advance
- To allow PCFA to release a summary of the presented or published data to the media, with the prior approval of the investigator, which will not unreasonably be withheld
- To act as an expert reviewer of grant applications in future funding rounds and, within reason, to accept opportunities to present or discuss your research as requested by PCFA
- The Administering Institution accepts financial responsibility for the grant
- The Administering Institution is also responsible for providing basic infrastructure support to those involved in the research project
- The Administering Institution accepts financial responsibility to cover any shortfall in salary and/or oncosts that may be incurred for the term of the award

Chief Investigator

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Signature	<input type="text"/>			Date	<input type="text"/>

Head of Department/Institution

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Signature	<input type="text"/>			Date	<input type="text"/>

Finance Officer of Administering Institution

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Signature	<input type="text"/>			Date	<input type="text"/>