



This form should be retained at the applicant department and archived when the application is granted.

A copy should be sent to Grants Office

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|--|-----------|--|
| Funding Agency: | NIH | Horizon Europe; Specify Program: _____ |
| | Eurostars | Other: _____ |
| Application Due Date (YYYY/MM/DD): | _____ | |
| Call number/Identifier: | _____ | |
| KI Investigator (PI): | _____ | |
| KI Department: | _____ | |
| Project Coordinator/Prime (if not KI): | _____ | |
| Project Title: | _____ | |
| Project Acronym (if applicable): | _____ | |
| Total budget at KI (incl. indirect costs): | _____ | |
| Cofunding ¹ (list amount required): | _____ | |
| INDI coverage (indicate %): | _____ | |

External Financial Funding Assurance Statement:

By signing below, we confirm that:

- 1) the listed PI may participate in the application described above.**
- 2) the project will be performed at the KI department listed above when funding is awarded.**
- 3) the PI, Head of Department and Head of Administration are aware of KI's rules and policies regarding indirect costs on external funding and certifies that the budget has been reviewed.**
- 4) the PI, Head of Department and Head of Administration are aware of, and approve, cofunding requirements if applicable.**

| | | |
|--------------------------------------|---|---------------|
| _____ Principal Investigator Name | _____ Principal Investigator Signature | _____ Date |
| _____ Head of Department Name | _____ Head of Department Signature | _____ Date |
| _____ Head of Administration Name | _____ Head of Administration Signature | _____ Date |

¹Cofunding is required for several programs including Marie Skłodowska Curie Actions and Eurostars