**Print on the official letterhead of the hosting department**

## Commitment of the Department for STARS Grants Calls 2017

The Università degli Studi di Padova, Dipartimento di…..<< name of the Department that is associated to the proposal >>, confirms its intention to host << name of the PI>>, PI of the project XXX << acronym of the project >>.

Should the proposal be funded, the Università degli Studi di Padova, Dipartimento di…..<<name of the Department>> commits itself to:

a) employ the principal investigator for the duration of the grant [only if the PI is not holding a position at UNIPD] :

b) ensure that the work will be performed under the scientific guidance of the principal investigator

c) guarantee the principal investigator's scientific independence, in particular for the:

* use of the budget to achieve the scientific objectives;
* authority to publish as senior author and invite as co-authors those who have contributed substantially to the work;
* preparation of scientific reports for the project;
* selection and supervision of the other team members (hosted [and employed] by the Department, in line with the profiles needed to conduct the research);
* possibility to apply independently for funding;
* access to appropriate space and facilities for conducting the research.

d) provide — during the implementation of the project — research support to the principal investigator and the team members (in terms of infrastructure, equipment, access rights, products and other services necessary for conducting the research);

e) support the principal investigator and provide administrative assistance;

f) take all measures to implement the principles set out in the Commission Recommendation on the European Charter for Researchers and the Code of Conduct for the Recruitment of Researchers - in particular regarding working conditions, transparent recruitment processes based on merit and career development – and ensure that the principal investigator, researchers and third parties involved in the project are aware of them.

Date ………………….

Name of the Head of Department Signature of the Head of Department

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