

Project title (non-confidential):

Please insert non-confidential project title here

Institution(s):

Applicant	Please list institution(s) here
Co-applicant	Please list institution(s) here
PI/Kostenstelleninhaber*in (if different from applicant)	Please list institution(s) here Please note: institution must be BIH, Charité, and/or MDC

In submitting this application, I agree that the information may be communicated to members of BIH and Berlin Health Innovations involved in the selection process, members of the technology transfer office of my institution, members of QUEST (Quality|Ethics|Open Science|Translation) as well as external reviewers who have signed a confidentiality agreement.

I hereby confirm that:

- I am an employee of the institution(s) named above
- currently no alternative funding for the work applied for exists
- I will give immediate notification in case of any changes

PI/Kostenstelleninhaber*in only:

I hereby confirm that my employment contract with BIH/Charité/MDC covers at least the duration of the proposed project.

Signatures:

Applicant

Please insert name here	Please insert date	Please sign
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Co-applicant

Please insert name here	Please insert date	Please sign
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PI/Kostenstelleninhaber*in (if different from applicant)

Please insert name here	Please insert date	Please sign
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