**PROJECT APPLICATION**

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| **BASIC INFORMATION ABOUT THE MSME APPLICANT** | | | |
| Company name: | | | |
| Address: | | | |
| EMB: | EDB: | Website: | |
| Legal Representative (according to Current Status): | | | |
| Phone: | | Email address: | |
| Contact person: (if different from the legal representative): | | | |
| Phone: | | Email address: | |
| Year of establishment: | | Number of full-time employees: | |
| Income from the previous year: EUR | | Expected income for 2 years: EUR | |
| Ownership structure:   |  |  | | --- | --- | | Name and surname / name | % | |  |  | |  |  | |  |  |   Ownership of Macedonian citizen/s (in%): | | | |
| Activity / Industry | | Technology User | Technology Supplier |
| Products | Services |
| Business description (up to 250 words): | | | |
| Please provide a brief description of your business activity (history, industry, products and / or services, markets and customers, processes and growth potential) | | | |
| Do any of the financial support and advisory options listed below may be needed / useful to make your business and its growth more sustainable? Please note (multiple options possible):  loan up to \_\_\_\_\_\_\_ MKD  capital up to \_\_\_\_ MKD  investment preparation counseling  business counselling  other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NO | | | | |

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| **PROPOSED SERVICE PROVIDER**  *Multiply the spreadsheet for each individual service provider* | | | | | | | | | |
| Name: | | | | | | | | | |
| Unit / center / laboratory: | |
| Address: | | | | | | | | | |
| Advisor, service provider (name and surname): | | | | | | | | | |
| Phone: | | | | Email address: | | | | | |
| Is there an existing agreement with this service provider for the service that is the subject of this application: | | | | | | | Yes | No | |
| Has the company previously cooperated with this service provider: | | | | | | | Yes | No | |
| *If yes, please briefly describe the previous collaboration (up to 100 words).* | | | | | | | | | |
| **SERVICES** | | | | | | | | |
| Short name: | | | | | | | | |
| Expected start date: | | | | | Duration (up to 6 months maximum): | | | |
| Please check the checkbox that describes the type of service for the best (you can select more types of services):  concept proof  study of sustainability or technical specification  product or service development  software development  prototyping  testing  technology validation  innovative product, service and / or process promotion  training  innovation management  protection of intellectual property | | | | | | | | |
| Description of the service (maximum 500 words): | | | | | | | | |
| *Please describe the product / service / process you want to develop / improve / test. How will it help the company to become more efficient and more competitive on the market. Does this kind of company activity have a wider economic and social impact?* | | | | | | | | |
| The product / service / process will be (underline or mark only one and the most appropriate choice): | | | | | | | | |
| Novelty for the company | Novelty for micro, small and medium enterprises, but already available to large and foreign enterprises in the Republic of North Macedonia | | Novelty on the Macedonian market | | | Novelty on the regional / global market | | |
| *Please briefly explain your choice from the previous question and describe why and how it is innovative and different from some existing products / services / processes (up to 200 words)* | | | | | | | | |
| The product / service / process will be scalable (upgradeable) and / or transferable (portable to other business environments) (underline or mark only one and most appropriate choice): | | | | | | | | |
| cannot be scaled / transferred at all | | | within the activity / industry | | | outside the activity / industry | | |
| *Please briefly explain your answer from the previous question and, if applicable, describe the scalability / transferability (up to 200 words).* | | | | | | | | |
| **RESULTS**  *Please indicate the results that are expected to be delivered by the service provider (e.g. results from concept proof analysis, feasibility study, technical specification, prototype test results, technology validation laboratory test results). Add rows if needed.* | | | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
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| **PROJECTED BUDGET**  *Please indicate the estimated value of the service (the same should correspond to the financial offer submitted in addition to this application). Add rows if needed.* | | | |
| 1. Description of service for R&D (specify) | Total number of days | Average daily wage | Total amount in MKD |
| 2. Other costs for R&D  (e.g. consumables, equipment rental, etc. - specify) | | | Total amount in MKD |
| 3. Description of training service (if applicable) | Total number of days | Average daily wage | Total amount in MKD |
| 3. Description of advisory service (eg intellectual property rights, innovation management, etc.) (if applicable) | Total number of days | Average daily wage | Total amount in MKD |
| **TOTAL EXPENSES (excluding VAT)** | | | Total amount in MKD |
| **TOTAL EXPENSES (VAT included)** | | | Total amount in MKD |

# **STATEMENT OF THE APPLICANT-COMPANY**

# We confirm that to the best of our knowledge, the information provided here are correct.

# We confirm that we agree to provide additional information and documents at the request of the Fund for Innovations and Technology Development.

# We confirm that there is no connection (eg family ties, common premises or facilities, joint ownership, financial interest, overlapping competencies / functions) between the applicant company and the service provider (s).

# We confirm that if we are awarded with the requested funds under this Innovation Voucher, the company will not exceed the amount for maximum received aid of minor importance (de minimis) of 200,000 (two hundred thousand) euros over a period of three years.

# We confirm that the activities and costs listed in the application have not been already implemented and are not funded by another party.

# We confirm that if the funds are awarded through the Innovation Voucher, the applicant company will co-finance the rest of the costs and VAT costs listed in this Application.

# We confirm that the applicant company meets the eligibility criteria provided in Article 5 of the Rulebook for awarding funds through Innovation Vouchers.

# We confirm that we have read in full and understood the provisions of the Rulebook for awarding funds through Innovation Vouchers.

# **[Name and surname (of authorized representative)]**

# **[Signature]**

# **[Place and date]**

# **Note: Please have the completed Application signed by an authorized representative of the applicant company (according to the information provided in the Current status of the applicant company), to be sealed and submitted in a scanned version in PDF format.**