**Research Funding Contract Checklist**

**For Admin use**

Contract Number

|  |
| --- |
| **Complete parts 1 and 2 and attach to proposed contract** |

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| **1: Contract details** | | | |
| Contract Title: *[Alfred Project Number]* – [*Protocol Number or Study acronym or Short title* ] –  *[Medicines Australia CTRA / MTAA CIRA / Medicines Australia Standard Indemnity / Medicines Australia HREC Review Only Indemnity / MTAA Standard Indemnity / MTAA HREC Review Only Indemnity / Alfred Health Research Collaboration Agreement / Alfred Health Material Transfer Agreement / Confidentiality Disclosure Agreement / Alfred Health Pre-Nup / Company Site Start-Up Agreement / MACH Collaboration Agreement / Approved Baker Template Agreement/ Amendment or Addendum to the Agreement / Memorandum of Understanding / Independent Expert Review Agreement / Other (Please specify)]* | | | |
| Other Party/Parties: *[Name of other Party(ies) listed on the Agreement]*  Does the other Party require a CFR-11 compliant e-signature? Yes  No | | | |
| Start Date: | End Date: | |  |
| Campus: Alfred Health / Alfred / Caulfield / Sandringham (*circle relevant campus*) | | | |
| Total Estimated Amount\* ($)  *[Total amount = Fixed costs + Per Patient amount for x anticipated number of participants* ***or*** *if in kind support only]* *(\*Amount over the life of the contract, excluding GST)*  Cost Centre:  Monash University administering the funding: Yes  No  *[Monash University is a party to the agreement or a payee under Schedule 2]* | | Office Use Only  Template used: Yes  No  Approved schedule 4 or 7 wording: Yes  *[SEBS schedule 4 or 7 wording or Monash University NHMRC funded schedule 4 wording]*  Reviewed by Legal Counsel: Yes  No  Reviewed by Ethics & Research Governance  *[staff initial]* | |
| **2: Contact person responsible for contract** | | | |
| Name:  *[Contact person listed on Agreement]* | | Position: | |
| Department: | | Ext: | |
| **3: Approval by Director, Research** | | | |
| Name:  **Stephen Jane** | Signed: | | Date: |
| **4: Approval by Legal Counsel** | | | |
| Name:  **Jacky Mandelbaum** | Signed: | | Date: |
| Comments: | | | |
| **5: Contract signing** | | | |
| Director, Research | | | |
| **6: Copy of checklist to Manager, Financial Control** | | | |
|  | | | |
| **IMPORTANT: RETURN SIGNED ORIGINAL CONTRACT TO THE LEGAL OFFICE EXECUTIVE ASSISTANT,**  **ALFRED LANE HOUSE, THE ALFRED, OTHERWISE AN INVOICE WILL NOT BE GENERATED** | | | |
| **Research Contract Signing Guideline**  **This hard copy may be out of date. To ensure you are reading the current version, check the intranet.** | | | |
| **Version dated: 24 August 2022** | | | |