

Baltic Blue Biotechnology Alliance



INNOVATION NETWORK AND ACCELERATOR

PROGRAMME

APPLICATION FORM

Title of your idea / your case: _____

Contact details

Institution: _____

Type of institution: _____

Address: _____

Postal code, town: _____

Country: _____

Fist name: _____

Last name: _____

E-Mail: _____

Phone: _____

Website: _____

THIS IS OUR IDEA

Short summary of idea or results of former work related to idea (e.g. proof of concept, ideas, first market analysis, observations etc.) – max. 750 characters

Your text here

WHO WE ARE

Application to the Innovation Network and Accelerator programme

*Summary of personal and institutional competences, background, motivation
– max.500 characters*

Your text here

STAGE OF DEVELOPMENT

Describe the development stage of your case (e.g. idea, prototype, operational locally- internationally, testing, validating, piloting) – max 500 characters

Your text here

EVALUATION OF DEVELOPMENT

Evaluate the development of your idea so far, based on first tests analysis, or your thoughts (e.g. most probable success under specific consideration of...) – max 500 characters

Your text here

ESTIMATED TIME FRAME FOR DEVELOPMENT

Please estimate the time frame for development (e.g. when you expect prototypes, product/service to be ready) – max 500 characters

Your text here

CHANCES, ADVANTAGES AND INNOVATION

Please try to estimate the chances, advantages and innovation of your idea in the below table.

Benefit for customer

Turnover potential

Fits well with Alliance product portfolio



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Market attractiveness

Market access (e.g. via existing partners or network)

Sustainability

Acquisition of technology and know-how

Other

RISKS

Include a short risk analysis below or attach a separate document. Think about and list any possible risks and evaluate the factors health, environment, raw material, production, storage, handling, market and competitor, business etc. – max. 750 characters

Your text here

REFERENCES AND OTHER DOCUMENTATION

List here any other relevant documents or references:

OUR COOPERATION NEEDS

All accepted cases receive mentoring and coaching as well as match-making and networking.

Describe the main cooperation needs for your case (e.g. analytical tests, new bioresources, preclinical or clinical trial, biomass production and dimension/upscaling, taxonomy, chemical/physical treatment, IPR, partner search, marketing, business plan) and the priority of each type of service for your business idea – max. 750 characters

Type of service	Your description here	Priority 1-3; 3 is the highest priority



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Communication and promotion		
Scientific and technical support, incl. access to equipment and infrastructure		
Access to biological resources		
Legal advice		
Business development incl. financial advice and market data		
Other?		

COST ESTIMATION

The ALLIANCE cannot directly fund your proposed project by financial means. Estimate what are the 'other' costs which may need to come from external investment?

External costs:	
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Comment field: please specify here in more detail which major external cost items you foresee (e.g. capital investments, operational costs). – max 500 characters.

Optional text here

[Instructions](#)

Please fill in this form carefully and return it electronically to at@submariner-network.eu
 In case of any questions or uncertainties, please get in touch with our Baltic Blue Biotechnology Alliance head team, please contact Alberto Terenzi at: at@submariner-network.eu.

You can find their contact details at <http://www.submariner-network.eu>