|  |  |
| --- | --- |
|  | **Melbourne Medical School****Indigenous Development Grant 2022****Authority to Submit form** |

This document is required to be completed and submitted as part of team-based applications to the MMS Indigenous Development Grant scheme. For more information please refer to the *Instructions to Applicants* or contact Patricia Gigliuto: plgi@unimelb.edu.au

Electronic signatures are accepted.

 **Certification by Lead applicant**

I certify that:

1. To the best of my knowledge, all information included in this application is true and correct. Information about others has been provided with their consent.
2. To the best of my knowledge, all named participants on the proposal meet the eligibility criteria of the scheme
3. I consent to be the primary administrative contact regarding this application.
4. If this proposal is funded, I will be responsible for oversight of the supported activity, appropriate use of grant funds and the submission of progress reports.
5. I will notify the Melbourne Medical School of any material changes affecting application information as soon as practicable.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name** | **MMS Department** | **Signature** | **Date** |
|  |  |  |  |

 **Certification by other participants**

I certify that:

1. To the best of my knowledge, all information included in this application is true and correct and has been provided with my consent
2. I consent the lead applicant named above to submit this application on my behalf

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name** | **MMS Department** | **Signature** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |