

## **Project Submission Registration Form for US-Grants**

Full professors, associated and assistant professors are allowed to personally sign this document. All other applicants need to obtain the signature of the professor in charge, the head of the institute, or the head of the faculty.

Proposal Title:					
Acrony	m / Sub	award No:			
Fund. Opport. Announ. No:				Grant □ or C ontract □ or Cooperative Agreement	
				Human Subject involved yes no	
Funding Agency / Program:				Animal Subjects involved yes no	
Submission Deadline:				Clinical Trials involved yes no	
Duration in months:				Requested Contribution (\$):	
Project start (estimation):				Overhead (%):	
Main Awardee Institution:					
Main Awardee PI name:				Will you (UZH) issue a subaward? yes □ no □	
yes	no	Are any ethic	cal issues to be considered?		
yes	no Does your research have potential to be used in the civilian & military field (dual use application)?				
yes	no	Do you have	any US technology involved to re	alize the project?	
yes	no	Is it ok to rea	ad your name in the media in relati	ion to this project?	
yes	no	Huawei, and	Do you need for the realization of the project telecommunication equipment or services from a provider, such as Huawei, and if so, is the equipment/service a substantial or essential component to achieve the final result for the project (you cannot do without)? (legal reference: US Provision FAR 52.204-25)		
List any other relevant consideration					
Puriost Contact (for the otherstan of the VD for Decouply)					
- Project Content (for the attention of the VP for Research):					
Scientific Person in Charge:					
Confirmation Hereby I confirm that I have submitted the above mentioned proposal or have been informed about its submission. I confirm that the requested contribution will be sufficient for the implementation of the mentioned project. If the project is funded, the infrastructure necessary for the					
project's implementation will be made available by the appropriate UZH unit.  I also confirm that at the date of submission I do not have any Financial Conflict of Interest corresponding to UZH's FCOI policy related to NIH funded research.					
<u>Fam</u> il	y Name	/ First Name / F	osition:	Date & Signature of Entitled Person (see above):	