

Knowledge Transfer Service Application Form



Application for the Knowledge Transfer Service of Biobank Graz

S	green fields will be filled in by Biobank Graz			
1. Project data				
☐ New project	Extension of project number			
Date:				
Project number:				
Project title:				
Project leader:				
Project applicant: (Complete only if not identical with project leader)				
Department / Institution:				
Contact details: (Adress, phone number, e-mail)				
2. Type of application				
☐ Service portfolio				
☐ Consulting and coaching				
□ Biobanking				
☐ Specific training (see Knowledge Transfer Services Guidelines Service Portfolio)				
☐ Specific Webinar request (please fill detailed Knowledge Transfer Service description)				
☐ Other (please fill detailed Knowledge Transfer Service description)				
3. Knowledge Transfer Service description				
Detailed description of inquiry for Knowledge Transfer Service				



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4. Documents to be transmitted

Knowledge Transfer Service				
For the project to be further processed, all above mentioned points must be completed fully and all documents listed below have to be forwarded to Biobank Graz of the Codex4SMEs network:				
✓ De Minimis declaration				
Codex4SMEs is an Interreg NWE project which will support European SMEs in the growth area of Personalised Medicine. The aim of this project is to build a transnational network to accelerate the development of companion diagnostics (Cdx) throughout the whole value chain for SMEs in your country and in other European countries.				
All information will be treated with the utmost confidentiality.				
I hereby constent to the completeness and accuracy of information given in this application as well as all documents. Furthermore, I approve the storage and processing of transmitted personal information and data in accordance with the EU General Data Protection Regulation (GDPR).				
Signature project leader				



Declaration

Knowledge Transfer Service

Application Form



De Minimis self-declaration

Please complete this declaration of previous State aid received under the *de minimis* rule. Using this information we will assess your eligibility to receive assistance. Please note that having received previous aid under the *de minimis* Regulation does not automatically disqualify you from receiving further *de minimis* aid from the North West Europe Programme. Please include any aid received, from national or EU sources, in this declaration.

I, the undersigned, re the framework of the	. •		receiving aid within		
minimis Regulation	ution have not receiv	ved any contribution three fiscal years (tl	the same company falling under the de nis being the current		
the de minimis Re	ution have received	the following contrib previous three fiscal	the same company oution(s) falling under years (this being the		
Beneficiary, project name and programme	Country granting the de minimis aid	Amount granted, in EUR	Date of granting		
		Total:			
I acknowledge that untruthful/false declarations, in addition to the administrative sanctions and the request for refunding unduly received contribution charged with the interests, can also be prosecuted by the penal code.					
Signature		Date			
Name and function of	of the person signing f the project partner				