

Memorandum of Confirmation concerning application to the ACT-X

To: The President of the Japan Science and Technology Agency

I have, as a research applicant, hereby confirmed with my academic supervisor at my affiliated institution (research location institution) the following items in the course of my application to the ACT-X.

- 1) It is possible for the affiliated institution (research location institution) to conclude a Contract Research Agreement as designated in the application guidelines.
- 2) I understand the fact that ACT-X is the research program that promotes individual research, and I will on my own initiative implement the contracted research as the Research Practitioner in the Contract Research Agreement. Furthermore, my academic supervisor will supervise the implementation of the contracted research as the Research Monitor in the Contract Research Agreement.
- 3) My academic supervisor, acting as the Research Monitor, and myself as the Research Practitioner, will strictly observe the articles of the research contract agreement and the items stipulated in 5.2.6 “Responsibilities of Research Director and, Lead Joint Researchers and Individual Researchers after approval” in the application guidelines.
- 4) With regard to the treatment of intellectual property arising from the results of contracted research, I and the affiliated institution (research location institution) have reached an agreement on the arrangements, pursuant to the Contract Research Agreement, Intellectual Property Clause 8 of Appendix 4.
- 5) If I’m selected, I [☐will / ☐will not] apply for my research assistant expenses*
* Described in the application guidelines 4.2.7 “Additional support for research assistants (RA) to ACT-X student (doctor / master) researchers”.

I have confirmed all the above items. ☐

Year Month Day

ACT-X Research Area:

Name of applicant:

Address of affiliated institution (research location institution):

Name of affiliated institution (research location institution):

Position/year in affiliated institution (research location institution):

Name of academic supervisor:

Address of institution of affiliation:

Name of institution of affiliation:

Position:

[Notes]

- *Refer to the form of the contract research agreement from the followings.*
<https://www.jst.go.jp/contract/index2.html>
- *Read carefully the application guidelines (especially 4.2.6 “Requirements for application” and 5.2.6 “Responsibilities of the selected Principal Investigator and principal collaborators and individual researchers”) before filling out the form.*
- *For 5), check “will ” or “will not ”. If you are not a student (doctor / master), you are not eligible for support, so check “ will not ”. The application method will be announced when you are selected. Please note that the application may not be accepted.*