

Call for Start-up Actions

Proposal Submission Form

*Please keep proposals short: max. 10 pages (including existing titles and instructions, using the present fonts and font size).*

*The Terms of Reference can be retrieved from the following web page:*

[*http://www.bluemed-initiative.eu/wp-content/uploads/2018/05/BLUEMED-SuA\_ToR.docx*](http://www.bluemed-initiative.eu/wp-content/uploads/2018/05/BLUEMED-SuA_ToR.docx)

1. Title (and optional abbreviation/acronym)

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# Keywords

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1. Abstract (max. 400 words)

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# Applicants & their affiliation(s)

*[Please list individuals below, indicating their role in the activity and the legal entities employing them. Please note: proposals need to be submitted by a chosen Coordinator on behalf of at least three legal entities from at least two different EU Member States* ***and*** *one legal entity from a non-EU state, i.e. a minimum of four partners.]*

*[Please also fill in the summary table below, adding any rows as required]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant | Country | Organisation | Role | Contact details |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |

# Contact person(s)

*[Please specify contact email address(es) and telephone number(s) of the person(s) to whom any questions should be addressed and who should be informed of the outcome of the call]*

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# Description of partners and partnership

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# Foreseen participants (other than those listed under Section 4)

*[Applicants are expected to invite experts to participate; please refer to Terms of Reference for details]
[Please fill in the indicative table below, adding any rows as required]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Organisation | Country | Contact details | Participation status  |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
|  |  |  |  | Choose an item. |
| *Total number of participants (other than those already listed under Section 4):* |  |  |
| *Total number of participants (including those listed under Section 4):* |  |  |

# Description of Topic, Objectives, and Outcomes

*[Well-defined and structured outcomes are required (e.g. feasibility or foresight study, business plan, report)]*

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# Relevance to BLUEMED Objectives and Priorities[[1]](#footnote-1)

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# Concept and Methodology

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# Ambition and Impact

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# Links/synergies/added value with respect to existing programmes or projects

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# Tentative programme/schedule and timeline[[2]](#footnote-2), including date(s), preferred venue(s) and hosting organisation(s)

*[Activities should preferably be carried out in 2018-2019. Please justify any exemption request below.]*

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# Budget description

# *[Kindly fill in the tables below.]*

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| **Tentative budget** |
| Travel Costs |  |
| Subsistence Costs |  |
| Costs related to the organisation of the meetings/workshops (venue, equipment, catering) |  |
| Dissemination material[[3]](#footnote-3) |  |

|  |
| --- |
| **Other potential funding[[4]](#footnote-4)** |
| Amount | Funding Source | Level of Funding  | Status |
|  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. |

1. Kindly refer to the BLUEMED Strategic Research and Innovation Agenda: <http://www.bluemed-initiative.eu/wp-content/uploads/2017/09/BLUEMED-SRIA_Update_final.pdf> [↑](#footnote-ref-1)
2. If you wish to include a Gantt Chart, kindly include it here. [↑](#footnote-ref-2)
3. Please refer to Terms of Reference for eligible costs. [↑](#footnote-ref-3)
4. Kindly include any In-kind Contributions here (e.g. a free meeting venue). [↑](#footnote-ref-4)