

## PRELIMINARY BUSINESS/PROJECT PROPOSAL

|                               |   |                            |  |  |             |             |
|-------------------------------|---|----------------------------|--|--|-------------|-------------|
| <b>Name of Institution</b>    |   |                            |  |  |             |             |
| <b>Department</b>             |   |                            |  |  |             |             |
| <b>Address</b>                | <b>Street and No</b>  |                            |  |  |             |             |
|                               | <b>City and Zip code</b>  |                            |  |  |             |             |
|                               | <b>Country</b>  |                            |  |  |             |             |
|                               | <b>Tel./Fax</b>   |                            |  |  |             |             |
|                               | <b>E-mail/web site</b>  |                            |  |  |             |             |
| <b>Type of institution</b>    | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> University Organization</div> <div style="width: 33%;"><input type="checkbox"/> Research Institute</div> <div style="width: 33%;"><input type="checkbox"/> Int'l</div> <div style="width: 33%;"><input type="checkbox"/> Consultancy</div> <div style="width: 33%;"><input type="checkbox"/> Public Administration</div> <div style="width: 33%;"><input type="checkbox"/> Large Industry</div> <div style="width: 33%;"><input type="checkbox"/> SME</div> <div style="width: 33%;"><input type="checkbox"/> Other: .....</div> </div> |                            |  |  |             |             |
| <b>Additional information</b> | <b>Established</b>  | <b>Number of employees</b> | <b>Experience in international co-operation</b>          | <b>Approx. turnover in thousands of Euro</b> |             |             |
|                               |   |                            |  | <b>2011</b>                                  | <b>2012</b> | <b>2013</b> |
|                               |   |                            | <input type="checkbox"/> yes <input type="checkbox"/> no |  |             |             |