

Sie versichert/versichern, dass alle in diesem Förderantrag genannten Personen damit ebenso einverstanden sind wie mit der Weiterleitung der Entscheidungsergebnisse an die Hochschule und die antragsverantwortliche Person.

English text:

The undersigned herewith certify that they have submitted the proposal listed above electronically to the DFG and that the information contained therein is accurate.

The DFG's Rules of Procedure for Dealing with Scientific Misconduct (Verfahrensordnung zum Umgang mit wissenschaftlichem Fehlverhalten - VerFOwF) apply to individuals with a high level of scientific responsibility in funding proposals submitted to the DFG by higher education institutions.

The applicant higher education institution(s) certify/certifies that all individuals with a high level of scientific responsibility in the funding proposal submitted (cf. relevant programme guidelines) acknowledge and – by having signed the Declaration of Obligation of Compliance – recognise as legally binding the DFG's Rules of Procedure for Dealing with Scientific Misconduct.

The applicant university/universities agree/s to:

- **the DFG's electronic processing and storage of data provided in conjunction with this funding proposal. They further agree to this information being used for evaluation and statistical purposes and forwarded to reviewers and the relevant committees as part of the review and decision-making process.**
- **the possible transfer of information to a third country in individual cases during the course of the review and decision-making process.**

The applicant university/universities confirm/s that all persons named in the proposal agree to these terms and to the DFG's forwarding of the final decision on the grant proposal incl. its rationale to the university and the applicant.

Antragsverantwortliche Person / Proposal Contact (einreichende Person / submitting person):

Professorin Dr.-Ing. Erika Musterfrau

Datum/Date

Ort/City

Unterschrift/Signature

Leitung der Hochschule / Head of University:

Universität Musterstadt

Datum/Date

Ort/City

Unterschrift/Signature

Stempel / Seal

Vor-/Nachname in Druckbuchstaben /
Print full name

Zusicherung der Mitfinanzierung gemäß AV-FGH
(nach Maßgabe der Landesregierung von der Hochschulleitung oder vom zuständigen Landesministerium auszufüllen)

- **Das Land oder die Hochschule bestätigen mit der Antragstellung die Mitfinanzierung gemäß §10 AV-FGH.**

Name und Funktion der zu dieser Erklärung bevollmächtigten Person:

.....
Vorname Name

Stempel

.....
Ort, Datum, Unterschrift

.....
Organisationseinheit