|  |  |
| --- | --- |
| **Preamble** | |
| The main participant is responsible for submitting the ‘Request for changes form’ together with all relevant supporting documents | |
| **Eurostars project information** | |
| **Number** | Click here to enter text. |
| **Acronym** | Click here to enter text. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1 – Change requested** | | | | | | | | | | | | | | | | |
|  | **Shift of dates (no supporting documentation needed)** | | | | | | | | | | | | | | | |
|  | Initial start date | | | | | | | Click here to enter a date. | | | | | |  | |  |
|  | Initial end date | | | | | | | Click here to enter a date. | | | | | |  | |  |
|  | Proposed start date | | | | | | | Click here to enter a date. | | | | | |  | |  |
|  | Proposed end date | | | | | | | Click here to enter a date. | | | | | |  | |  |
|  |  | | | | | | |  | | | | | |  | |  |
|  | Explanation | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **Prolongation (no supporting documentation needed)** | | | | | | | | | | | | | | | |
|  |  | | | Duration of less than 36 months | | | | | | | | | | | | |
|  |  | | | Duration of more than 36 months (section 2 and the relevant annexes of this form need to be filled-in) | | | | | | | | | | | | |
|  | Initial start date | | | | | | | Click here to enter a date. | | | | | |  | |  |
|  | Initial duration | | | | | | | Click here to enter text. | | | | | |  | |  |
|  | Proposed start date | | | | | | | Click here to enter a date. | | | | | |  | |  |
|  | Proposed end date | | | | | | | Click here to enter a date. | | | | | |  | |  |
|  | Proposed duration | | | | | | | Click here to enter text. | | | | | |  | |  |
|  |  | | | | | | |  | | | | | |  | |  |
|  | Explanation | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **Change of contact details (no supporting documentation needed)** | | | | | | | | | | | | | | | |
|  | Previous contact details: | | | | | | | | | | | | | | | |
|  | Organisation | | | | | | | Click here to enter text. | | | | | |  | |  |
|  | Full name | | | | | | | Click here to enter text. | | | | | |  | |  |
|  | New contact details: | | | | | | | | | | | | | | | |
|  | Full name | | | | | | | Click here to enter text. | | | | | | Phone | | Click here to enter text. |
|  | Fax | | | | | | | Click here to enter text. | | | | | | Email | | Click here to enter text. |
|  | Function | | | | | | | Click here to enter text. | | | | | |  | |  |
|  |  | | | | | | |  | | | | | |  | |  |
|  | **Change in legal status (section 2 and the relevant annexes of this form need to be filled-in)** | | | | | | | | | | | | | | | |
|  | Documents to be provided: | | | | | | | Revised consortium agreement | | | | | | | | |
|  | (if applicable) | | | | | | | Commitment and signature form | | | | | | | | |
|  |  | | | | | | | EC SME declaration | | | | | | | | |
|  | Original organisation details: | | | | | | | | | | | | | | | |
|  | Name | | | | | | | | Click here to enter text. | | | | | |  |  |
|  | Legal status | | | | | | | | Click here to enter text. | | | | | |  |  |
|  | New organisation details: | | | | | | | | | | | | | | | |
|  | Name | | | | | | | | Click here to enter text. | | | | | |  |  |
|  | Legal status | | | | | | | | Click here to enter text. | | | | | |  |  |
|  | Date of change in legal status | | | | | | | | Click here to enter a date. | | | | | |  |  |
|  |  | | | | | | | |  | | | | | |  |  |
|  | **Change in milestones and/or deliverables (section 2 and the relevant annexes of this form need to be filled-in)** | | | | | | | | | | | | | | | |
|  | Identify the milestones and/or deliverables | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | |  | | | | | |  |  |
|  |  | | | | | | | |  | | | | | |  |  |
|  | **Subcontracting (section 2 and the relevant annexes of this form need to be filled-in)** | | | | | | | | | | | | | | | |
|  | Documents to be provided: | | | | | | Subcontracting agreements from both the subcontracting organization and the subcontracted organization | | | | | | | | | |
|  | (if applicable) | | | | | |
|  |  | | Less than 5% | | | | | | | | | | | |  |  |
|  |  | | More than 5% | | | | | | | | | | | |  |  |
|  | Identify the work packages and participants | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  | **Budget (section 2 and the relevant annexes of this form need to be filled-in)** | | | | | | | | | | | | | | | |
|  |  | Less than 5% | | | | | | | | | | | | |  |  |
|  |  | More than 5% | | | | | | | | | | | | |  |  |
|  | Identify the work packages and participants | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  |  | | |  | | | | | | | | | | |  |  |
|  | **Addition of new participant (section 2 and the relevant annexes of this form need to be filled-in)** | | | | | | | | | | | | | | | |
|  | Documents to be provided: | | | | Revised consortium agreement | | | | | | | | | | | |
|  | (if applicable) | | | | Commitment and signature form | | | | | | | | | | | |
|  |  | | | | EC SME declaration | | | | | | | | | | | |
|  |  | | | | Financial reports | | | | | | | | | | | |
|  | Participant funding secured | | | |  | Yes | | | |  | No | | | | | |
|  | Explanation | | | |  |  | | | |  | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | |  |  | | | |
|  | **Removal of participant (section 2 and the relevant annexes of this form need to be filled-in)** | | | | | | | | | | | | | | | |
|  | Documents to be provided: | | | | Revised consortium agreement | | | | | | | | | | | |
|  |  | | | |  | | | | | | |  |  | | | |
|  | Explanation | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | |  |  | | | |
|  | **Replacement of participant (section 2 and the relevant annexes of this form need to be filled-in)** | | | | | | | | | | | | | | | |
|  | Documents to be provided: | | | | Revised consortium agreement | | | | | | | | | | | |
|  | (if applicable) | | | | Commitment and signature form | | | | | | | | | | | |
|  |  | | | | EC SME declaration | | | | | | | | | | | |
|  |  | | | | Financial reports | | | | | | | | | | | |
|  |  | | | |  | | | | | | |  |  | | | |
|  | Explanation | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | |  |  | | | |
|  | **Change in the project goals (section 2 and the relevant annexes of this form need to be filled-in)** | | | | | | | | | | | | | | | |
|  | Explanation | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | |  | | | | | | |  |  | | | |
|  |  | | | |  | | | | | | |  |  | | | |
|  | **Other (section 2 and the relevant annexes of this form need to be filled-in)** | | | | | | | | | | | | | | | |
|  | Documentation will be requested on a project-by-project basis | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | |  |  | | | |
|  | Explanation | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2 – Explanation of proposed project changes** (to be filled-in only if requested in section 1) | | | | | | | | |
| This section must describe every individual change in detail. For each individual change that may affect the contents in the original application form, the change must be described precisely and you should indicate the section in the application form that will be changed and fill in the relevant annexe(s) (Section 4 of this document). | | | | | | | | |
|  |  |  |  | | | |  | |
| **a)** | **Describe all changes** | | | | | | | |
|  | Click here to enter text. | | | | | | | |
| **b)** | **Do the changes affect the content of the project?** | | |  | Yes |  | | No |
|  | If yes describe: | | |  |  |  | | |
|  | Click here to enter text. | | | | | | | |
|  |  | | | | | | | |
| **c)** | **Do the changes affect the concept of the project?** | | |  | Yes |  | | No |
|  | If yes describe: | | | | | | | |
|  | Click here to enter text. | | | | | | | |
| **d)** | **Do the changes affect the goal of the project?** | | |  | Yes |  | | No |
|  | If yes describe: | | | | | | | |
|  | Click here to enter text. | | | | | | | |
| **e)** | **Do the changes affect the project consortium?** | | |  | Yes |  | | No |
|  | If yes describe: | | | | | | | |
|  | Click here to enter text. | | | | | | | |
| **f)** | **In case of a new project participant, explain how its financing is secured** | | | | | | | |
|  | Click here to enter text. | | | | | | | |
| **g)** | **Do the changes affect the share of work between partners?** | | |  | Yes |  | | No |
|  | If yes describe: | | | | | | | |
|  | Click here to enter text. | | | | | | | |
| **g)** | **Do the changes affect the market application and commercialisation of the project results?** | | |  | Yes |  | | No |
|  | If yes describe: | | | | | | | |
|  | Click here to enter text. | | | | | | | |

|  |  |  |
| --- | --- | --- |
| By signing the present document, I, **Click here to enter text.**, as the main participant of the project, attest that all participants have been made aware of and agreed on the project changes proposed above. | | |
|  |  | |
| **Contact details of the main participant** |  | |
| Title, name and surname of contact person: | Click here to enter text. | |
| Function: | Click here to enter text. | |
| Telephone: | Click here to enter text. | |
| Email: | Click here to enter text. | |
|  |  | |
| **Date:** | | **Signature:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3 – Attachments** | | | | | |
| Please check the documents needed and note that the participants have 6 months from the date of this document to send to the ESE all required documents. | | | | | |
|  |  | |  |  |  |
|  | Subcontracting agreements from both the subcontracting organization and the subcontracted organization | | | | |
|  | Commitment and signature form | | | | |
|  |  | New participant | | | |
|  |  | Replacement participant | | | |
|  | EC SME declaration form | | | | |
|  |  | New participant | | | |
|  |  | Replacement participant | | | |
|  | Financial report(s) (The document can be sent directly to the ESE by the relevant participant) | | | | |
|  |  | New participant | | | |
|  |  | Replacement participant | | | |
|  | Revised/new consortium agreement (In case of supplying a new consortium agreement to process the change, it will be necessary to send a copy of the document signed by all partners after the result of the request for major change. Note that the consortium agreement does not need to be signed to process the change) | | | | |

|  |
| --- |
| **4 – Annexes** |
| If the content of the application form needs to be adapted according to the requested changes, please fill in the relevant questions in the related annexes. You should tick the box of the question to be modified and write the new text. |

|  |  |
| --- | --- |
| **Annex A – THE PITCH (Section 1 of the application form)** | |
|  | **01 PROJECT TITLE** |
|  | Click here to enter text. |
|  | **02 PROJECT ACRONYM** |
|  | Click here to enter text. |
|  | **03 WHAT DO YOU WANT TO DO? WHAT WILL YOU DELIVER?** |
|  | Click here to enter text. |
|  | **04 WHY DO YOU WANT TO DO IT?** |
|  | Click here to enter text. |
|  | **05 HOW WILL YOU MAKE MONEY?** |
|  | Click here to enter text. |
|  | **06 TECHNICAL AREA** |
|  | Click here to enter text. |
|  | **07 MARKET AREA** |
|  | Click here to enter text. |

|  |  |
| --- | --- |
| **Annex B– THE BUSINESS CASE (Section 2 of the application form)** | |
|  | **08 WHAT IS THE PROJECT GOAL? WHAT WILL BE THE MAIN RESULT OF THE PROJECT?** |
|  | Click here to enter text. |
|  | **09 WHAT ARE YOU GOING TO SELL? TO WHOM AND HOW?** |
|  | Click here to enter text. |
|  | **10 WOULD YOU DEFINE THIS AS A NEW PRODUCT, AN IMPROVEMENT OF AN EXISTING PRODUCT, OR AN EXISTING PRODUCT ADAPTED FOR A NEW MARKET (OR A COMBINATION)? WHAT KIND OF DEVELOPMENT IS ENVISIONED? BREAKTHROUGH OR INCREMENTAL?** |
|  | Click here to enter text. |
|  | **11 EUROSTARS FUNDING DOES NOT COVER ALL OF THE ELEMENTS IN THE PRODUCT DEVELOPMENT CYCLE. WITH REFERENCE TO YOUR BUSINESS PLAN, QUANTIFY THE FINANCES INVESTED TO DATE, THE PROJECT COSTS, AND THE FUTURE INVESTMENTS (YOUR OWN/OTHER RESOURCES) THAT WILL BE NECESSARY/REQUIRED FOR COMMERCIALIZATION.** |
|  | Click here to enter text. |
|  | **12 DESCRIBE THE STEPS AND TIMELINE TOWARDS COMMERCIALIZATION AND BEYOND.** |
|  | Click here to enter text. |
|  | **13 HOW MANY MONTHS AFTER PROJECT COMPLETION WILL IT TAKE FOR THE MAIN PROJECT RESULT TO REACH THE MARKET (OR CLINICAL TRIAL)?** |
|  | Click here to enter text. |
|  | **14 DESCRIBE THE COMMERCIAL STATE-OF-THE-ART WHICH IS AVAILABLE TODAY IN YOUR SECTOR.** |
|  | Click here to enter text. |
|  | **15 COMPETITION IN THE INDUSTRY: WHO ARE THE MAJOR PLAYERS IN YOUR TARGET MARKET? WHO DO YOU CONSIDER ARE YOUR DIRECT COMPETITORS? WHAT COMPETING PRODUCTS/SOLUTIONS ARE BEING DEVELOPED OR ARE ON THE MARKET?** |
|  | Click here to enter text. |
|  | **16 HOW IS YOUR PRODUCT DIFFERENT? WHY IS IT INNOVATIVE? HOW WILL IT BE POSITIONED WITH RESPECT TO THE COMPETITION?** |
|  | Click here to enter text. |
|  | **17 IDENTIFY THE POTENTIAL BARRIERS TO MARKET ENTRY AND DESCRIBE HOW EACH WILL BE OVERCOME.** |
|  | Click here to enter text. |
|  | **18 DESCRIBE IN DETAIL THE CONSORTIUM’S CURRENT POSITIONING WITHIN THE TARGET MARKET?** |
|  | Click here to enter text. |
|  | **19 WHAT LEVEL OF MARKET PENETRATION DO YOU EXPECT?** |
|  | Click here to enter text. |
|  | **20 WHAT IS YOUR SALES FORECAST? JUSTIFY YOUR ANSWER.** |
|  | Click here to enter text. |
|  | **21 WHAT IS THE PROJECTED ANNUAL PROFIT OVER EACH OF THE FIRST 5 YEARS OF SALES?** |
|  | Click here to enter text. |
|  | **22 WHAT IS THE PAYBACK PERIOD FOR THE INITIAL INVESTMENT?** |
|  | Click here to enter text. |

|  |  |
| --- | --- |
| **Annex C– THE PROJECT (Section 3 of the application form)** | |
|  | **23 WHAT IS THE METHOD/APPROACH YOU WILL USE? WHY DID YOU CHOOSE THIS METHOD/APPROACH?** |
|  | Click here to enter text. |
|  | **24 WHAT IS THE TECHNICAL CHALLENGE OF THIS APPROACH?** |
|  | Click here to enter text. |
|  | **25 WHAT ARE THE RISKS OF THIS APPROACH? HOW WILL YOU REDUCE THESE RISKS?** |
|  | Click here to enter text. |
|  | **26 WHAT OTHER METHODS/SOLUTIONS ARE AVAILABLE (BOTH TECHNICAL AND NONTECHNICAL)? WHY IS YOURS BETTER?** |
|  | Click here to enter text. |
|  | **27 ARE THERE ANY ETHICAL OR LEGAL ISSUES LINKED TO THIS APPROACH?** |
|  | Click here to enter text. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Annex D– WORK PACKAGES OVERVIEW (Section 4 of the application form)** | | | | | | | | | | |
|  |  | | **W1 WHEN IS YOUR PROJECT EXPECTED TO START?** | | | | | | | | | |
|  |  | | Click here to enter a date. | | | | | | | | | |
|  |  | | **W2 HOW MANY MONTHS WILL THE PROJECT TAKE TO COMPLETE?** | | | | | | | | | |
|  |  | | Click here to enter text. | | | | | | | | | |
|  | |  | | | | | | | | | | |
|  |  | | **Work Package Cost Table** | | | | | | | | | |
|  | | | |  | Add as many WP as necessary by adding more columns to the table | | | | | | | |
| **Participant** | | | | **WP1 (€)** | **WP2 (€)** | **WP3 (€)** | **WP4 (€)** | **WP5 (€)** | **WP6 (€)** | **WP7 (€)** | **WPn (€)** | **Total** |
| Click here to enter text. | | | |  |  |  |  |  |  |  |  |  |
| Click here to enter text. | | | |  |  |  |  |  |  |  |  |  |
| Click here to enter text. | | | |  |  |  |  |  |  |  |  |  |
| Click here to enter text. | | | |  |  |  |  |  |  |  |  |  |
| Add as many participants as necessary by adding more rows to the table | | | |  |  |  |  |  |  |  |  |  |
| **Total** | | | |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **WORK PACKAGE X** (Add as many work packages as necessary by copying this table) | |
|  | **W3 WORK PACKAGE NAME** |
|  | Click here to enter text. |
|  | **W4 WORK PACKAGE SUMMARY** |
|  | Click here to enter text. |
|  | **W5 WORK PACKAGE START TIME** |
|  | Click here to enter text. |
|  | **W6 DURATION OF WORK PACKAGE** |
|  | Click here to enter text. |
|  | **W7 MILESTONES AND DELIVERABLES** |
|  | Click here to enter text. |
|  | **W8 TASKS** |
|  | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Annex E– CONSORTIUM OVERVIEW (Section 5 of the application form)** | | | |
|  | **28 NAME OF EACH PARTICIPANT** |  | **29 IDENTIFY THE MAIN PARTICIPANT** |
|  | Click here to enter PARTICIPANT NAME. |  | Click here to enter MAIN or PARTNER |
|  | Click here to enter PARTICIPANT NAME. |  | Click here to enter MAIN or PARTNER |
|  | Click here to enter PARTICIPANT NAME. |  | Click here to enter MAIN or PARTNER |
|  | Click here to enter PARTICIPANT NAME. |  | Click here to enter MAIN or PARTNER |
|  | Click here to enter PARTICIPANT NAME. |  | Click here to enter MAIN or PARTNER |
|  | Click here to enter PARTICIPANT NAME. |  | Click here to enter MAIN or PARTNER |
|  | Click here to enter PARTICIPANT NAME. |  | Click here to enter MAIN or PARTNER |
|  | **30 DESCRIBE THE PROJECT MANAGEMENT EXPERIENCE OF THE MAIN PARTNER. EXPLAIN HOW THEY WILL LEAD THIS PROJECT.** | | |
|  | Click here to enter text. | | |
|  | **25 WHY WILL THIS PROJECT BENEFIT THROUGH THE COLLABORATION OF THE LISTED PARTICIPANTS?** | | |
|  | Click here to enter text. | | |
|  | **32 WHAT PRE-EXISTING KNOWLEDGE WILL BE BROUGHT TO THE PROJECT? WHO OWNS IT? WHO WILL HAVE AUTHORIZATION TO USE IT?** | | |
|  | Click here to enter text. | | |
|  | **33 WILL THE PROJECT’S RESULTS BE PROTECTED? HOW?** | | |
|  | Click here to enter text. | | |
|  | **34 HOW WILL THE PROJECT’S RESULTS BE DISTRIBUTED ACROSS THE CONSORTIUM? WHO WILL OWN THEM? WHO WILL BE ABLE TO EXPLOIT THEM?** | | |
|  | Click here to enter text. | | |
|  | **35 WHAT WILL HAPPEN IN THE EVENT OF A PARTNER LEAVING THE CONSORTIUM? HOW WILL ACCESS TO THE KNOWLEDGE AND RESULTS AS WELL AS THEIR OWNERSHIP BE AFFECTED?** | | |
|  | Click here to enter text. | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ANNEX F – PARTICIPANT** (Add as many participants as necessary by copying this table) | | | | | | | | | | | | | | | | |
|  | **P1 SHORTENED ORGANISATION NAME** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | | | | |  | |  | | | | | | | | | |
| **Legal address** | | | | |  | | **Operational address** | | | | | | | | | |
| **P2** | **STREET** | Click here to enter text. | | |  | | **P7** | | **STREET** | | | Click here to enter text. | | | | |
| **P3** | **ZIP** | Click here to enter text. | | |  | | **P8** | | **ZIP** | | | Click here to enter text. | | | | |
| **P4** | **CITY** | Click here to enter text. | | |  | | **P9** | | **CITY** | | | Click here to enter text. | | | | |
| **P5** | **COUNTRY** | Click here to enter text. | | |  | | **P10** | | **TELEPHONE** | | | Click here to enter text. | | | | |
| **P6** | **TELEPHONE** | Click here to enter text. | | |  | |  | |  | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
|  | **P11 WEB** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P12 REGISTRATION VAT NUMBER** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P13 NAMES AND TITLE(S) OF THE PRINCIPAL DIRECTOR(S)** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P14 YEAR OF COMPANY REGISTRATION** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P15 CONTACT PERSON** | | | | | | | | | | | | | | | |
|  | A. First Name Click here to enter text. | | | | | B. Family Name Click here to enter text. | | | | | | | | | | |
|  | **P16 THE CONTACT PERSON’S FUNCTION (JOB) WITHIN THE ORGANIZATION** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P17 EMAIL ADDRESS** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P18 DIRECT PHONE NUMBER** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P19 WHAT ARE YOUR CORE BUSINESS ACTIVITIES AND EXPERTISE? IN WHICH SECTORS DO YOU OPERATE?** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P20 WITH REFERENCE TO YOUR ANNUAL REPORT, CLEARLY EXPLAIN YOUR CURRENT FINANCIAL SITUATION.** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P21 EUROSTARS DOES NOT COVER 100% OF ANY PROJECT COSTS. WITH REFERENCE TO YOUR BUSINESS PLAN, EXPLAIN IN FULL HOW YOU INTEND TO FINANCE YOUR PART OF THE PROJECT. WHAT ARE YOUR SOURCES OF FINANCE? ARE THESE SECURED OR CONDITIONAL? WHAT ALTERNATIVES ARE AVAILABLE?** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P22 ANSWER THE FOLLOWING:** | | | | | | | | | | | | | | | |
|  | a.State the number of R&D projects your organization is currently running/participating in. If the answer is zero, enter ‘0’ in each of the other fields. | | | | | | | | | | | | | | Click here to enter text. | |
|  | b. How many Full-Time Equivalents do you allocate to these projects?  This should include all FTE involvement in the project and not just those performing the R&D work itself (i.e. accounting/marketing/production should also be included). | | | | | | | | | | | | | | Click here to enter text. | |
|  | c. How many of these projects are subject to public funding? | | | | | | | | | | | | | | Click here to enter text. | |
|  | d. For these projects, what is the total value (€) of the public funding? | | | | | | | | | | | | | | Click here to enter text. | |
|  | **P23 WHY ARE YOU PARTICIPATING IN THIS PROJECT? WHY ARE YOU GOING TO INVEST YOUR MONEY AND PERSONNEL IN IT?** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P24 WHAT IS THE ECONOMIC IMPACT THIS PROJECT WILL HAVE ON YOUR ORGANIZATION?** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P25 WHAT IS THE EXPECTED EMPLOYMENT GROWTH AS A RESULT OF THIS PROJECT?** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P26 WITH REFERENCE TO THE WORK PACKAGE DESCRIPTIONS, LIST EACH OF YOUR TASKS IN THE PROJECT** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P27 WILL YOU SUBCONTRACT ANY WORK?** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P28 DESCRIPTION OF SUBCONTRACTING** | | | | | | | | | | | | | | | |
|  | Click here to enter text. | | | | | | | | | | | | | | | |
|  | **P29 ENTER THE PERSON-HOURS AND FULL COSTS ASSOCIATED WITH YOUR PARTICIPATION IN THIS PROJECT INTO THE TABLE** | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| **Work package (WP)** | | **Person months** | **Personnel costs** | **Overheads** | **Travel** | | | **Materials** | | **Other** | | | **Subcontracting** | | | **Total** |
| **WP1 –** Click here to enter name. | |  |  |  |  | | |  | |  | | |  | | |  |
| **WP2 –** Click here to enter name. | |  |  |  |  | | |  | |  | | |  | | |  |
| **WP3 –** Click here to enter name. | |  |  |  |  | | |  | |  | | |  | | |  |
| **WP4 –** Click here to enter name. | |  |  |  |  | | |  | |  | | |  | | |  |
| Add as many WP as necessary by adding more rows to the table | |  |  |  |  | | |  | |  | | |  | | |  |
| **Total** | |  |  |  |  | | |  | |  | | |  | | |  |
|  | | | | | | | | | | | | | | | | |
|  | **P30 TYPE OF ORGANISATION?** | | | | | | | | | | | | | | | |
|  | a. Type of organisation (SME, large company, research institute, university or other) | | | | | | | | | | Click here to enter text. | | | | | |
|  | a2. Type of SME (autonomous, linked or partner) | | | | | | | | | | Click here to enter text. | | | | | |
|  | b. If you are an SME, do you comply with the definition of ‘R&D-performing SME’? | | | | | | | | | | Click here to enter text. | | | | | |
|  | | | | | | | | | | | | | | | | |
|  |  | | | | | | **Financial Report Year -2** | | | | | | | **Financial Report Year -1** | | |
| **P31** | **START DATE OF FINANCIAL REPORT** | | | | | | Click here to enter a date. | | | | | | | Click here to enter a date. | | |
| **P32** | **END DATE OF FINANCIAL REPORT** | | | | | | Click here to enter a date. | | | | | | | Click here to enter a date. | | |
| **P33** | **DATE THE FINANCIAL REPORT WAS SUBMITTED TO NATIONAL AUTHORITIES** | | | | | | Click here to enter a date. | | | | | | | Click here to enter a date. | | |
| **P34** | **HEADCOUNT** | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | |
| **P35** | **NUMBER OF FULL-TIME EQUIVALENTS EMPLOYED** | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | |
| **P36** | **NUMBER OF FULL-TIME EQUIVALENTS DEDICATED TO R&D** | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | |
| **P37** | **ANNUAL TURNOVER (IN EURO)** | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | |
| **P38** | **ANNUAL TURNOVER DEDICATED TO R&D EXPENDITURE (IN EURO)** | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | |
| **P39** | **BALANCE SHEET TOTAL (IN EURO)** | | | | | | Click here to enter text. | | | | | | | Click here to enter text. | | |