**Letter of Industry Partner Certification**

**Letter of Support for 2024 ARC Early Career Industry Fellowship Application number IE2401XXXXX, titled “X”, by CI.**

**<please delete all purple instructive text prior to finalising, and use black font for the letter>**

**ARC REQUIREMENTS (see Instructions to Applicants Appendix A):**

* This certification must be completed by each Industry Partner (Key and Other Industry Partner) on the application.
* The certification can be on the Industry Partner’s Letterhead.
* The certification must be a maximum of 2 A4 pages and should include the RMS ID number.
* The required certification text must be included as specified in the template below, **amended wording is not acceptable.**
* Ensure the partners name matches the application form
* Electronic signatures are acceptable

**OPTIONAL ADDITIONAL INFORMATION**

* As well as the mandatory certification text in the proforma below, the certification can include additional information such as:
  + A brief profile of the Industry Partner
  + Details regarding how the project aligns with the Industry Partner’s strategic objectives
  + Industry Partner’s expectations about industry outcomes, projects and/or market value, where relevant
  + Details/information of the cash and/or in-kind contributions from the Industry Partner for the Fellowship
  + Any other evidence of commitment other than cash or in-kind contributions
* If you choose to include this optional information, we recommend opening with the optional information, followed by the mandatory certifications.

<please do not alter any of the below certifications>

* I certify that our organisation will meet the requirements for Key Industry Partner/Other Industry Partner(s) as outlined in the Industry Fellowships Program Grant Opportunity Guidelines and a standard ARC grant agreement, including the requirement to enter arrangements regarding Intellectual Property which do not unreasonably prevent or delay academic outputs.
* I declare (subject to this application being successful) that our organisation will support and actively participate in the proposed project.
* I declare that our organisation will contribute (subject to this application being successful) the staff, funds and other resources indicated in the application and has obtained, or will obtain, the necessary authorisations to do so.

|  |  |
| --- | --- |
| Total In-Kind Contribution ($) | Total Cash Contribution ($) |
|  |  |

* If a Cash Contribution is being made, I certify that no part of our organisation’s Cash Contribution is drawn from funds previously appropriated or awarded from Commonwealth or Australian State or Territory Government sources for the purposes of research, nor from funds previously used to leverage government research or research infrastructure funding.
* I declare the information contained in this application that relates to our organisation together with any statement provided, is to the best of my knowledge, true, accurate and complete. I also understand the giving of false or misleading information is a serious offence.
* I declare I am authorised to sign and submit this declaration on behalf of our organisation.

Key Industry Partner: in addition to the clauses listed above, the Key Industry Partner’s letter must include the following clause:

* I certify that our organisation will ensure that the Fellow is supported to spend significant time working in an industry setting (at least 20% of the project activity period) as well as in the Administering Organisation (at least 20% of the project activity period). Our organisation will provide appropriate facilities for project-related activities.

By signing below, I agree to the above declaration and confirm all the above statements to be true.

|  |  |
| --- | --- |
| Industry Partner (organisation name): | |
| Partner ACN/ACNC/ABN (if applicable): | |
| Authorised representative (name): | |
| Authorised representative (signature): | |
| Position/role: | |
| Phone: | Email: |
| Date: | |
| *Ensure the Industry Partner organisation name and Partner ACN/ABN/ACNC match those provided in the application form. Electronic signatures are acceptable.* | |