**Do not export this page to PDF when sending your letter for signing.**

**UQ R&I: MRFF Partner Letter Template**

Medical Research Future Fund schemes have specific requirements for letters of support. This template has been developed by UQ R&I to support researchers and partner organisations to generate letters of support that comply with MRFF scheme requirements.

**How to use this template**

* A template letter structure is available on page 2 and includes highlighted sections that require editing to customise the letter for individual proposals. Please complete this and include information relevant to your project.
* Once the letter has been drafted, please copy the text to the partner organisation’s letterhead.
* UQ R&I will check all letters to confirm compliance. As these checks are often conducted close to the application due date, a compliance checklist stepping through the mandatory LoS elements is provided below to guide early letter drafting and avoid last-minute edits. Please verify the format and content of your draft LoS against this checklist prior to signing. We would also encourage you to supply your draft letters to the Research office for review in advance of signing.

**COMPLIANCE CHECKLIST**

Use the following table to check the compliance of your finalised letter before signing.

|  |  |  |
| --- | --- | --- |
| **Formatting**: | |  |
|  | 2 pages maximum |  |
|  | A4 size |  |
|  | Readable font (at 100% zoom on A4 paper) |  |
|  | Single spacing |  |
|  | Organisation letterhead |  |
| **Application number** and **title** | |  |
| **Brief description** of the partner organisation | |  |
| **Authorised officer’s role within the organisation**  **\***The authorised officer must be a person occupying a position with responsibility for the Partner’s participation in the research who has the authorisation to expend the partner’s money or resources. | |  |
| Organisation’s **lead researcher** for the study (name, position held and a brief background), *if applicable.* | |  |
| List of **participating clinical trial site/s** (including locations) that are the responsibility of the international partner research organisation, *if applicable* | |  |
| **Cash/in kind contribution** of partner | |  |
| **Stream 3 compulsory cash contributions** must include statement on source | |  |
| **Contribution Amounts match** amounts noted in Grant Proposal? | |  |
| **Consent** for the Australian Government to identify the partner organisation in media releases, on websites and in future grant opportunity documentation | |  |
| A weblink to the partner organisation’s most recent **annual report** - the full URL must be provided and the style must allow identification from a printed version of the application. | |  |
| **Signed** by Authorised Officer [include Authorised Officer definition] | |  |

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24 June 2025

The Program Delegate,  
Medical Research Future Fund (MRFF)

To the Program Manager,

**Letter of Support –< Application ID [20#####] (required) in bold > entitled < [*Project Title*] *(required) in italics* >, led by < [CIA Name] >**

I am writing to confirm that < [Partner Organisation’s Name] > supports this application to the Medical Research Future Fund (MRFF).

***< Description of Partner Organisation > (required)*** *~1-2 paragraphs*

* *Details about the organisation’s objectives and strategic direction, and how those align with the Grant Opportunity, Assessment Criteria, and/or The University of Queensland.*
* *Relevant experience and/or expertise the organisation will contribute to the project*

The authorised officer’s role within the organisation is: ***(required)***

* Full Name (and title)
* Role
* Contact email and/or phone number

***< Details of Partner Organisation’s lead researcher for the study > (required)*** *~1-2 paragraph*

* ***Name and position held and a brief background (required)***
* *Relevant experience and/or expertise the researcher will contribute to the project*
* *May be easier to use text block, eg.*

The lead researcher for our organisation is:

* Full Name (and title)
* Role
* Contact email and/or phone number

*< Where relevant, include a* ***list of participating clinical trials site/s (including locations) that are the responsibility of the partner research organisation*** *>* ***(required, if applicable)***

*< Details of the partner organisation’s involvement in project >, including* ***< Details of any financial and/or in-kind support for the proposed research that are the responsibility of the partner organisation > (required, if applicable)*** *~1-2 combined paragraphs*

* *Funding table can be used, detailing Year, Contribution Type, Amount/Description eg.*

**Contributions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Type** | **Year 1** | **Year 2** | **Year …** | **TOTAL** |
| *<introduce a brief description of the contribution>* | Cash/In-Kind | $ | $ | $ |  |
|  |  |  |  | TOTAL |  |

I certify that no part of this organisation’s cash contribution has been sourced from other Commonwealth, State or Territory granting programs.

I confirm that the Australian Government has consent to identify < [Partner Organisation’s Name] > ***(required)*** in media releases on websites and in future grant opportunity documentation.

Link to most recent annual report: <[full link to report – eg. <http://fish.com/annualreport> ]> ***(required)***

Yours sincerely

< [Signature of Authorised Officer] >

***< The Authorised Officer’s role within the organisation >******(required)***