

**++ Please print, sign and scan this document and upload it to the BIH application portal. ++**

**Project title (non-confidential):**

|   |
|---|
| Please insert your non-confidential project title (same as used In the application) |
|---|

**Institution(s):**

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

In submitting this application, I agree that the information of my application may be communicated to members of BIH and BIH 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.

Are you applying for funding for this project anywhere else?

**no**                       **yes**

If yes, where and when did you apply: \_\_\_\_\_

**I hereby confirm that:**

- I am an employee of the institution(s) named above
- I and all my team members (=potential inventors) have an employment contract at the Charité/MDC or BIH (and no guest scientist contract or fellowship). If this currently does not apply or if this changes during the funding period, I will immediately notify the Validation Fund management.
- currently no alternative funding for the work applied for exists
- I will give immediate notification if I apply for funding for this project anywhere else during the application process and (in case of funding of this project) during the entire funding period
- all information regarding intellectual property made in this application is correct
- I will give immediate notification in case of any changes during the application process and (in case of funding of this project) during the entire funding period

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- I have read and understood the ,**Guide for applicants Track1/2**'. I am aware of and will comply with the terms and conditions mentioned therein, associated with applying for the Validation Fund / SPARK-BIH program.

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 |
|-------------------------|--------------------|-------------|

Co-applicant

|                         |                    |             |
|-------------------------|--------------------|-------------|
| Please insert name here | Please insert date | Please sign |
|-------------------------|--------------------|-------------|

PI/Kostenstelleninhaber\*in (if different from applicant)

|                         |                    |             |
|-------------------------|--------------------|-------------|
| Please insert name here | Please insert date | Please sign |
|-------------------------|--------------------|-------------|