**Common Proposal**

**For TA CR-EMBRAPII 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 3rd public call of the DELTA 2 programme of the Technology Agency of the Czech Republic, and the Brazilian Agency for Research and Industrial Innovation (EMBRAPII, Brazil).*

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

*This Common Proposal shall be shared with the EMBRAPII Unit that will develop the RD&I project. The Unit shall insert all information provided in this Common Proposal in the SRINFO system of EMBRAPII.*

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

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

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

1. **Affidavit**

A consortium is optional and the 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**

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| **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 Enterprise**  **(on the Brazilian 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 Brazilian side) (Optional)**  Name of institution/enterprise: Address: Phone: Fax: Website:  Contact Person Name: Division/Department:  Phone (direct): Email: |
| **3a)** (add more if necessary) | **3b) Name of the EMBRAPII Unit that will develop the project from the Brazilian side**  Contact Person  Name:  Phone:  Email: |

1. **Finance**

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

Name of institution/enterprise:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicator** | **2022** | **2023** | **2024** | **2025\*** | **Total** |
| **Costs** |  |  |  |  |  |
| **Support from the TA CR** |  |  |  |  |  |
| **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)*

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**1b) Total Project Budget of the Principal Applicant (on the Brazilian side) – USD**

Name of institution/enterprise:

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| **Indicator** | **2022** | **2023** | **2024** | **2025\*** | **Total** |
| **Costs** |  |  |  |  |  |
| **Support from the EMBRAPII** |  |  |  |  |  |
| **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)*

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

Name of institution/enterprise:

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| --- | --- | --- | --- | --- | --- |
| **Indicator** | **2022** | **2023** | **2024** | **2025\*** | **Total** |
| **Costs** |  |  |  |  |  |
| **Support from the TA CR** |  |  |  |  |  |
| **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)*

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**2b) Total Project Budget of the Participating Organization (on the Brazilian side) - USD**

Name of institution/enterprise:

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| --- | --- | --- | --- | --- | --- |
| **Indicator** | **2022** | **2023** | **2024** | **2025\*** | **Total** |
| **Costs** |  |  |  |  |  |
| **Support from the EMBRAPII** |  |  |  |  |  |
| **Participating organization’s 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)*

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**3a) and 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.]

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| --- | --- | --- | --- |
| 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 exercised.]

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).

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