# Biotech Booster Level 1 Authorization Form

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| **General Information**  |
| **Project name** |   |
| **BB Number**  | *BB26XXX*  |
| **Thematic Cluster**  |   |
| **Project leader**  | *Name & Organization* | *Email*  |
| **Business/Impact Developer Biotech Booster**  | *Name*  | *Email*  |

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| **Table 1: Approval by the main applicant institution for the submission of project plan to Biotech Booster.**  |
| *By signing this form, I (the main applicant) agree with* * *the submission of the application of project* ***BB26XXX*** *project to the DUS-I portal by the assigned person*
* *the submission of financial reports to the DUS-I portal during and after the project period by the assigned person*
* *the applicable conditions regarding the support of Biotech Booster stated in the TC agreement signed by Institution.*
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| **Assigned person:** | **Name:** |
| **Function/ department:** |
| **Institution/ Company name:** |
| **Main applicant[[1]](#footnote-2):** *[knowledge institution]* | **Name:** *[authorized signatory institute]* |
| **Function/ department:** |
| **Institution/ Company name:** |
| **Date:** |
| **Signature:** |

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| **Table 2: Authorization for submission (partner)** |
| *By signing this form, I agree with* * *The submission of this project to DUS-I*
* *The applicable conditions regarding the support of Biotech Booster stated in the TC agreement signed by* ***Institution****.*

*If multiple partners, please copy this table below and include corresponding info and signatures.*  | **Name:**  |
| **Institution/ Company:** |
| **Function/ department:**  |
| **Date:** |
| **Signature:** |

1. *The corresponding person must approve the submission of this project to Biotech Booster by providing the* ***relevant signature*** *in Table 1. In case of a consortium, also fill Table 2. At the knowledge institutes, signature must correspond to an authorised representative of the organisation, i.e: Dean, Research Director,..*  [↑](#footnote-ref-2)