

Project title (non-confidential):

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

In submitting this application, I agree that the information of my application may be communicated to members of the BIH, Charité and Charité BIH Innovation (CBI, the joint technology transfer of BIH and Charité) involved in the selection process, members of QUEST (Quality | Ethics | Open Science | Translation), of Ascenion GmbH, 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 Charité or BIH
- I and all the team members (=potential inventors) involved in this project have an employment contract at the Charité 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 SPARK-BIH team.
- 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 (IP) made in this application is correct.
- I will give immediate notification in case of any changes regarding the IP situation during the application process and (in case of funding of this project) during the entire funding period.
- 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 SPARK-BIH program.

PI/Kostenstelleninhaber*in only:

I hereby confirm that

- my employment contract with BIH/Charité covers at least the duration of the proposed project

Signatures:

Applicant

Please insert name here	Please list institution(s) here	Date	Please sign
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Co-applicant

Please insert name here	Please list institution(s) here	Date	Please sign
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Kostenstelleninhaber*in (if different from applicant)

Please insert name here	Please list institution(s) here	Date	Please sign
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