ANNEX II

**AUTHORIZATION AND ACCEPTANCE FROM THE RESEARCH CENTER IN RELATION TO THE PARTICIPATION OF ITS PERSONNEL IN THE 1ST FINRETT GRANT CALL FOR RETT SYNDROME RESEARCH**

Mr/ Mrs................................................................, of legal age and National Identity Document nº ............................ in his / her capacity as Director / Manager / Legal Representative [indicate where appropriate] of the Center .................. located in \* [include full address, street, location and zip code] ................................. ................................................. ..............................

DECLARES that he is aware of the requirements of the 1st FINRETT grant call for Rett síndrome research to which he presents the Research Project entitled: ....................................... .. ......., which will be executed in the facilities of the aforementioned center, with the scope and objectives described in the grant call application forms presented and developed by Mr / Mrs .......................................................... ............ .. , of legal age, with National Identity Document nº ........................ .., in the capacity of Principal Investigator, who is part of the staff of said center.

If the project is selected for funding, an agreement will be signed, where the general and specific conditions that will govern the granting of the aid between the center and FINRETT (SPANISH ASSOCIATION OF RETT SYNDROME AND SPANISH ASSOCIATION OF RETT SYNDROME) will be collected.

What is stated in ........................ ..a ...... of ......... of 2018, for the appropriate purposes.

[Signature of the Director / Manager / Representative]

(Center Stamp)