

**Explanatory notes embedding guarantee Off Road 2025**

To be able to apply for Off Road funding, applicants must submit an embedding guarantee. This means that researchers can only submit applications for Off Road funding with the support of the institution where they intend to conduct their research.

*Choice of institution*

The applicant is free to choose the institution in which they plan to conduct their research as long as it is in line with the criteria mentioned in the call for proposals. The embedding within the institution should be arranged by signing this form before submitting the proposal to ZonMw via offroad@zonmw.nl.

*Coordination*In all cases and before submission of the Off Road proposal, the embedding of the proposed research must be coordinated in a discussion between the applicant and the supervisor of the hosting institution. The agreements made should be stated in this form.

**Embedding guarantee for the Off Road round 2025**

1. *General information*
* **Initials and surname of applicant:**
* **Titel of the proposal:**
1. *Employment status*

Based on the conversation with the applicant and the supervisor of the hosting institution, the dean of the faculty **[name faculty]** of **[name institution]** declares that:

* + - the institution has confidence in **[name applicant]** and their research proposal;
		- **[name applicant]:**
		- will be given the opportunity to carry out the proposed research within the **[name institution],** making use of all the facilities required, for at least the duration of the research described in the application
1. *Embedding of the research line in the research policy of the institution*

The scientific embedding of the proposed research in the research policy of the hosting institution has been discussed in the conversation between the applicant and the supervisor of the host institution.

* The dean declares that, in this conversation, the following agreements were made about the scientific embedding of the proposed research in the host institution:

**Date:**

**Name faculty/research institution:**

**Name and position authorized signatory:**

**Signature:**