Innovation Center Directorate

Hamad Bin Khalifa University

P.O. Box: 34110

Doha – Qatar

Date: (day/month/year)

**Subject: Letter of commitment to participate in HBKU Innovation Program ‘Cycle Number’th cycle-year**

Dear Director,

This commitment letter is to confirm that the (Full name of the Institute ) will provide the below as Co-fund in the HBKU Innovation Fund **‘Cycle Number’th** cycle-year:

|  |  |  |  |
| --- | --- | --- | --- |
| Co-Fund **in Kind** | **Year 1** | **Year 2** | ***Total***  |
| **Personnel Cost** |  |  |  |
| **Equipment**  |  |  |  |
| **Research supplies**  |  |  |  |
| ***Total***  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Co-Fund **in Cash** | **Year 1** | **Year 2** | ***Total***  |
| **Personnel Cost** |  |  |  |
| **Equipment**  |  |  |  |
| **Research supplies**  |  |  |  |
| ***Total***  |  |  |  |

The Co-fund in cash will be transferred to HBKU project code prior the start of the project.

*\*\*Please remove one of the table, if one of co-fund type is applicable.*

We .......*company name*........ allow our logo to be used for collaboration purpose on digital and printed medias by HBKU Entities.

Sincerely,

Name of authorized person

Title

Institute Name