# Form 1: APPLICATION FORM

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| --- | --- |
| APPLICANT DATA | |
| Tax number/OIB |  |
| Registration number |  |
| Full name |  |
| Short name |  |
| Street and house number |  |
| City |  |
| Postcode |  |
| Bank account |  |
| Bank where account is opened |  |
| Legal representative |  |
| Telephone number of legal representative |  |
| E-mail address of legal representative |  |
| Function of the legal representative |  |

|  |  |
| --- | --- |
| CONTACT DATA / CONTACT PERSON | |
| Name and surname of the contact person |  |
| Function of the contact person |  |
| Telephone number of the contact person |  |
| E-mail address of the contact person |  |

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| --- |
| SIZE OF THE APPLICANT (in accordance with EU regulation 651/2014/EU) – choose one |
| Micro enterprise |
| Small enterprise |
| Medium-sized enterprise |

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| --- |
| APPLICANT PRESENTATION (up to 2000 characters) |
|  |

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| --- |
| PRESENTATION OF THE APPLICANT’S PRODUCTION PROCESS (up to 2000 characters) |
|  |

|  |  |  |
| --- | --- | --- |
| Place and date | Stamp | Name and surname of the legal representative |
|  |  |  |
| Signature |
|  |

# Form 2: DECLARATION BY THE APPLICANT

Legal representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (provide name and surname) of the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provide full name of the applicant) declare that:

* We agree and accept all conditions stated in the public call.
* In case of a successful candidature at the public call, we agree to publish the information from the application forms and the final report for the purpose of informing the public and other institutions responsible for monitoring the implementation of the SMART FACTORY HUB project under the Danube transnational Programme.
* The application is prepared in English language.
* All statements given in this application are true and correspond to the actual situation
* In accordance with Annex I of Regulation 651/2014 / EU, we are not large enterprise
* We are not in equity or in any other way proprietary or management related to the Solution provider.
* We apply to this public call with only one application.
* We are aware that we are responsible for achieving the objectives of the demonstration project.
* Applicant is registered in the Republic of Croatia and is business active in the past year.

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| --- | --- | --- |
| Place and date | Stamp | Name and surname of the legal representative |
|  |  |  |
| Signature |
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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<http://www.interreg-danube.eu/about-dtp/participating-countries>

# Form 3: DEMONSTRATION PROJECT INFORMATION

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| --- | --- | --- | --- |
| DEMONSTRATION PROJECT INFORMATION | | | |
| Demonstration project name | |  | |
| Demonstration project acronym | |  | |
| Describe what specific problems you are encountering in production or other business processes and point out the proposed solution to this problem or the improvement that you want to implement as part of the proposed demonstration project (up to 3000 characters): | | | |
|  | | | |
| Describe the methodology of implementing a demonstration project, which shall start no earlier than 1.2.2019 and finish no later than 31.3.2019 (indication and description of main activities, time plan for implementation and description of human resources involved) (up to 3000 characters) | | | |
|  | | | |
| Define and describe benefits of the demonstration project (or potential subsequent implementation of the solution) in the areas of: cost-effectiveness, quality assurance and risk management. | | | |
| Cost effectiveness | YES  NO | | Justification (up to 1000 characters): |
| Quality assurance | YES  NO | | Justification (up to 1000 characters): |
| Risk management | YES  NO | | Justification (up to 1000 characters): |
| Describe the level of technological complexity of the demonstration project. Describe and substantiate the potential for introducing the proposed solution of a demonstration project in the context of Industry 4.0 or implementation of so-called Smart production. Specify the scope of the proposed solution in comparison with the current market situation and the potential for further use of the solution in similar production systems (up to 3000 characters) | | | |
|  | | | |

# Form 4: INFORMATION ABOUT SOLUTION PROVIDER

|  |  |
| --- | --- |
| INFORMATION ABOUT SOLUTION PROVIDER | |
| Tax number |  |
| Name of the solution provider |  |
| Street and house number |  |
| City |  |
| Postcode and post |  |
| Country |  |
| Legal representative |  |
| E-mail address of legal representative |  |
| Function of the legal representative |  |

Legal representative of the solution provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provide name and surname) declares that:

- the above information is true,

- I express the intention to implement the service of introducing smart and innovative solutions in the context of this application and I will help the Applicant to analyse in detail the problem in their production, identify solutions, execute final analysis or demonstrate the solution and support the Applicant in preparing a feasibility study.

|  |  |  |
| --- | --- | --- |
| Place and date | Stamp | Name and surname of the legal representative of the solution provider |
|  |  |  |
| Signature |
|  |