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| Logo, company name  Description automatically generated | **Application Form** | A picture containing text  Description automatically generated |
| * This application form must be completed and sent to IBBL [Codex4SMEs@ibbl.lu](mailto:Codex4SMEs@ibbl.lu) by:   + **July 11th, 2023 until 12:00 noon CEST.** * Please complete the application form as exhaustively and accurately as possible. * For questions related to completing this form, please contact: [Codex4SMEs@ibbl.lu](mailto:Codex4SMEs@ibbl.lu) | | |

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| **Submitted by (Name):** | Name & Surname (*this is the person who will receive all the official communications about the programme)*:  Title:  E-Mail:  Telephone Number:  Co-applicant(s) (if applicable): |
| **Organisation and Address:**  **Type of organisation** | Name of Organisation:  Department:  Address:  Country: |

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| **Personal data processing** | *Codex4SMEs is an Interreg NWE project, which will support European SMEs in the growth area of Personalised Medicine. The aim of this project is to build a transnational network to accelerate the development of (companion) diagnostics throughout the whole value chain for SMEs in your country and in other European countries.*  *All information will be treated with the utmost confidentiality. The Codex4SMEs expert group will sign a contract (rules of procedure), protecting information and data gained from the applicants during the application and evaluation processes. Please check the consent box below according to your preferences.*  **I confirm that the company named above meets the** [**SME definition**](https://ec.europa.eu/growth/smes/sme-definition_en) **of** **the EU Commission.**  **I have the right to give out information regarding this/these biomarker/s candidate(s)**  **I am authorized to submit this application on behalf of my institution/company**  **I hereby consent to the completeness and accuracy of information given in this application as well as all documents**  **I approve the storage and processing of transmitted personal information and data in accordance with the EU General Data Protection Regulation**  **I agree to provide the Codex4SMEs partner with a short report about the results of the Action within one month after the end of the Action (The recipient will use and fill in a dedicated reporting template provided by the Codex4SMEs partner).** |
| **Name, date and signature** |  |

## Codex4SMEs Services - Interactive online seminars on biomarker validation topics

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| **Select an expert from BBMRI.be and/or Strategiqual for a 30 minutes 1:1 meeting** | Expert from BBMRI.be, Belgium  Expert from Strategiqual  Note: The 1:1 meetings are arranged on an individual basis between the expert and the SME. |
| **1:1 meeting with IBBL** | If you want to receive tailored coaching for strategic biomarker development from IBBL experts, please apply for a [Consultancy Service on specific biomarker topics](https://www.nweurope.eu/media/16668/codex4smes_service-catalogue_biomarker-consultancy-ibbl.pdf). |

## De-Minimis self-declaration

Please complete this declaration of previous State aid received under the [de-minimis rule](https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=LEGISSUM:l26121&from=EN). Using this information we will assess your eligibility to receive assistance. Please note that having received previous aid under the de-minimis Regulation does not automatically disqualify you from receiving further de-minimis aid from the North West Europe Programme. Please include any aid received, from national or EU sources, in this declaration.

Declaration

I, the undersigned, representing [enter organization name] and receiving aid within the framework of the project Codex4SMEs declare that:

the institution I represent and all other entities belonging to the same company group as my institution have not received any contribution falling under the de-minimis Regulation during the previous three fiscal years (this being the current fiscal year and the previous two fiscal years)

the institution I represent and all other entities belonging to the same company group as my institution have received the following contribution(s) falling under the de-minimis Regulation during the previous three fiscal years (this being the current fiscal year and the previous two fiscal years):

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| --- | --- | --- | --- |
| Beneficiary, project name and programme | Country granting the de minimis aid | Amount granted, in EUR | Date of granting |
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|  |  | **Total:** |

I acknowledge that untruthful/false declarations, in addition to the administrative sanctions and the request for refunding unduly received contribution charged with the interests, can also be prosecuted by the penal code.

