APPLICATION FORM FOR FORESEA ACCESS

*(max. 10 pages long; include any supporting documentation as an attachment to this form. Refer to* **Rules and Conditions** *for definitions of terms)*

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| **Project acronym** | |
|  | |
| **Project title (***max 255 characters including spaces***)** | |
|  | |
| **Applicant details** | |
| **Family name:** | |
| **First name:** | |
| **Gender:** | |
| **Nationality:** | |
| **Phone:** | |
| **Email:** | |
| **Institution name:** | |
| **Institution acronym:** | |
| **Position in Institution:** | |
| **Institution type (***e.g., SME, MNC, Research, Higher Education,…***):** | |
| **Institution postal address:** | |
| **Institution country:** | |
| **Institution web address:** | |
|  | |
| **Test site for which you are applying for access** | |
| **1st Choice:** | |
| **2nd Choice:** | |
| **3rd Choice:** | |
|  | |
| **Is this your first application to FORESEA?** | |
| No Yes | |
| **If No, please give details (***max 200 words***):** | |
| **Eligibility** | |
| **If your Institution is not established in the country of the test site listed as your 1st choice, or in the NWE region, you may need a subsidiary or branch; do you require assistance to set this up?** | |
| No Yes | |
| **If Yes, please give details (***max 200 words***):** | |
| **Please confirm that you are willing to disseminate findings from your project and to give due publicity to Interreg funds received (***please see* Rules and Conditions *for details***)** | |
| No Yes | |
| **If No, please give details (***max 200 words***):** | |
| **Please confirm that the Institution you work for is in good financial standings, have sufficient liquidity to carry out the work proposed, is financially autonomous and is solvent (***proof may be required at a later stage***)** | |
| No Yes | |
| **If No, please give details (***max 200 words***):** | |
| **Please confirm that the Institution you work for is willing to engage in an access contract if selected for funding, which may imply becoming sub-partner of an Interreg NWE project (***please see Rules and Conditions for details, or contact the Access Coordinator***)** | |
| No Yes | |
| **If No, please give details (***max 200 words***):** | |
| **Please confirm you have discussed the project with your 1st choice test site (***please see Rules and Conditions for details***)** | |
| No Yes | |
| **If Yes, please give a brief summary of any relevant outcome of that discussion (***max 200 words***):** | |
| **Project details** | |
| **Description (***max one page, including images***)** | |
| **Provide a description of the proposed test or validation** | |
| **List of objectives (***max half page***)** | |
| **Concise list of the objectives to be achieved** | |
| **Schedule** | |
| **Number of units of access requested (***multiple or submultiple of years***)** | |
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| **Suggested start date** | |
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| **Provide details of your testing plan, including any major timing constraints (***e.g., times when you will be unable to test within the testing period requested***)** | |
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| **Specific requirements (***max one page; list and short description of special technical requirements, vessel type, ideal period of testing, …***)** | |
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| **Current status and risks** | |
| **What is the current TRL of your device?** | |
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| **What are the major risks your plan presents in terms of delays, if any?** | |
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| **Are you able to provide evidence that the device is suitable for deployment in a test site in the course of this project? (***for example, for moored surface devices, whether an inspection by a Marine Surveyor has been carried out, third party validation of conformance to relevant standards, summary of results of testing at a lower TRL, etc.***)** | |
| No Yes | |
| **Please give details (***max 400 words***):** | |
| **Financial details** | |
| **Please provide details of your financial plan for the proposed test or validation (***schedule, origins of funds, steps taken to secure them, current status of any other grant you have applied for***):** | |
|  | |
| **Are you receiving other public funds (local, regional, national or European) to develop your device? (***including activities other than Test and Validation – See* Rules and Conditions**)** | |
| No Yes | |
| **If Yes, please give details (***max 200 words; purpose, origin, amounts***):** | |
| **Impact** | |
| *(please provide the information requested below, where applicable)* | |
| **Number and details of adopted or applied Low Carbon Technologies, or related technologies, that would benefit from support from the FORESEA programme (***e.g., devices, sub-systems, components, supply chain products or services, sensors, etc.* **)** | |
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| **Number of other companies or research institutions collaborating in your FORESEA project (***please include name, skills/services and country***)** | |
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| **Number of companies (yours included) for which access to the FORESEA programme would mean support to “new to the market” device, component, product, supply chain process or service** | |
|  | |
| **Estimated amount of leveraged funds (***see* Rules and Conditions *for details***)** | |
|  | |
| **Please provide your views on the impact of the proposed test or validation in supporting low carbon technologies (***max. one page***)** | |
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| **Project Team** | |
| **Please describe your team and/or consortium; provide short *bios* of the key personnel** | |
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| **Dissemination and Exploitation** | |
| **Please provide an indication of how and what you intend to produce as scientific and/or other output as a result of an eventual FORESEA Support Package** | |
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| **List of attachments, if any** | |
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|  | |
| **Declaration** | |
| *I confirm that the information in this application form is correct at the time of submission and I understand and accept that any part of it found to be incorrect may be sufficient to invalidate the application.* | |
| **Name:** | **Signature:** |
| **Position:** |  |
| **Email:** | |
| **Submitted on:** | |