|  |  |  |
| --- | --- | --- |
|  | Enquiries to: |  |
| Telephone: | (07)  |
| Facsimile:Our ref:  | (07)  |

[Insert Date]

Snr Research Development Officers

Research & Innovation

West Moreton Health

Chelmsford Ave

IPSWICH QLD 4305

By email: WM\_Research@health.qld.gov.au

To whom it may concern,

**Project Title:**

**Grant Scheme:**

**Declaration by delegated Department Head/s at the [Insert site name] where the [Insert Pricipal Investigator/Study Coordinator Name] will conduct the research for the purpose of resourcing the research project:**

* I certify that I have discussed this research project and the resource implications for this Department, with the grant applicant.
* I certify that there are suitable and adequate facilities and resources for the research project to be conducted at this site. This is for 'Actual costs' and ‘In kind’ contribution.
* My signature indicates that I support this research project being carried out using such resources.

Yours sincerely

**[Insert HoD name]**

[Insert HoD position title]