**European Innovation Council – Support Scheme Application Form**

**Section One: Applicant’s Details**

*Please fill in all section of the form.*

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| **Applicant Details** *(Please include details of the SME or Start-Up applying for the Scheme)* |
| **Name** |  |
| **Designation** |  |
| **Name of Private Entity** |  |
| **VAT Number:** |  |
| **Email** |  |
| **Tel. Number** |  |

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| **Select option***(Kindly specify which Option you are applying for - selecting both A and B is permitted whilst C can also be selected on the basis of having been invited by the European Commission to submit a full proposal under EIC Accelerator.)* |
| **Option A**: Business Coach Support |  |
| **Option B:** Pitch Coach Support |  |
| **Option C:** EIC Consultant & Proposal Writer Support |  |

**Section Two: Application Form**

**For Option A:**

Application to recruit a business coach matching the specific industry and market context.

**Note:** The activities have to be implemented within twelve (12) months, which period shall run from the starting date on the grant agreement.

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| **Select option** |
| **EIC Accelerator Open** |  |
| **EIC Accelerator Challenges** |  |

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| **Proposed Business Coach Details:** *(Please include details of the contact person from the entity proposed for the proposal development)* |
| **Contact Details** | **Name:** | **Designation:** |
| **Email:** |
| **Address:** | **Tel. No.:** |
| **Mob. No.:** |

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| **Proposed Business Coach Details:** *(Please include details of the contact person from the entity proposed for the proposal development)* |
| **Contact Details** | **Name:** | **Designation:** |
| **Email:** |
| **Address:** | **Tel. No.:** |
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| **Proposed Business Coach Details:** *(Please include details of the contact person from the entity proposed for the proposal development)* |
| **Contact Details** | **Name:** | **Designation:** |
| **Email:** |
| **Address:** | **Tel. No.:** |
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| **Proposed Project title:** |
| **Intended submission deadline:** |

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| **Describe the innovativeness of the proposed project idea (project brief) with proof of having a technology with TRL Level 5 or above.***In this section you are required to present your technology and innovation. Make sure that the innovative aspect of your project is clear, and describe the excellence such that your product, process or service is disruptive in the market(s) of interest, and that it has the potential to change the dynamic of the market and possibly to address a societal challenge (max. 1000 words) (Weighting: 35%)* |
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| **Business and Market Potential of your Product.***Describe the targeted users or customers of the innovation, how their needs may be addressed, why the users or customers identified will want to use or buy the product, service or business model, compared to what is currently available. Indicate total potential market size and growth-rate, competitors and competitive offerings, key stakeholders, clear identification of opportunities for market introduction (max. 1000 words) (Weighting: 35%)* |
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| **Track record of the proposed business coaches and relevance to project as well as coaching plan including objectives and activities.***Please include track record of business coaches including track record in coaching senior management, track record in coaching organisations and business leaders, experience in innovation management and relevance of business coaches in supporting the EIC project.**Include also a* ***coaching plan*** *with specific activities and objectives. (max. 1500 words) (Weighting: 30%)* |
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| **Total Amount of Funds Requested through Support Option A (in €)***(Please keep in mind that funding for any one proposal is capped at €5,000)* |  |
| **Breakdown of Costs covered through this Support Scheme (estimate in €)***Kindly provide an estimated breakdown of costs such as, the amount you plan to use on consultant fees etc. It is advisable that in the case of consultant’s fees, forecasted costs and expenses are based on recent quotations.*

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**For Option B**

Application to recruit a pitch coach in preparation for the short and/or full application stage.

**Note:** The activities have to be implemented within twelve (12) months, which period shall run from the starting date on the grant agreement.

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| **Select option** |
| **EIC Accelerator Open** |  |
| **EIC Accelerator Challenges** |  |

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| **Proposed Pitch Coach Details:** *(Please include details of the contact person from the entity proposed for the proposal development)* |
| **Contact Details** | **Name:** | **Designation:** |
| **Email:** |
| **Address:** | **Tel. No.:** |
| **Mob. No.:** |

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| **Proposed Pitch Coach Details:** *(Please include details of the contact person from the entity proposed for the proposal development)* |
| **Contact Details** | **Name:** | **Designation:** |
| **Email:** |
| **Address:** | **Tel. No.:** |
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| **Proposed Pitch Coach Details:** *(Please include details of the contact person from the entity proposed for the proposal development)* |
| **Contact Details** | **Name:** | **Designation:** |
| **Email:** |
| **Address:** | **Tel. No.:** |
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| **Proposed Project title:** |
| **Intended submission deadline:** |

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| **Describe the innovativeness of the proposed project idea (project brief) with proof of having a technology with TRL Level 5 or above.***In this section you are required to present your technology and innovation. Make sure that the innovative aspect of your project is clear, and describe the excellence such that your product, process or service is disruptive in the market(s) of interest, and that it has the potential to change the dynamic of the market and possibly to address a societal challenge (max. 1000 words) (Weighting: 35%)* |
|  |
| **Business and Market Potential of your Product.***Describe the targeted users or customers of the innovation, how their needs may be addressed, why the users or customers identified will want to use or buy the product, service or business model, including compared to what is currently available. Indicate total potential market size and growth-rate, competitors and competitive offerings, key stakeholders, clear identification of opportunities for market introduction (max. 1000 words) (Weighting: 35%)* |
|  |
| **Track record of the proposed pitch coach and relevance to project.***Please include track record of pitch coaches including track record in coaching senior management, track record in coaching organisations and business leaders, experience with both established and start-up organizations and relevance of pitch coaches in supporting the EIC project. (max. 1500 words) (Weighting: 30%)* |
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| **Total Amount of Funds Requested through Support Option B (in €)***(Please keep in mind that funding for any one proposal is capped at €2,000)* |  |
| **Breakdown of Costs covered through this Support Scheme (estimate in €)***Kindly provide an estimated breakdown of costs such as, the amount you plan to use on consultant fees etc. It is advisable that in the case of consultant’s fees, forecasted costs and expenses are based on recent quotations.*

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**For Option C:**

Development and submission of a Full EIC proposal by engaging the services of proposal writer/s or consulting services of proven track record in proposal writing/consulting in the EIC.

**Note:** *The activities have to be implemented over twelve (12) months period from the period of date of notification and invitation to submit a full proposal from the EIC Agency.*

*The application for Option C has to be submitted to MCST by not less than 5 months within the (12 months) deadline stipulated by EIC Agency for Full Application submission.*

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| **Proposed Consulting/Proposal Writer Entity Details:** *(Please include details of the contact person from the entity proposed for the proposal development)* |
| **Name of Consultancy Firm** |  |
| **Contact Details** | **Name:** | **Designation:** |
| **Email:** |
| **Address:** | **Tel. No.:** |
| **Mob. No.:** |

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| **Proposed Consulting/Proposal Writer Entity Details:** *(Please include details of the contact person from the entity proposed for the proposal development)* |
| **Name of Consultancy Firm** |  |
| **Contact Details** | **Name:** | **Designation:** |
| **Email:** |
| **Address:** | **Tel. No.:** |
| **Mob. No.:** |

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| **Proposed Consulting/Proposal Writer Entity Details:** *(Please include details of the contact person from the entity proposed for the proposal development)* |
| **Name of Consultancy Firm** |  |
| **Contact Details** | **Name:** | **Designation:** |
| **Email:** |
| **Address:** | **Tel. No.:** |
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**For Option C**

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| **Select option** |
| **EIC Accelerator Open** |  |
| **EIC Accelerator Challenges** |  |

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| **Proposed Project title:** |
| **Intended submission deadline:** |

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| **Track record of the proposed proposal writer/s or consulting service provider.***Please include a list of EIC Accelerator projects that the service providers have supported in the past. Services providers with successful proposals/projects will be favourably considered. (max. 1500 words) (Weighting: 50%)* |
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| **Include also a coaching plan with specific activities and objectives** *(max. 1000 words) (Weighting: 50%)* |
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| **Total Amount of Funds Requested through Support Option C (in €)***(Please keep in mind that funding for any one proposal is capped at €10,000)* |  |
| **Breakdown of Costs covered through this Support Scheme (estimate in €)***Kindly provide an estimated breakdown of costs such as, the amount you plan to use on consultant fees etc. It is advisable that in the case of consultant’s fees, forecasted costs and expenses are based on recent quotations.*

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| **Item** | **Description** | **Total Cost inclusive of VAT (€)** | **Total Eligible Cost Exclusive of VAT****(€)** |
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**SECTION THREE: DECLARATION BY APPLICANTS**

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| **Declaration by Private Entity:** |
| **I confirm that:**The information given on this form is accurate to the best of my knowledge. I understand that if it is later established that I misrepresented myself and I am not eligible for this Scheme then I will be required to pay for the services received. | I agree |
| I accept and confirm that the personal data and project/activities proposal content information can be passed on to the Malta Council for Science and Technology to be used solely for the purposes of administering, processing, and reviewing of the application. | I agree |
| I accept and confirm that the personal data and proposal content information can be shared with third parties i.e. the Partner Organisation/s with whom I will be carrying out this project, solely for scope of the carrying out of the said project/activities, and that any misuse of the data or provision of data to parties outside this agreement will incur legal action.  | I agree |
| **For Option A:** |
| I confirm that my intention is to submit an EIC proposal for the short application stage, and submit proof of submission as well as the short application proposal to MCST by no later than the next EIC cut-off date after the end of the grant period. | I agree |
| I confirm that in the event of successful submission and shortlist to the full application stage, I am expected to submit a full proposal to the EIC and submit evidence of submission and a copy of the proposal to MCST no later than 30 days after submitting the full application. | I agree |
| I confirm that the full CVs of the business coaches have been attached to this application form. | I agree |
| I confirm that I will share an advanced draft digital copy of the EIC project proposal to the Framework Programme Unit at MCST for their review. This shall be sent by no later than one (1) month before the intended submission of the proposal to the EIC. | I agree |
| I confirm that I will submit timesheets, a coaching report as well as a 20-slide Investor Deck covering key elements of the business plan including the problem/solution, value proposition, technology, business model, go-to-market, team and financial plan no later than one (1) month after the end of the grant period. Failure to do so will bar me from requesting reimbursement. | I agree |
| **For Option B:** |
| I confirm that my intention is to submit an EIC proposal for the short application stage, and submit proof of submission as well as the short application proposal to MCST by no later than the next EIC cut-off date after the end of the grant period. | I agree  |
| I confirm that in the event of successful submission and shortlist to the full application stage, I am expected to submit a full proposal to the EIC and submit evidence of submission and a copy of the proposal to MCST no later than 30 days after submitting the full application. | I agree  |
| I confirm that the full CVs of the pitch coaches have been attached to this application form. | I agree |
| I confirm that I will share an advanced draft digital copy of the EIC project proposal to the Framework Programme Unit at MCST for their review. This shall be sent by no later than one (1) month before the intended submission of the proposal to the EIC. | I agree |
| I confirm that I will submit timesheets, a pitch-deck of up to 10 slides and a video pitch of up to 3 minutes with the core members of the team no later than one (1) month after the end of the grant period. Failure to do so will prohibit me from requesting reimbursement. | I agree |
| **For Option C:**  |
| I confirm that my intention is to submit an EIC proposal for the full application stage, and submit proof of submission as well as the final proposal to MCST by no later than the next EIC cut-off date after the end of the grant period. | I agree |
| I confirm and attached proof to this application form of having received positive evaluation from the European Commission and invited to submit a full proposal to the EIC Accelerator. | I agree |
| I confirm that the full company profiles/consultants have been attached to this application form. | I agree |
| I confirm that I will share an advanced draft digital copy of the EIC project proposal to the Framework Programme Unit at MCST for their review. This shall be sent by no later than one (1) month before the intended submission of the proposal to the EIC. | I agree |

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| **Signature of the Applicant:***The applicant needs to have sufficient authority to ensure the adequate degree of commitment and support for the activities.* | **Date:****Sign:** |

**N.B. All applicants are kindly asked to fill in the State Aid form which is marked Appendix 1 on a separate attachment.**