**Please**

1. Have one declaration per applicant or clinic/institute signed. Send the original document to the IZKF-office.
2. Scan the signed document and upload it to the application platform OPI

Applicant:

Clinical department/ Institute:

Name of proposal:

Project duration:

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1. An application for funding of this project has not been submitted to any other funding agency. Otherwise, the IZKF-office will be notified immediately.
2. The implementation of the above-mentioned project is approved by the head of the clinical department or institute. The personnel, technical and material equipment required is provided with according to the information on basic equipment (Annex\_2 Funding).
3. The basic project equipment will be included in the IZKF’s annual financial statements and must be disclosed upon request.

|  |  |  |
| --- | --- | --- |
| Location, date |  | Stamp and signature of head of the clinical department /institute |

|  |  |  |
| --- | --- | --- |
| Location, date |  | Stamp and signature of the applicant  |