				CM:	EU
	1. General Infor	rmation			
1.1 Acronym					
(Do not exceed 20 characters)					
1.2 Title	(Do not exceed 120 characters)  (Do not exceed 240 characters)				
1.4 Main Technological Area	1. Medicine, Biotechnology, Health and H Organization; 2. Agriculture and science 3. Application information tech to education scientific research 4. Environment, Treatment; 5. New energy sou oil alternatives an exploitation of na resources;	ospital  Food  of nology and Water  rces, d	7	Commun Software Security Space ar Observa	on es; tion ogy, Data nications, e, Cyber ; nd Earth tion; er area of
1.5 Budget and Duration	Definition Phase	Budget (Milions of EUI	RO)	Duration From	
1.5 Duuget and Duradon	Implementation Phase Total				
1.6 Estimated start date o		Contrib	oution	ı (%)	
1.7 Country Contribution	IT: IL:				

# 2.1 Description (at most one A4 page) 2.2 Technological Development Envisaged (at most one A4 page) 2.3 Market Application and Exploitation (at most one A4 page)

### 3. Main Italian Participant

5. Wami Tanun I di Gelpunt						
3.1 Organisation Name						
Full Name						
Parent Organisation						
Annual Turnover (US \$) Or Annual Balance sheet						
	3.2. Organisation Addre	ess / Switchboard				
Street	J			Nr:		
		G:		INI.		
Postal Code		City				
Province (Region)		Country				
Telephone		Fax				
	3.3. Contact Per	son Data				
Last Name		First Name				
Function		Title				
Direct Telephone		Fax				
E-mail		12 112				
E-man						
	3.4. WWW Ho	me Page				
	_					
	3.5 Participant Ide					
Type of Organisation	Large Company Sm Research Institute Sen	nall/Medium Size C		Jniversity Other		
Type of Organisation	Research institute Ser	ivice i iovidei	_`	Juici		
	3.6 Contribution to	the Project				
	3.7 Expert	tise				

4. Main Israeli Participant					
	4.1 Organisation Na	mo			
	4.1 Organisation Na	ine			
Full Name					
Parent Organisation					
Annual Turnover (US \$) Or Annual Balance sheet					
	4.2. Organisation Address / S	Switchboard			
Street			Nr:		
Postal Code		City			
Province (Region)		Country			
Telephone		Fax			
	4.3. Contact Person I	<b>Data</b>			
Last Name		First Name			
Function		Title			
Direct Telephone		Fax			
E-mail					
	4.4. WWW Home P	age			
	450 (11 (10	4.			
	4.5 Participant Identification Large Company Small/M		Company University		
Type of Organisation	Research Institute Service	Provider	Other		
	4.6 Contribution to the	Project			

4.7 Expertise

### 5. Additional Italian Participant

(If there are more "additional participants", please duplicate this page.)

	5.1 Organisat	tion Name	
Full Name			
Parent Organisation			
Annual Turnover (US \$) Or Annual Balance sheet (if participant is a Company)			
	5.2. Organisation Add	lress / Switchboard	
Street	organisation radi	itess / Switchbould	Nr:
Postal Code		City	·
Province (Region)		Country	
Telephone		Fax	
	5.3. Contact P	erson Data	
Last Name		First Name	
Function		Title	
Direct Telephone		Fax	
E-mail			
	5.4. WWW H	Iome Page	
	5.5 Participant I	<b>Identification</b>	
Type of Organisation	Large Company S Research Institute S	Small/Medium Size ( Service Provider	Company University Other
	5.6 Contribution	to the Project	
	5.7 Expe	ertise	
	•		

### 6. Additional Israeli Participant

(If there are more "additional participants", please duplicate this page.)

	(1 Owners	Atom Nome	
	6.1 Organisa	ation Name	
Full Name			
Parent Organisation			
Annual Turnover (US \$) Or Annual Balance sheet (if participant is a Company)			
	6.2. Organisation Ad	dress / Switchboard	d
Street			Nr:
Postal Code		City	
Province (Region)		Country	
Telephone		Fax	
	6.3. Contact	Person Data	
Last Name		First Name	
Function		Title	
Direct Telephone		Fax	
E-mail			
	6.4. WWW	Home Page	
	6.5 Participant	Identification	
Type of Organisation	Large Company Research Institute		e Company University Other
	6.6 Contribution	n to the Project	
		<u> </u>	
	6.7 Exp	pertise	

	7. Project Identification			
7.1 Keywords				
9 Dalat	anghin with Dublic Funded Ducquammag			
	onship with Public Funded Programmes			
7.1 Is your project related to any National, Regiona or EU programme(s)	Yes No			
Remarks	Please elaborate:  1) if one/all of the involved companies previously received public funding – if yes list up which one receive funding sources and dates.  2) if this or a related R&D activity is presently or has been previously supported by any public funded source. If yes. Please indicate the respective funding schemes, supporting agency, amounts and dates.			
addition the participants have or	tend to co-operate within the project as described in both submission forms. In intend to put in place, a formal collaboration agreement.  espective national program coordinators with updates of this form whenever			
Co-s	signature of Main Italian Participant			
	Organisation name			
Full Name				
	Name of PERSON signing			
	Name of FERSON signing			
Last Name	First Name			
Function in Organisation				
Signature Legal representative	It is not possible to sign this form electronically!			
	Organisation name			
Full Name				
	NI			
	Name of PERSON signing			
Last Name	First Name			
Function in Organisation				
Signature Scientific Project Leader	It is not possible to sign this form electronically!			

Co-signature of Main Israeli Participant					
	Organisation name	9			
Full Name					
	Name of PERSON sign	ning			
Last Name		First Name			
Function in Organisation					
	It is not possible to sign this form elect.	ronically!			
Signature					
CEO					

Co-signature of Additional Participant  (If there are more "additional participants", please find more copies of this page at the end of this document.)  Organisation name					
	Organisation name  Name of PERSON signing  First Name  It is not possible to sign this form electronically!  Name of PERSON signing  First Name  Name of PERSON signing				
Last Name		First Name			
Function in Organisation					
Signature	It is not possible to sign this form	electronically!			
	Name of PERSON	signing			
Last Name		First Name			
Function in Organisation					
Signature	It is not possible to sign this form	electronically!			

## PREVENTIVO DI SPESA TRACK INDUSTRIALE ANNO 2017

(CCNL

applicato)

Ore

€

Costo persona/progetto

al lordo degli oneri

previsti dalla vigente

normativa (contributi

N.B. Si prega di esprimere le cifre secondo il seguente esempio:  $\in$  100.000,00

determinato/indeterminato/co.co.co, etc.

lavoro a tempo

Tipologia contrattuale Es.: contratto di

a) Costi ed elenco del personale

Il Responsabile Amministrativo

dott. ----FIRMA

Qualifica

N. unità

									previdenziali, assistenziali ed erariali)
1	Ing.								
2	Med.								
3									
Totale a)		€							
b) <b>Spese di v</b> i									
Indicare n. de	ı vıaggı							€	
Totale b)								€	
Elettronica:  Meccanica: Etc  Totale c)				€ € €	€ €				
d) Spese gene	erali di Amı	ministra	zione (MA	X 8 % del	budget to	tale)*			
Descrizione	DTI/AT	TI / A TIC	/ 1° .	.1.11.				€	
Spese notarili <b>Totale d</b> )	per K11/A1	11/A1S	(ove applic	abile)				€	
e) Consulenz	e (MAX 5%	2%)							
Descrizione	,	•						€	
Totale e)								€	
f) Totale co	osti del pro	ogetto a	)+b)+c)+d)	)+e) = bud	get della	parte itali	ana indicato	)	
nell'Applicat 50% di tali c	tion Form a osti.	al punt	o 1.7 II f	inanziamen	to non p	otrà essere	superiore a	l	
i costi indirett ntro il limite i						lati percenti	ualmente, con	l'applic	eazione di un'aliquota