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| Proposal Reference: |  |
|  |  |
| 1st Named Investigator: |  |
|  |  |
| Proposal Title: |  |

This declaration serves two purposes:

1. It allows Named Investigators and the Contractor to revise and update the FTE information provided when the proposal supporting this contract was submitted.

2. It provides written confirmation that the staff named and paid, in full or in part, from the funding provided for this contract will be given sufficient workload relief to fulfil the research contract objectives and milestones (*Principles of Full Cost Funding of University Research*, January 2003).

**Note: All named staff must have a profile in Gateway to be added to the research team in a contract.**

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| 1. | Positions (include all working on this contract; mark time only as \*) | Grade | FTE% this contract | FTE% other current HRC contracts | FTE% other current Government contracts |
| Yr1 | Yr2 | Yr3 | Yr4 | Yr5 |
|  | Named Investigator |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Other Named Staff |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Unnamed posts |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Sub-contract investigator and staff |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | PhD and Masters students |  |  |  |  |  |  |  |  |
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| I confirm that the information provided above is to the best of my knowledge true. |
| **1st Named Investigator** |
| Name: | Signature: | Date: |

Please note, signatures can be hand-written or digital (you may refer to our guidance on [digital signature options for contracts and variations](https://hrc.govt.nz/resources/digital-signature-options-contracts-and-variations))

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| 2. | We confirm that the information provided above is to the best of our knowledge true and in accordance with the *Principles of Full Cost Funding of University Research*, January 2003, which states *“*Heads of Department will agree in writing to provide workload relief for research staff working on research contracts*”*. |
| **Head of Department/ School/ Faculty** |
| Name: | Signature:  | Date: |
| **Authorised official on behalf of the Contractor** |
| Name: | Signature: | Date: |
| Position: |