



DIGICALL

“WE HELP TO IMPLEMENT DIGITAL SOLUTIONS”

APPLICATION FORMS

Version1

25/01/2021

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# DIGICALL - APPLICATION FORMS

## APPLICATION FORM

|  |  |
| --- | --- |
| APPLICANT DATA | |
| Full name in English |  |
| Full name in national language |  |
| Short name in English |  |
| Short name in national language |  |
| Tax number |  |
| Registration number |  |
| Address |  |
| Legal representative |  |
| Position |  |
| Phone number |  |
| E-mail address |  |

|  |  |
| --- | --- |
| CONTACT DATA / CONTACT PERSON | |
| Name and surname |  |
| Position |  |
| Phone number |  |
| E-mail address |  |

|  |
| --- |
| SIZE OF THE APPLICANT (in accordance with EU regulation 651/2014/EU) – choose one |
| ☐ Micro enterprise |
| ☐ Small enterprise |
| ☐ Medium-sized enterprise |

|  |  |  |
| --- | --- | --- |
| PARTICIPATION IN OTHER IMPROVE! PROJECT ACTIVITY | | |
| Participating in InfoDay | ☐ Yes  ☐ No | *If yes, please specify:* |
| contacting related to the business cases | ☐ Yes  ☐ No | *If yes, please specify:* |
| Direct communication with contact points | ☐ Yes  ☐ No | *If yes, please specify:* |
| Other | ☐ Yes  ☐ No | *If yes, please specify:* |

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| APPLICANT'S INTRODUCTION (up to 500 characters)  *Please provide a brief outline of the company, you may wish to include some of the following: sector, customers, how long the company is established, how many employed, main products and main market(s).* |
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| --- | --- |
| PILOT PROJECT INFORMATION | |
| Pilot project name |  |
| Pilot project acronym |  |
| **PROJECT CONTENT – CHALLANGES AND SOLUTIONS** (up to 2000 characters)  *Please, describe what specific challenges you are encountering and point out the proposed solution to this challenge or the improvement that you want to implement as part of the proposed pilot project.* | |
|  | |

Please, tick the selected service(s):

|  |  |
| --- | --- |
| **Production** | |
| 3D scanning |  |
| 3D modeling |  |
| 3D printing alloys |  |
| 3D printing ink jet |  |
| 3D printing polymer |  |
| Prototyping, reverse engineering |  |
| 3D animaition |  |
| SCADA/MESS |  |
| Product Development by business model canvas |  |
| **Engineering** | |
| Topology optimization |  |
| CAD (Computer Added Design) |  |
| Collaborative robotics |  |
| Business model |  |
| Mechatronic Engineering, simulation systems |  |
| **Software** | |
| AR – Augmented Reality |  |
| VR system – Assembly Eye |  |
| Cloud – Microsoft Azure |  |
| Payment systems |  |
| Usability testing |  |
| Eye-tracking |  |
| Emotional Analysis |  |
| Digital marketing |  |
| Smart digital service |  |
| Innovation tools, models, integration |  |
| **AI/Machine learning** | |
| Customer data analysis processes |  |
| Unique algorithm solutions in data analysis |  |
| Segmentation processes |  |
| Data visualization |  |
| **Electronics** | |
| Electronics development |  |
| Industrial measurement technology and measurement automation |  |
| Sensors and actuators |  |
| IoT – Internet of Things |  |
| **Mixed solution of the above mentioned services**  *(in this case please, tick all services for what you want to apply)* |  |

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| **SUSTAINABILITY AND EXPLOITATION** (up to 1000 characters)  *Please briefly describe how the result of the pilot project will benefit your company. How do you expect to use the results and how will this benefit contribute to the business sustainability?* |
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|  |  |  |
| --- | --- | --- |
| Place and date | Stamp | Name and surname of the legal representative |
|  |  |  |
| Signature |
|  |

## DECLARATION BY THE APPLICANT

Legal representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (provide name and surname) of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provide full name of the applicant) declare that:

* We agree and accept all conditions stated in the open call.
* In case of a successful candidature at the open call, we agree to publishing the information from the application forms and the final report for the purpose of informing the public and other institutions responsible for monitoring the implementation of the IMPROVE! project under the Interreg V-A Austria-Hungary Cooperation Programme 2014-2020.
* The application is prepared in GERMAN / HUNGARIAN / ENGLISH language *(Please, underline the appropriate language)*.
* All statements given in this application are true and correspond to the actual situation
* In accordance with Annex I of Regulation 651/2014 / EU, we do not count as a large enterprise
* We are not in equity or in any other way proprietary or management related to the IMPROVE! project partners.
* We apply to this open call with only one application.
* We are aware that we are responsible for achieving the objectives of the pilot project.

|  |  |  |
| --- | --- | --- |
| Place and date | Stamp | Name and surname of the legal representative |
|  |  |  |
| Signature |
|  |

## DE MINIMIS DECLARATION

Name of the applicant in national language: ...............................................................

ATHU118 IMPROVE! project supported in the frame of Interreg V-A Austria-Hungary Program offers services for the selected SMEs.

As legal representative of the above mentioned company which uses (is wishing to use) services offered in the frame of the project

I hereby declare that:

|  |  |
| --- | --- |
|  | The organisation I represent and all other entities belonging to the same group of interest have not receives any de minimis aid in the last three fiscal years (this means the current and the two previous fiscal years). |

|  |  |
| --- | --- |
|  | The organisation I represent and all other entities belonging to the same group of interest has received the following *de minimis aid in the last three fiscal years (this means the current and the two previous fiscal years):* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Supporting organization | Member State | Contact of the supporting organization | ID of the supported project | Amount of subsidy | Date of the supporting decision |
|  |  |  |  |  |  |  |
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I hereby certify that the information contained in the declaration is true and I take full responsibility for it.

|  |  |
| --- | --- |
| Date:  Place: | ............................................................  Signature of the company’s authorized representative |