**SCF application Form**

**Call No. 6**

*Instructions to fill in the form are highlighted in blue. These can be deleted in the final application.*

**SCF Call deadline:** *16th January 2015, 15:00*

*Specify the exact SCF Call by stating the date of the deadline of the Call*

**Project:** [ acronym - xCzz ] [ project title]

|  |
| --- |
| Description: [short description] [...] *Please give title of project proposal followed by an acronym in () as mentioned in the call text (in case the proposal is related to a specific topic mentioned in the call. If not, use your own wording)* |

|  |
| --- |
| **Summary Info****Responsible:** [name]**Contacts:** E-mail: [email@domain.cy] Tel: [phone number]**Organisation:** [name]**Expected work period:** Start date:dd/mm/yyyyEnd date: dd/mm/yyyy**Budget (EUR): Total:** [...] **SCF Grant requested:** [...]  |

*Please include summary information as requested.*

**Applicant(s):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Institution/company | Contact person | Address | E-mailaddress | Phone number | Comment |
| 1 | [name] | [name] |       | [email@domain.cy] | [phone number] | Coordinator |
| 2 | [name] | [name] |       | [email@domain.cy] | [phone number] |       |
| 3 | [name] | [name] |       | [email@domain.cy] | [phone number] |       |
| VAT number (coordinator only):  | [...] |

*List the participants (name of institution/company) in the project proposal. Give contact persons and contact details (address, e-mail and phone number) for all participants. Give VAT registration number for responsible coordinator (participant No 1). Please note that responsible coordinator will be in charge of the communication with the SCF Secretariat and for the due administrative procedures, including payments and reporting.*

**Main objectives of the project:**

|  |  |
| --- | --- |
| a) |       |
| b) |       |
| c) |       |
| d) |       |

*Summarise the main objectives of the project. Add lines if needed.*

Expected impact:

*Identify impact on structural market development (what will the project do/give to the market)*

**Target groups:**

|  |  |
| --- | --- |
| a) |       |
| b) |       |
| c) |       |
| d) |       |

*Indicate who will benefit from the project outcomes and how*

**Relation to certification / standardisation / quality assurance in general / other:**

*Describe how the project relates to any or several of these topics. Please indicate also if the project is following-up or related to other projects (co-funded by SCF/European/National funds)*

**Work plan:**

*Describe the work to be done - work can be grouped in several work packages.*

**Deliverables and results:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Short description | Due Date |
| D1 |       |       | dd/mm/yy |
| D2 |       |       | dd/mm/yy |
| D3 |       |       | dd/mm/yy |
| D4 |       |       | dd/mm/yy |
| D.. |       |       | dd/mm/yy |
| … |       |       | dd/mm/yy |

*Comments/Clarifications regarding deliverables and results:*

*Provide clarification or further detail regarding the proposed deliverables or results, if deemed necessary.*

**Budget (in EUR):**

*Please list resources needed / hours / hardware / software / travels / other (budget in hours and EUR - and per participant) - and specify the funding requested from SCF - use table below:*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Part.. | Hardware & software | Travel costs | Other expenses\* | Staff (person-hours) | Total staff costs | Total | Funding requested from SCF | Other financing \*\* |
| 1 |       |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |       |
| **TOTAL** |  |  |  |  |  |  |  |  |

*\*) Please specify “Other expenses”: (e.g. subcontracting, print of brochures..)*

*\*\*) Please specify “Other financing”: (e.g. self-financing, other source of financing, …); in case of other source of financing please describe the scope and attach draft agreement with this source (to be signed before final approval of the application)*

*Comments/Clarifications regarding the budget:*

*Provide clarification or detail on the budget items described above, if deemed necessary.*

**Timeline:**

Expected work period: Start date: dd/mm/yyyyEnd date: dd/mm/yyyy

*Indicate the duration of project.*

|  |  |  |
| --- | --- | --- |
| **Year** | **n** | **n+1** |
| ***Months*** | ***03*** | ***04*** | ***05*** | ***06*** | ***07*** | ***08*** | ***09*** | ***10*** | ***11*** | ***12*** | ***01*** | ***02*** | ***03*** | ***04*** | ***05*** | ***06*** | ***07*** |
| Deliverables (write down D1, D2, etc in this line, under the respective month) |  |  |  |  |  |  |  |  |  | D1 |  |  |  |  |  |  |  |
| Phases and milestones | If possible and convenient indicate also phases and milestones (consider the need for quarterly updates to be provided to the SCF). |
|       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

*Only if deemed necessary, provide clarification on the proposed timeline.*

**Short background information on proposer(s):**

*Give short background (a few lines) why you/your group has specific knowledge on the suggested topic. More detailed information on proposer(s) can be given in CVs in Annexes.*

**Date of application:**

dd/mm/yyyy

*Give date of application*

**Annexes:**

*Indicate list of annexes attached - could be:*

* *CVs: (max. 1 page each*
* *company / proposer’s profile including list of references: Max. 3 project references*
* *List of publications: Max 3 publications*

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| --- |
| ***Note on filename & format:*** *The complete proposal (including the annexes) has to be submitted by email as ONE PDF File. Syntax filename: AcronymProposal\_AcronymProposer.PDF*  |