**Common Proposal**

**For TA CR-CRIAQ Bilateral Co-funding R&D Project**

*Please note that the information provided will be taken into account when evaluating the project proposal submitted by partner institution/enterprise to the 1st public call of the DELTA 2 programme of the Technology Agency of the Czech Republic and the Consortium for Research and Innovation in Aerospace in Québec (Québec).*

*Principal Applicant / Lead Organization from the both sides shall complete this Common Proposal in collaboration and submit each to the respective agency when submitting the proposal package.*

|  |  |
| --- | --- |
| **Project Title**: | |
| Project Duration: **N months** | \*Total Estimated Project Cost: USD **nnn,nnn** |
| **\*\*Project number** (on the Czech side): | **\*\*\*Project number** (on Québecois side): |

*\* Total estimated costs including the CRIAQ and TA CR support and private resources of all participants*

*\*\* Will be generated by the TA CR information system*

*\*\*\* To be provided by the CRIAQ, leave blank*

1. **Affidavit**

Organizations listed under Consortium Partners herein below (collectively referred   
to as the „consortium“) hereby declare and confirm as follows:

* The consortium intends to collaborate on the above-mentioned R&D project.
* No organization in the consortium is in liquidation and insolvency or impending bankruptcy, and is not being dealt with in insolvency proceedings.
* No organization in the consortium is in financial difficulty.

**Consortium Partners**

|  |  |
| --- | --- |
| **1a) Principal Applicant / Lead Organization**  **(on the Czech side)**  Name of institution/enterprise: Address: Phone: Fax: Website:  **Contact Person** Name:  Position: Division/Department: Phone (direct):  Email: | **1b) Principal Applicant / Lead Organization**  **(on the Québecois side)**  Name of institution/enterprise: Address: Phone: Fax: Website:  **Contact Person** Name:  Position: Division/Department: Phone (direct):  Email: |
| **2a) Participating Organization**  **(on the Czech side)**  Name of institution/enterprise: Address: Phone: Fax: Website:  Contact Person Name: Division/Department: Phone (direct): Email: | **2b) Participating Organization**  **(on the Québecois/Canadian side)**  Name of institution/enterprise: Address: Phone: Fax: Website:  Contact Person Name: Division/Department: Phone (direct): Email: |
| **3a)** (add more if necessary) | **3b) …** |

1. **Finance**

**1a) Total Project Budget of the Principal Applicant (on the Czech side) – USD**

Name of institution/enterprise:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicator** | **2020** | **2021** | **2022** | **2023\*** | **Total** |
| **Costs** |  |  |  |  |  |
| **Support from the TA ČR** |  |  |  |  |  |
| **Private sources** |  |  |  |  |  |

\* Max. project duration is 36 months.

If the government contribution does not cover all project costs, how will you finance the rest of the project costs (own company profit, bank loan, …)? *(please specify amounts and sources   
of financing of the project)*

|  |
| --- |
|  |

**1b) Declaration of the Principal Applicant (on the Québecois side) – USD**

Name of institution/enterprise:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicator** | **2020** | **2021** | **2022** | **2023\*** | **Total** |
| **Costs** |  |  |  |  |  |
| **Support from national funds** |  |  |  |  |  |
| **Support from the CRIAQ** |  |  |  |  |  |
| **Private sources** |  |  |  |  |  |

\* Max. project duration is 36 months.

If the support does not cover all project costs, how will you finance the rest of the project costs (own company profit, bank loan, …)? *(please specify amounts and sources of financing   
of the project)*

|  |
| --- |
|  |

**2a) Total Project Budget of the Participating Organization (on the Czech side) – USD**

Name of institution/enterprise:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicator** | **2020** | **2021** | **2022** | **2023\*** | **Total** |
| **Costs** |  |  |  |  |  |
| **Support from the TA ČR** |  |  |  |  |  |
| **Private sources** |  |  |  |  |  |

\* Max. project duration is 36 months.

If the support does not cover all project costs, how will you finance the rest of the project costs (own company profit, bank loan, …)? *(please specify amounts and sources of financing   
of the project)*

|  |
| --- |
|  |

**2b) Declaration of the Participating Organization (on the Québecois side) - USD**

Name of institution/enterprise:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicator** | **2020** | **2021** | **2022** | **2023\*** | **Total** |
| **Costs** |  |  |  |  |  |
| **Support from national funds** |  |  |  |  |  |
| **Support from the CRIAQ** |  |  |  |  |  |
| **Private sources** |  |  |  |  |  |

\* Max. project duration is 36 months.

If the support does not cover all project costs, how will you finance the rest of the project costs (own company profit, bank loan, …)? *(please specify amounts and sources of financing   
of the project)*

|  |
| --- |
|  |

**3a) a 3b) add more if necessary**

1. **Resumé of the project**
2. Project Description

[Provide a descriptive overview of the proposed project: project aims/objectives, description of research activity, and expected outcomes. Also specify expected outcomes achieved by each participant.]

1. Roles of each Lead Organization and Participating Organization

[Provide in a tabular form what activities each organization intend to perform.]

|  |  |  |  |
| --- | --- | --- | --- |
| Task no | Task Name | Description | Results |
|  |  |  |  |

1. Implementation Path

[Describe the implementation plan for the result of the R&D project such as commercialization, industry member utilization, etc.]

1. Basis for cooperation

[Why do you want to cooperate on the above-mentioned project?]

1. Intellectual Property Rights

[How will the IPR related to the project be dealt with? Who will own the IPR   
to the project results? Describe how the rights to practice the project results (both tangible and intangible) will be excercised.]

1. **Statutory representative/member of a statutory body/representative with authorization to sign on behalf of the organization** (according to the commercial or other register).

|  |  |  |
| --- | --- | --- |
| *(signature) (Date)*  *Principal Applicant on the Czech side* |  | *(signature) (Date)*  *Principal Applicant on the Québecois side* |
| *(Print Name) (Position) (Name of Organization)* |  | *(Print Name) (Position) (Name of Organization)* |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| *(signature) (Date)*  *Paticipation Organization*  *on the Czech side* |  | *(signature) (Date)*  *Paticipation Organization*  *on the Québecois/Canadian side* |
| *(Print Name) (Position) (Name of Organization)* |  | *(Print Name) (Position) (Name of Organization)* |
|  |
|  |