**Confirmation of Financing as Part of the Funding Covered by the Innovator Grants & Pre-Incubator (Pilot-Program)**

I hereby confirm as director of the clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Charité – Universitätsmedizin Berlin, that Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_ receives our fullest support with the implementation of the pursued project. We are ensuring Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_ up to \_\_\_\_ per cent (please enter a number between 20 and 50) exemption of clinical tasks for the BIH Biomedical Innovation Academy Innovator/Pred-Incubator project during the term of funding. After successful evaluation upon conclusion of the funding and concerning the industrial law, the clinic will enable Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_’s continued employment within the residency. I agree to have knowledge of the fact that the Grant cannot continue the funding of Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_ if these requirements cannot be ensured.

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| Name of Clinic Director | Date | Signature |