

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

**Project title (non-confidential same as in application):**

Please insert your non-confidential project title (same as used In the application)
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**Institution(s):**

Applicant	Please list institution(s) here
Co-applicant	Please list institution(s) here
NeuroCure PI/Kostenstelleninhaber*in (if different from applicant)	Please list institution(s) here

In submitting this application, I agree that the information of my application may be communicated to members of BIH and Charité BIH Innovation (CBI) involved in the selection process, members of the technology transfer office of my institution, members of QUEST (Quality | Ethics | Open Science | Translation), 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 the institution(s) named above
- I and all my team members (=potential inventors) have an employment contract at Charité/MDC/FU/HU/FMP/MPUSP (not a guest scientist contract or fellowship). If this currently does not apply or if this changes during the funding period, I will immediately notify the NeuroCure management.
- currently no alternative funding for the work applied for exists

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- 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
- I have read and understood the '**2022 Guide for Applicants NeuroCure\_SPARK-BIH Call**'. I am aware of and will comply with the terms and conditions mentioned therein.

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

Please insert name here	Please insert date	Please sign
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