**Research Funding Contract Checklist**

**For Admin use**

Contract Number

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

|  |
| --- |
| **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 / VRTC Research Collaboration Agreement / Alfred Health Material Transfer Agreement / Alfred Health Data 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: 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 OnlyTemplate used: Yes [ ]  No [ ] Approved schedule 4 or 7 wording: Yes [ ]  *[NaCTA (formerly 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| **Research Contract Signing Guideline** **This hard copy may be out of date.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: 3 January 2025** |