

Application for the Knowledge Transfer Service of Biobank Graz

green fields will be filled in by Biobank Graz

1. Project data

<input type="checkbox"/> New project	<input type="checkbox"/> Extension of project number
Date:	
Project number:	
Project title:	
Project leader:	
Project applicant: (Complete only if not identical with project leader)	
Department / Institution:	
Contact details: (Address, phone number, e-mail)	

2. Type of application

<input type="checkbox"/> Service portfolio
<input type="checkbox"/> Consulting and coaching
<input type="checkbox"/> Biobanking
<input type="checkbox"/> Specific training (see Knowledge Transfer Services Guidelines Service Portfolio)
<input type="checkbox"/> Specific Webinar request (please fill detailed Knowledge Transfer Service description)
<input type="checkbox"/> Other (please fill detailed Knowledge Transfer Service description)

3. Knowledge Transfer Service description

Detailed description of inquiry for Knowledge Transfer Service

4. Documents to be transmitted

Knowledge Transfer Service
<p>For the project to be further processed, all above mentioned points must be completed fully and all documents listed below have to be forwarded to Biobank Graz of the Codex4SMEs network:</p>
<p>✓ De Minimis declaration</p>
<p>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 (Cdx) throughout the whole value chain for SMEs in your country and in other European countries.</p> <p>All information will be treated with the utmost confidentiality.</p> <p>I hereby consent to the completeness and accuracy of information given in this application as well as all documents. Furthermore, I approve the storage and processing of transmitted personal information and data in accordance with the EU General Data Protection Regulation (GDPR).</p> <p>----- Signature project leader</p> <p>----- Place, Date</p>

De Minimis self-declaration

Please complete this declaration of previous State aid received under the *de minimis* rule. 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 _____ 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):

Beneficiary, project name and programme	Country granting the <i>de minimis</i> aid	Amount granted, in EUR	Date of granting
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.

Signature _____

Date _____

Name and function of the person signing for the beneficiary: _____
(and official stamp of the project partner where applicable)