

Italy-Israel R&D Cooperation Program Project Application Form

ANNEX No. 1

| | |
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| | EU |
| CM: | |

1. General Information

1.1 Acronym

(Do not exceed 20 characters)

| | | |
|------------------------------------|--|---|
| 1.2 Title | <i>(Do not exceed 120 characters)</i> | |
| 1.3 Summary | <i>(Do not exceed 240 characters)</i> | |
| 1.4 Main Technological Area | <i>(Choose only one)</i> | |
| | <ol style="list-style-type: none"> 1. Medicine, Biotechnology, Public Health and Hospital Organization; 2. Agriculture and Food science 3. Application of information technology to education and scientific research 4. Environment, Water Treatment; 5. New energy sources, oil alternatives and exploitation of natural resources; | <ol style="list-style-type: none"> 6. Innovation in Production Processes; 7. Information Technology, Data Communications, Software, Cyber Security; 8. Space and Earth Observation; 9. Any other area of mutual interest. |

| 1.5 Budget and Duration | | Budget (Millions of EURO) | Duration (Months) From to |
|--------------------------------|----------------------|-----------------------------------|--|
| | Definition Phase | | |
| | Implementation Phase | | |
| | Total | | |

| | |
|--|--|
| 1.6 Estimated start date of project | |
|--|--|

| 1.7 Country Contribution | Country | Contribution (%) |
|---------------------------------|----------------|-------------------------|
| | IT: | |
| | IL: | |
| | | |
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**Italy-Israel R&D Cooperation Program
Project Application Form**

2. Project Outline

2.1 Description (at most one A4 page)

2.2 Technological Development Envisaged (at most one A4 page)

2.3 Market Application and Exploitation (at most one A4 page)

Italy-Israel R&D Cooperation Program Project Application Form

3. Main Italian Participant

3.1 Organisation Name

| | |
|--|--|
| Full Name | |
| Parent Organisation | |
| Annual Turnover (US \$) Or Annual Balance sheet | |

3.2. Organisation Address / Switchboard

| | | | |
|-------------------|--|---------|-----|
| Street | | | Nr: |
| Postal Code | | City | |
| Province (Region) | | Country | |
| Telephone | | Fax | |

3.3. Contact Person Data

| | | | |
|------------------|--|------------|--|
| Last Name | | First Name | |
| Function | | Title | |
| Direct Telephone | | Fax | |
| E-mail | | | |

3.4. WWW Home Page

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3.5 Participant Identification

| | |
|----------------------|---|
| Type of Organisation | <input type="checkbox"/> Large Company <input type="checkbox"/> Small/Medium Size Company <input type="checkbox"/> University <input type="checkbox"/> Research Institute <input type="checkbox"/> Service Provider <input type="checkbox"/> Other |
|----------------------|---|

3.6 Contribution to the Project

| |
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3.7 Expertise

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Italy-Israel R&D Cooperation Program Project Application Form

4. Main Israeli Participant

4.1 Organisation Name

| | |
|--|--|
| Full Name | |
| Parent Organisation | |
| Annual Turnover (US \$) Or Annual Balance sheet | |

4.2. Organisation Address / Switchboard

| | | | |
|-------------------|---------|--|-----|
| Street | | | Nr: |
| Postal Code | City | | |
| Province (Region) | Country | | |
| Telephone | Fax | | |

4.3. Contact Person Data

| | | | |
|------------------|--|------------|--|
| Last Name | | First Name | |
| Function | | Title | |
| Direct Telephone | | Fax | |
| E-mail | | | |

4.4. WWW Home Page

| |
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4.5 Participant Identification

| | |
|----------------------|---|
| Type of Organisation | <input type="checkbox"/> Large Company <input type="checkbox"/> Small/Medium Size Company <input type="checkbox"/> University <input type="checkbox"/> Research Institute <input type="checkbox"/> Service Provider <input type="checkbox"/> Other |
|----------------------|---|

4.6 Contribution to the Project

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4.7 Expertise

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Italy-Israel R&D Cooperation Program Project Application Form

5. Additional Italian Participant

(If there are more "additional participants", please duplicate this page.)

5.1 Organisation Name

| | | | |
|--|--|--|--|
| Full Name | | | |
| Parent Organisation | | | |
| Annual Turnover (US \$) Or Annual Balance sheet (if participant is a Company) | | | |

5.2. Organisation Address / Switchboard

| | | | |
|-------------------|--|---------|--|
| Street | | Nr: | |
| Postal Code | | City | |
| Province (Region) | | Country | |
| Telephone | | Fax | |

5.3. Contact Person Data

| | | | |
|------------------|--|------------|--|
| Last Name | | First Name | |
| Function | | Title | |
| Direct Telephone | | Fax | |
| E-mail | | | |

5.4. WWW Home Page

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5.5 Participant Identification

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|----------------------|---|
| Type of Organisation | <input type="checkbox"/> Large Company <input type="checkbox"/> Small/Medium Size Company <input type="checkbox"/> University <input type="checkbox"/> Research Institute <input type="checkbox"/> Service Provider <input type="checkbox"/> Other |
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5.6 Contribution to the Project

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5.7 Expertise

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Italy-Israel R&D Cooperation Program Project Application Form

6. Additional Israeli Participant

(If there are more "additional participants", please duplicate this page.)

6.1 Organisation Name

| | | | |
|--|--|--|--|
| Full Name | | | |
| Parent Organisation | | | |
| Annual Turnover (US \$) Or Annual Balance sheet (if participant is a Company) | | | |

6.2. Organisation Address / Switchboard

| | | | |
|-------------------|--|---------|-----|
| Street | | | Nr: |
| Postal Code | | City | |
| Province (Region) | | Country | |
| Telephone | | Fax | |

6.3. Contact Person Data

| | | | |
|------------------|--|------------|--|
| Last Name | | First Name | |
| Function | | Title | |
| Direct Telephone | | Fax | |
| E-mail | | | |

6.4. WWW Home Page

| |
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6.5 Participant Identification

| | |
|----------------------|---|
| Type of Organisation | <input type="checkbox"/> Large Company <input type="checkbox"/> Small/Medium Size Company <input type="checkbox"/> University <input type="checkbox"/> Research Institute <input type="checkbox"/> Service Provider <input type="checkbox"/> Other |
|----------------------|---|

6.6 Contribution to the Project

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6.7 Expertise

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Italy-Israel R&D Cooperation Program Project Application Form

| 7. Project Identification | |
|----------------------------------|--|
| 7.1 Keywords | |

| 8. Relationship with Public Funded Programmes | |
|---|--|
| 7.1 Is your project related to any National, Regional or EU programme(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Remarks | Please elaborate: 1) if one/all of the involved companies previously received public funding – if yes list up which one receive funding sources and dates. 2) if this or a related R&D activity is presently or has been previously supported by any public funded source. If yes. Please indicate the respective funding schemes, supporting agency, amounts and dates. |

The participants signing below intend to co-operate within the project as described in both submission forms. In addition the participants have or intend to put in place, a formal collaboration agreement.

They undertake to provide their respective national program coordinators with updates of this form whenever significant change occurs.

| Co-signature of Main Italian Participant | |
|---|--|
| Organisation name | |
| Full Name | |

| Name of PERSON signing | | | |
|-----------------------------------|---|------------|--|
| Last Name | | First Name | |
| Function in Organisation | | | |
| Signature Legal representative | <i>It is not possible to sign this form electronically!</i> | | |

| Organisation name | |
|--------------------------|--|
| Full Name | |

| Name of PERSON signing | | | |
|--|---|------------|--|
| Last Name | | First Name | |
| Function in Organisation | | | |
| Signature Scientific Project Leader | <i>It is not possible to sign this form electronically!</i> | | |

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| Italy-Israel R&D Cooperation Program Project Application Form |
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| Co-signature of Main Israeli Participant | |
|---|--|
| Organisation name | |
| Full Name | |

| Name of PERSON signing | | | |
|-------------------------------|---|------------|--|
| Last Name | | First Name | |
| Function in Organisation | | | |
| Signature CEO | <i>It is not possible to sign this form electronically!</i> | | |

Italy-Israel R&D Cooperation Program Project Application Form

Co-signature of Additional Participant

(If there are more "additional participants", please find more copies of this page at the end of this document.)

| | |
|--------------------------|--|
| Organisation name | |
| Full Name | |

| | | | |
|-------------------------------|---|------------|--|
| Name of PERSON signing | | | |
| Last Name | | First Name | |
| Function in Organisation | | | |
| Signature | <i>It is not possible to sign this form electronically!</i> | | |

| | | | |
|-------------------------------|---|------------|--|
| Name of PERSON signing | | | |
| Last Name | | First Name | |
| Function in Organisation | | | |
| Signature | <i>It is not possible to sign this form electronically!</i> | | |

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