

### Research Grant Program 2026

### Certifications

### Primary Investigator

The Primary Investigator certifies that:

* All the details on this Application are true and complete.
* Any actual or potential conflicts of interest have been declared in this application and have been made known to the administering organisation.
* I understand and agree that all statutory requirements must be met before the proposed research can commence.
* I agree to abide by the funding agreement to be signed should the application be successful.
* I will notify the Macular Disease Foundation Australia and the Administering Organisation if there are any changes in my circumstances which may impact on my eligibility to participate in, or ability to perform, the project subsequent to the submission of this Application**.**

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| --- | --- |
| **Name (printed)** |  |
| **Signature** |  |
| **Date** |  |

### Certification by Head of Department or Institution

* I agree to have the project carried out in my Department/Centre facilities according to the circumstances set out in the Application
* I agree that the project can be accommodated within my Department/Centre and that sufficient and appropriate facilities, working and office space are available for any proposed additional staff.

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| **Name (printed)** |  |
| **Position** |  |
| **Department/Centre** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |

### Certification by head of administering Institution (or nominee)

I certify that this grant application meets the requirements of this Institution, and that this Institution has established administrative processes for assuring sound scientific practice in accordance with the Joint NHMRC/AVCC Statements and Guidelines on Research Practice – Australian Code for the Responsible Conduct of Research.

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| **Name (printed)** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |