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| **First and Last Name**  Position  Phone +00 00 000 00 00  Fax +00 00 000 00 00  first name.last name@uzh.ch |
| DIZH Innovation Program Office  c/o University of Zurich  Rämistrasse 69  8001 Zürich |
| Zurich, 21 September 2023 | |
|  | |

Enter subject line here

Dear PROJECT MANAGER/ APPLICANT/PROJECT TEAM.

In my capacity as NAME RELEVANT FUNCTION (INSTITUTE DIRECTOR, APPLICANT, PI THIRD-PARTY PROJECT ETC.), I hereby certify the existence of the counterpart funding for the NAME project as detailed below. Confirmation of the funder's commitment is attached. [THIS STATEMENT (and enclosure) IS ONLY NECESSARY IN THE EVENT OF THIRD-PARTY FUNDING.]

This externally funded project is clearly and closely related to the proposed DIZH structure/ founder / outreach / project. [IN THE CASE OF AN EXTERNALLY FUNDED PROJECT, THE CONTENT REFERENCE IS DETAILED IN THIS SECTION. IN CASE OF DIRECT FUNDING BY THE INSTITUTE (E.G. Betriebskredit) THIS IS NOT NECESSARY.] Please do not hesitate to contact me for further information if you have any questions regarding the content of our third-party funded project and PROJECT NAME.

In financial terms, the following amount is available:   
THEN SPECIFY THE AMOUNT HERE - PAY ATTENTION TO THE FOLLOWING ASPECTS:

- THIRD-PARTY FUNDED PROJECT WITH SEVERAL PARTNERS: SPECIFY HOW HIGH THE UZH SHARE IS, BECAUSE ONLY THIS IS RELEVANT.

- IN THE CASE THAT EXPENDITURES CAN ALREADY BE MENTIONED AS COUNTER-FINANCING UP TO 12 MONTHS PRIOR TO THE PROJECT SUBMISSION. IF A CORRESPONDING CONSIDERATION IS DESIRED, THEN SPECIFY ACCORDINGLY. IF THE EXTERNAL FUNDING HAS ALREADY BEEN ACQUIRED FOR A LONGER PERIOD OF TIME, A DETAILED ACCOUNT SHEET SHOULD BE ATTACHED SO THAT IT IS CLEAR HOW MUCH EXTERNAL FUNDING IS AVAILABLE 12 MONTHS PRIOR TO THE PROJECT SUBMISSION.

- IF OWN SALARY IS MENTIONED AS COUNTERPART FUNDING (E.G. IN CASE OF A PROF): STATE HOW MANY PERCENTAGES OF STAFF (CHECK PLAUSIBILITY!) THIS IS AND WHAT FULL ANNUAL COSTS THIS CORRESPONDS TO. UZH-WIDE STANDARD RATES CAN ALSO BE USED: AP 171 KCHF, (A)OP 254 KCHF OR FA FACULTY-SPECIFIC (E.G. WWF FOR (A)OP 277 KCHF); IN EACH CASE PER YEAR AND INCL. SOC.BENEFITS.

I am also pleased to confirm in this letter my willingness to HEREBY PROVIDE ANY ADDITIONAL INFORMATION SUCH AS CO-PROPRIETOR, MEMBERSHIP ON AN ADVISORY BOARD ETC. NAME.

With best regards

NAME PERSON

Sincerely

University of Zurich

Division/Office

First and Last Name

Position

Please modify the header on page 2. Afterwards you must delete all passages marked yellow.

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