



## Administering Institution endorsement EOI Stage

### Applicant details

Applicant/Lead Chief Investigator name:

SmartyGrants ID number:

Project title:

### Administering Institution details

Institution:

Institution contact name:

Contact position:

Telephone:

Email address:

### Certification by CEO/DVCR of the Administering Institution (or an authorised delegate)

I certify and confirm that:

- I consent, on behalf of all the parties, to the application being referred to third parties for the purpose of confidential review processes.
- I consent, on behalf of all the parties, to the Women's & Children's Hospital Foundation (WCH Foundation) copying, modifying and otherwise dealing with information contained in the application for the purpose of conducting the funding round.
- I have read, understood and complied with the relevant WCH Foundation research grant guidelines, and confirm that, to the best of my knowledge, all information provided in the application form and supporting documents are true and complete in accordance with the grant guidelines.
- I am satisfied that the investigators and organisations listed on this application meet the requirements specified in the grant guidelines.
- The application is being submitted with the support of, and on behalf of, the Administering Institution, and I acknowledge that if found to be in breach of any requirements the application may be excluded from consideration by the WCH Foundation.

Name:

Position:

Signature:

Date: