



Proposal application form

*This template is to be used for preparing the full proposal. Please take careful note of these* ***instructions (in italics)*** *while preparing your proposal and delete when submitting it. “Proposal information” section of this file contains information you completed through the software, do not change it. You cannot submit a full proposal if you have not completed the pre-screening stage.* ***This template is ONLY a guide, the template to submit should be downloaded from*** [**https://apply.medphab.eu**](https://apply.medphab.eu)**.**

 **Page limit**: The **total limit for the whole proposal is 10 pages**. All tables, figures, references and any other element pertaining to the proposal must be included in this page limit.

 Once complete, save the file as a **PDF document**, upload and submit it through <https://apply.medphab.eu> Please note that you will no longer be able to make any changes in your application form once you click on **Submit**.

 **The following formatting conditions are required for the proposal:** Times New Roman, minimum font size 11, page size A4, all margins (top, bottom, left and right) at least 20 mm and at least single line spacing. Text elements other than the body text, such as headers, foot/end notes, captions, formula's, may deviate.

 **Evaluation criteria:** All the three sections of the proposal namely- **concept, implementation and impact** will be evaluated. Experts can score the sections on a scale from 0 to 5 (half point scores may be given):

**0** – Application fails to address the criterion or cannot be assessed due to missing or incomplete information.

**1** – **Poor**. The criterion is inadequately addressed or there are serious inherent weaknesses.

**2** – **Fair**. The application broadly addresses the criterion, but there are significant weaknesses.

**3** – **Good**. The application addresses the criterion well, but a few shortcomings are present.

**4 – Very good**. The application addresses the criterion very well, but a small number of shortcomings are present.

**5 – Excellent**. The application successfully addresses all relevant aspects of the criterion. Any shortcomings are minor.

**The threshold for individual section is 3 (out of 5) and the overall threshold is 10 (out of 15).** In order to be considered for support, the application must score above both individual and overall thresholds. Proposals exceeding the threshold points will be ranked using the following weighting ratios between different categories: 40% Concept, 10% Implementation and 50% Impact. About 700k€ of funding has been reserved for the 1st Open call round. The proposals with the highest scores in the ranking will be funded in the descending order.

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| Proposal information *Fill in the details of your proposal below.* |
| Title of proposal:  **Which MedPhab partner (s) has helped you with the proposal preparation?**  VTT Philips IMEC Jabil CSEM  Joanneum Research III-V lab Screentec Tyndall  Name of the lead coaching person from MedPhab Partner (s):  **Is this the first time that you submit your proposal? Yes/ No** |

1. Concept

*This section should cover how this Demo Case aligns to the MedPhab open call, the business needs, the technological challenge identified and your approach to innovation.*

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| Objective: *Provide a brief overview of the scope/objective of the demo-case and technological challenges to be overcome. Objective should be clear, measurable, realistic and achievable within the duration of the project. If possible quantify the target specifications of the demo-case.* |
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| Description of the proposed solution: *Provide a brief description of the final prototype part/demonstrator to be developed in collaboration with MedPhab (including a description of the functionalities, size, etc.). Give an estimate of how it will solve the challenges described above. Please describe the Technology Readiness Level (TRL) positioning of your proposed solution and the change from current state, e.g. from a laboratory verified component (TRL4) to demonstration in relevant environment (TRL6). Also describe the Manufacturing Readiness Level (MRL) positioning of your proposed solution and the change from current state.* |
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| Alignment with the services provided by MedPhab and the call: *How do MedPhab services help you solve the challenge described? Describe how this Demo Case integrates photonics-based technologies for medical devices offered by MedPhab into your product development?* |
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| Regulation, standardization and certification issues *Which regulatory requirements will be needed during and/or after the implementation of the demo case? Do you own any type of certification? Do you follow Quality Management Systems? Are there any potential ethical issues conceivable? Planning of regulatory compliant production can be included also a task*. |
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1. **Implementation**

*This section should include a draft outline of work activities, timeline, deliverables, milestones the team involved, any risks identified and their mitigation strategy, IP agreement between the involved parties and budget and planning of resources to be committed for the demo-case.*

**Work plan description:** *Please provide a description of the proposed work plan (key inputs, work packages, deliverables, key milestones and time schedule). Please mention the role played by the company in the tasks [if any].*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TASK |  | | | |
|  | Start date |  | End date |  |
| Partners/Company involved |  |  |  |  |
| Person Months |  |  |  |  |
| Task description  [Description with clear indication of who does what] | | | | |
|  | | | | |
| Key deliverables [D]- *This can be a report, hardware or a simulation result delivered by the partner to client (in most cases) or vice versa as the result of the task.* | | | | |
| D-## |  | | | |
| Key Milestones[M] | *List of key expected results to be achieved during the demo-case.*  *These will be part of the feedback report to be submitted to the Evaluation team for monitoring the progress of demo-case.*  Note that a M can only be scheduled at the end of a Task. | | | |
|  |  | | | |
| Decision Milestone (M) (Optional) – *A key intermediate result that is essential to achieve, for the continuation of the demo-case project. The budget to be spent before and after this DM should be stated clearly in the budget planning. This will help the ET in deciding/releasing the budget after the DM from EU demo-case funding.*  *A feedback report to the ET will state if the DM has been achieved or not. If not, why along with an updated plan of action for the demo-case for evaluation by ET.* | | | | |
| DM-1 |  | | | |

* for every task use the above task table

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| Team: Include details of the Demo Case delivery team (those who will be specifically required to work on it, including both MedPhab partners and from company side) and their job titles. Also include the details of the Service Delivery Manager (SDM) who will be appointed by MedPhab partner(s) involved to manage the delivery of the Demo case. |
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**Gantt chart**  *Include a Gantt chart showing the timeline of the different tasks, deliverables (D) and key milestones (M). Please use the template below. Task names and schedule are presented as examples.*



**Risk management**  *Provide the key technological, business, and managerial risks together with a mitigation strategy.*

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| **Description of risk** | **Task (s) involved** | **Proposed risk-mitigation measures** |
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* 1. IPR agreement

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| Background knowledge to be used in the project | |
| MedPhab Partner 1 |  |
| MedPhab Partner 2 |  |
| Company |  |
| Background knowledge excluded from the project | |
| MedPhab Partner 1 |  |
| MedPhab Partner 2 |  |
| Company |  |
| Ownership of foreground knowledge generated in the project | |
| MedPhab Partner 1 |  |
| MedPhab Partner 2 |  |
| Company |  |

* 1. Resources to be committed

*Please provide a brief description of the company and MedPhab resources you will allocate to the project. Provide a budget table (personnel costs, consumables, indirect costs, travel costs).*

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| --- | --- | --- | --- | --- | --- |
|  | Partner [1] | Partner [2] | Partner […] | Total [€] | Percentage of total cost |
| Number of person months |  |  |  |  |  |
| Personnel costs [€] |  |  |  |  |  |
| Other direct costs [€] |  |  |  |  |  |
| Indirect costs [€] |  |  |  |  |  |
| Total costs [€] |  |  |  |  |  |
| **In-cash contribution from**  **company [€]** |  |  |  |  |  |
| **Contribution from MedPhab [€]** |  |  |  |  |  |

|  |  |
| --- | --- |
| Company contribution in-kind | |
|  | person months |
| Task # |  |
| Task # |  |
| Total |  |

3. Impact

*This section describes the key outcomes of your Demo Case and the impact that your innovative product / series of products will have on the market. How do you propose to grow your business and increase your productivity into the long term as a result of the Demo Case?*

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| Commercialization and competitiveness: *How does the company plan to commercialize this innovation and bring the product to market? Describe how your final product will be competitive in the market.* | |
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| **Impact of MedPhab:** *Describe**the importance of MedPhab services. How MedPhab services can accelerate the product development and reduce the costs?* |
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| **Other expected impacts:***Please provide any other impacts, such as, societal, environmental, and economic impacts outside your company/organisation that can be expected. Show if possible, how the delivered Product Demonstrator will be beneficial across multiple industry sectors or markets? Impacts in the medical device photonics-based ecosystem. Highlight the specific services you would like to receive from MedPhab to leverage the impact of your Demo Case, e.g. coaching support on access to customers, access to further investment.* |
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