Request for release of funds

Version 6 December 2021

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| **Project number** | **NDS-2021-XXX**  |
| **Name of the recipient (main applicant)** |  |

### Grant Administration Office (institution of the main applicant)

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Postal code / City**  |  |
| **Contact person** |  |

### Account details for the transfer of funds

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| --- | --- |
| **Bank name** |  |
| **Bank address** |  |
| **Clearing number** |  |
| **Account IBAN** |  |
| **Account holder name** |  |
| **Account holder address** |  |
| **Internal account / Comment** |  |

|  |  |
| --- | --- |
| **Requested amount** | CHF xx’xxx.xx  |

Maximum amount requested: CHF 25’000.-

These funds may be used for:
- Personnel (project manager) and/or consultancy costs (e.g., CTU services, external consultancy);
- Preparation of ethics and regulatory documents (agreements, protocols, DTUAs, etc.), Patient and Public Involvement (focus groups, consultancy, etc.), project management (meeting organisation, tracking assignments, etc.), writing assignments (proposal, DMP, etc.).

Institutions of the consortium need to provide matching funds in cash or in kind for the amount of SPHN/PHRT funds spent.

Funds must be used between 01.12.2021 and 31.05.2022.

A financial report must be provided no later than 31.08.2022 and all unused or unmatched funds must be paid back. A dedicated financial report form for this purpose will be sent later on by the SPHN Management Office.

Date: Signature: