**Commitment to provide scientific infrastructure**

Between

(Applicant)

**Form of address**

**Title Forename Surname**

**Street No., Zip Code, Town**

**E-Mail, Telephone**

and

(Director of Institute / Clinic)

**Form of address**

**Title Forename Surname**

**Institute**

**Street No., Zip Code, Town**

**E-Mail, Telephone**

the following agreements are made:

1. The applicant will be affiliated to the above-mentioned institute / clinic for the period of the Neuro-aCSis funding. During the funding period the applicant will be provided with appropriate infrastructure (space, equipment, etc.) for his/her scientific work, including a total budget of 6,000.- EUR for consumables and / or usage of the Core Facilities.
2. The applicant may publish with the affiliation of the institute / clinic.

These commitments only apply if the applicant is funded by the Neuro-aCSis program of the University Medicine Bonn as part of the funding round **Year**.

[Date, Original Signature] (Applicant)

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[Date, Original Signature, Stamp if applicable] (Director of Institute / Clinic)