

Incubators for innovation and technological transfer in the Mediterranean

INTECMED B\_A.2.1\_0063

Financed by the ENI CBC Med 2014 2020 Programme

Application form

Deadline for submission of application: 16.07.2022

|  |  |
| --- | --- |
| Title: |  |
| Location(s): |  |
| Name of the applicant |  |
| Name of the co-applicants |  |

|  |  |
| --- | --- |
| **Applicant’s contact details for the purpose of this action** | |
| Postal address: |  |
| Telephone number: |  |
| Contact person: |  |
| Contact person’s email: |  |

**INSTRUCTIONS FOR DRAFTING THE APPLICATION FORM**

There is no specific template for the application form, but the applicant must ensure that the text:

* includes Page 1 of this document, filled in and submitted as a cover page.
* includes the table of the summary of the proposal.
* doesn´t exceed the length suggested; the additional text will not be considered during the evaluation process.
* the format for the documents must be A4 size with, at least, 2 cm margins, not smaller than Arial 10 font characters and single line spacing.
* provides the information requested under the headings below, including any relevant details regarding the items provided as a guide of content, that may contribute to demonstrate the potential of the proposal. Applicants are encouraged to complete optional sections to provide a complete overview of the business idea.
* provides full information (as the evaluation will be based solely on the information provided).
* is drafted as clearly as possible to facilitate the evaluation process. It is possible to include graphics or charts if necessary.
* includes the declaration of honour available in this application form, signed by a representative of the applicant, as well as the mandate of co-applicants, if any.

1. **Summary of the proposal**

Please complete the table below.

|  |  |
| --- | --- |
| Title of the proposal: |  |
| Location (region - country): |  |
| Maturity of the proposal (business idea, business model, sales, growth) |  |
| Launch of the activity (date): |  |
| Sector: |  |
| Description (100 words) |  |

1. **Description of the business idea (max 2 pages)**

Please provide any of the following information:

* Clear value proposition: what the business is offering/solving/providing without any help from the other blocks.
* Customer segmentation: customers clearly identified, defined and/or segmented.
* Market potential of the business idea: size, willingness to invest, positive trends, etc.
* Overall business model. For example: identification of income model, sources, distribution, and sales channels.
* Competitors: environment, current offer of products/services. identification of differentiating values.

1. **Description of innovation (max 1 page) - Optional**

Please provide any of the following information:

* Innovative technology or knowledge applied to your business idea, obtained thanks to R&D activity.
* TRL (Technology Readiness Level) of your business idea.
* Does your business idea apply relevant technologies, according to current trends (e.g., artificial intelligence, blockchain, personalized medicine, bioprocesses, IoT, energy storage, etc.)?
* The potential of IP protection of the solution, if applicable.

1. **Description of the impact of the business idea (max 2 pages) – Optional**

Please provide any of the following information:

* Scalability and growth potential of your business idea.
* Internationalization and cross-border collaboration potential of your business idea.
* Potential to create jobs in the area, for highly qualified professionals.
* Social impact, in terms of inclusion, creation of jobs for people at risk of social exclusion.
* Potential to attract investment, thanks to its scalability, market, technology, etc.
* Impact on the environment, increasing the sustainability of the sector or process.

1. **Description of the feasibility of the business idea (max 1 page) – Optional**

Please provide any of the following information:

* Validation of the business idea with potential customers. Describe their feedback, initial sales, result of market research, etc., if any.
* Technical tests and validation of the solution, if any.
* Drafts of operation processes, if exist.

1. **Relevance (max 1 page)**

Please provide all the following information:

* Describe why INTECMED Mentorship Programme would be useful and relevant for the evolution and success of the initiative.
* Describe the relevance that the subgrants that might be obtained at the end of the programme would have for the business idea.

1. **Indicative action plan**

Please, provide a preliminary planning for 2022, showing the main activities to be developed (technical, financial, commercial, etc.):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity | Month 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Implementing body |
| Preparation Activity 1 (title) |  |  |  |  |  |  |  |  |  |  |  |  | Applicant or co-applicant # |
| Execution Activity 1 (title) |  |  |  |  |  |  |  |  |  |  |  |  | Applicant or co-applicant # |
| Preparation Activity 2 (title) |  |  |  |  |  |  |  |  |  |  |  |  | Applicant or co-applicant # |
| etc. |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Experience of applicant and co-applicants**

Please provide any of the following information:

* Brief presentation of the promoter(s) of the business idea: education, professional experience and any other relevant information.
* Networking capabilities, relationship with startup ecosystem, participation in business associations and/or incubation programmes, and any other relevant information.
* Relationship with R&D organizations, experience in technology transfer, projects awarded with public grants, etc.

1. **Identification of applicants and co-applicants**

Fill-in one table for the applicant and each co-applicant.

|  |  |
| --- | --- |
| **Applicant** | |
| **Name** |  |
| **Legal status** (natural person,legal entity, research group…) |  |
| **Registration number** (ID number for natural persons – VAT number for legal entities. For research groups, please, include ID number of the lead researcher) |  |
| **Address** |  |
| **Telephone number** |  |
| **Website of the organisation** |  |

|  |  |
| --- | --- |
| **Co-applicant #1** | |
| **Name** |  |
| **Legal status** (natural person,legal entity, research group…) |  |
| **Registration number** (ID number for natural persons – VAT number for legal entities. For research groups, please, include ID number of the lead researcher) |  |
| **Address** |  |
| **Telephone number** |  |
| **Website of the organisation** |  |

**Declaration by the applicant**

The applicant <name of the applicant>, represented by the undersigned, being its authorised signatory (and, in the context of the present application, representing any co-applicant(s) in the proposed action), hereby declares that:

**Capacity:**

* The undersigned has the capacity and permission to participate in this programme, from the entity to which he or she represents, if so.
* The proposal is original, and the applicant is entitled to present this application.

**Eligibility:**

* The applicant and the co-applicant(s) are not in any of the situations excluding them from participating in contracts foreseen by the applicable legislation.
* The applicant and each co-applicant (if any) are eligible in accordance with the criteria set out in the call text and commit to comply with the ethic clauses and code of conduct included in the call text.
* In case of co-applicants, the applicant undertakes to comply with the obligations foreseen with the principles of good partnership practice.

**Communication and dissemination:**

* The applicant accepts that the information provided in section 1 of the application form (Summary of the proposal) may be used to communicate the results of the call.
* If selected, the applicant will specifically mention the support received from INTECMED project, fulfilling the visibility specifications included in the call text.
* If selected, the applicant accepts to participate in INTECMED communication activities, that may include interviews, videos or articles aimed to disseminate the achievements and results of the project. If the applicant is in the process to protect intellectual property resulting from the activities, these limitations must be specifically communicated to the managers of the programme, to avoid the disclosure of these information.

**Commitments:**

* The applicant commits to participate in a short interview with INTECMED evaluation committee, that may be held online, if necessary, as an opportunity to present the proposal and provide additional information for the evaluation process.
* If selected, the applicant is directly responsible for the participation in the Mentorship activities with the co-applicant(s) if any and is not acting as an intermediary.
* If selected, the applicant demonstrates the intention to actively participate in the activities included in INTECMED Mentorship programme and make the most of it.
* If selected, the applicant commits to participate in the exhibitions and events in which INTECMED project will be present. It includes an international entrepreneurship event, Patras IQ Innovation Quest, and regional events.
* The applicant understands that this application is focused on the participation in INTECMED Mentorship programme, and that the possibility to be awarded with one of the subgrants will be addressed in a specific evaluation process that will take place once the Mentorship programme has been completed.

**Processing of data:**

* [Every partner must complete this section according to the specific regulation according to the processing of personal information, protection, etc. The objective is to obtain the acceptance of the applicant to process the information provided.]

I acknowledge that if I participate in spite of being in any of the situations for exclusion or if the declarations or information provided prove to be false, I may be subject to rejection from this procedure.

Signed on behalf of the applicant

|  |  |
| --- | --- |
| Name: |  |
| ID number: |  |
| Organisation: |  |
| Position: |  |
| Signature: |  |
| Date and place: |  |

**Mandate of the co-applicants**

The co-applicant(s) authorise the applicant <name of the applicant> to submit on their behalf the present application form, as well as to represent the co-applicant in all matters concerning this call.

I have read and approved the contents of the proposal submitted to the managers of the call. I undertake to comply with the principles of good partnership practice.

|  |  |
| --- | --- |
| Name: |  |
| ID number: |  |
| Organisation: |  |
| Position: |  |
| Signature: |  |
| Date and place: |  |