# Annex 1

# Application Form of BLUE\_BOOST Voucher Scheme

The content of this application form will be treated confidentially.

No information will be disclosed to 3rd parties outside the BLUE\_BOOST partnership.

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| **Part 1: Company details** |
| Name of the SME / Start -up |  |
| Size of the company[[1]](#footnote-1)  | Medium □ Small □ Micro □ |
| Date of starting of the economic activity (according to the register document) |  |
| Legal form |  |
| VAT Number |  |
| **Registered seat address**  |
| Country |  |
| Region / area | Zadar County (Croatia) □Marche Region (Italy) □Central Macedonia (Greece) □Region of Friuli Venezia Giulia (Italy) □Coastal areas of Durres, Vlora, Sarandaand Shengjin (Albania) □Region of Western Greece (Greece) □Apulia Region (Italy) □ |
| Address (Street, number, postal code, City) |  |
| Phone number |  |
| e-mail (Applicant is asked to provide an e-mail address that will assure the effective communication with Responsible Project Partner during the whole procedure defined in this Call) |  |
| Web site |  |
| Company profile(max. 500 characters) | Please provide a brief outline of the company, you may wish to include some of the following: sector, customers, how long the company is established, how many employed, main products /services and main market(s) |
| Company’s Blue growth/ Blue Economy Business Activity(ies) selected by the related Region | Please describe, reporting - if there is such a codification in your country - relevant NACE code(s), your business activity (ies) belonging to blue growth/blue economy sectors, selected by the related Region according to Annex 12 of the Call for Innovation Vouchers |
|  Legal representative details  |
| First name |  |
| Surname |  |
| Position |  |
| Phone number |  |
| e-mail |  |
| Contact Person details |
| First name |  |
| Surname |  |
| Position |  |
| Phone number |  |
| Mobile phone number |  |
| e-mail(Applicant is asked to provide an e-mail address that will assure the effective communication with Responsible Project Partner during the whole procedure defined in this Call) |  |
| **Part 2: Registered Knowledge Provider** |
| Name of the Knowledge Provider |  |
| Legal form |  |
| VAT number |  |
| Registered seat address |
| Country |  |
| Region  |   |
| Address (Street, number, postal code, City) |  |
| Phone number |  |
| e-mail |  |
| Web site |  |
| Description of Knowledge Provider potential  | Specialization, publications, projects completed in fields close to the collaborative project described in this application form (max. 1000 characters) |

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| **Part 3: Innovative project description** |
| Title of the project |  |
| Acronym |  |
| Project summary | Please provide Information on the following issues (Maximum 1000 characters)* Topic
* Proposed product / service /process
* How company will take benefit from project’s results
 |
| Detailed description of the innovative project and the service to be provided  | Please describe the innovative project providing information especially on the following issues (Maximum 5.000 characters)* Project objectives
* Proposed approach
* State of the art and explanation of project’s innovation potential
* Expected results
 |
| Description on how the company will benefit from project’s results | Please provide information on project’s contribution in enhancing innovation capacity of the company, integrating new knowledge, strengthening its competitiveness , commercial exploitation of results (including Intellectual Property Rights management if applicable) , saving energy, protecting environment etc. (Max. 8.000 Characters) |
| Type of Innovation project | Innovative product design/development □Innovative service design / development □Innovative process design/development □Business model generation □Experimental testing /measuring □Prototype development □New market / sector development □International certification □Other (Please describe) □…………………………………………………………………………………….. |
| Is the selected Knowledge Provider from your country? |  Yes □ No □ |
| Previous experience of the applicant in collaborative projects with Research Institutions or/and R&D skilled companies | (Maximum 3.000 characters) |
| Justification of Knowledge Provider’s appropriateness to the aims of the innovation project | (Maximum 3.000 characters) |
| Human resources and technical infrastructure involved | Please provide information about the staff of your company that will be involved in project’s implementation and on your technical infrastructure supportive to project’s aims (Maximum 3.000 characters) |
| SME Participation at the BLUE\_BOOST Coaching activities (select the activities your SME participated) | Blue Labs □Blue Scenario Workshops □Blue Hackathon □ |

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| **Part 4: Budget** |
| Total amount of the requested grant (in euro) |  |
| Cost net of the project in euro (without VAT) |  |
| Corresponding VAT (in euro) |  |
| Cost analysis(Max. 1.000 Characters) | Please describe in details the cost of the service including the number of man/hours devoted to the project by the knowledge provider, cost of possible equipment etc. |

Documents attached to the present Application Form:

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| --- | --- |
| 1. | Scanned copy of the Statute (s) of the Applicant or other relevant document, e.g. from a Chamber |
| 2. | Scanned copy of the official document proving blue economic activity (ies) |
| 3. | Scanned copy of the declaration regarding “De Minimis Aid” requirements compliance (Annex 13) |
| 4. | Scanned copy of the collaboration agreement/service contract stipulated with the selected Knowledge Provider |
| 5. | Scanned copy of Applicant’s Statement (Annex 2) |

 *In case of any doubts and questions about the application procedure for the voucher scheme,*

*please contact your BLUE\_BOOST regional contact point:*

**BLUE\_BOOST Pilot Partners’ Contact Points**

***Apulia Region - ARTI***

Contact person: Carlo Gadaleta Caldarola

E-mail to: c.gadaletacaldarola@arti.puglia.it

Tel: +39 080 9674210

Homepage: [www.regione.puglia.it](http://www.regione.puglia.it) [www.arti.puglia.it](http://www.arti.puglia.it)

1. Small Medium Enterprises according to EU definition

**SME CATEGORY MEDIUM SMALL MICRO**

Staff Headcount: <250 <50 <10

Turnover: <50M€ <10M€ <2M€

Balance Sheet Total: <43M€ <10M€ <2M€

The data to apply to the headcount of staff and the financial amounts are those related to the latest approved accounting period and calculated on an annual basis. [↑](#footnote-ref-1)