



DIGIBCUBE

**DIGITAL INNOVATIONS RECONFIGURING
MEDICAL DIAGNOSTICS VALUE CHAIN
TOWARDS A HEALTH ECONOMY 4.0**



D5.2 APPLICATION AND REPORTING DOCUMENT FOR SUB-PROJECTS



This project has received funding from the European Union's Horizon 2020 Research and Innovation programme, under Grant Agreement n° 824920. The content of this document represents the view of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Executive Agency for Small and Medium-sized Enterprises (EASME). The European Commission and the Agency do not accept responsibility for the use that may be made of the information it contains.

D5.2 Application and Reporting Document for Sub-projects

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1. About DIGI-B-CUBE

Advances in informatics and engineering have significantly influenced diagnostic and therapeutic options in medicine and the whole health industry is undergoing substantial changes. The advancements in Information Technology (IT) and Health sectors in the last decade brought a lot of new discoveries, new knowledge, and information and now turning into the era of personalised medicine.

DIGI-B-CUBE project aims to unlock the cross-sectoral collaborative potential of SMEs by combining e.g. Artificial Intelligence (AI), Cognitive Computing Digital Technologies (CCDT) with the Bioimaging-Biosensing-Biobanking (B-CUBE) and related value chains to deliver market sensitive disruptive technologies and generating innovative solutions that enhance patient-centred diagnostic work-flows. Through directly investing 2.7 Million EUR in SMEs via voucher-based funding system, DIGI-B-CUBE project aims to support digital innovations and solutions for the reconfiguration of the Medical Diagnostics and related value chains towards a Health Economy 4.0. Ideally, this funding will support the initiation and propagation of cross-sectoral collaboration that will have long-lasting effects on technology transfer and leads to new innovations, solutions, product or service development.

Project Facts

Project Acronym:	DIGI-B-CUBE
Project Title:	Digital Enterprise Innovations for Bioimaging, Biosensing and Biobanking Industries
Project Reference:	Grant agreement no: 824920, (INNOSUP-01-2018-2020 - Cluster facilitated projects for new industrial value chains)
Project Duration:	36 months (01.05.2019 – 30.04.2022)
Budget:	€ 4.989.000 (EU contribution)
Web:	http://digibcube.eu

Contact (Coordinator)

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1.1. Objective of this Deliverable

The application and reporting document templates for sub-projects of this deliverable will define the content and structure of the corresponding webforms on the DIGI-B-CUBE collaborative platform. These **webforms** allow SMEs to apply for funding within the voucher-framework of DIGI-B-CUBE and to submit their reports on the project status in a user friendly and efficient manner.

2. Travel Vouchers

2.1. Application Form for Travel Vouchers

Applying Small and Medium-Sized Enterprises	
Company Name	
Company Address	
Company Website	
Number of Employees	
Sector / Industry	
Contact (Name, Email, Phone)	

Within the framework of the **DIGI-B-CUBE project** – funded by the European Union under the Grant Agreement no. 824920 – **I hereby apply for a travel voucher.**

Name and Place of Event: _____

Date: _____

Maximum Estimated costs: EUR _____

The following Terms and Conditions apply:

1. Travel Voucher cover travel and accommodation costs for participants of official DIGI-B-CUBE events (including satellite events i.e. organised/co-organised by DIGI-B-CUBE consortium). These events will be announced on the DIGI-B-CUBE website (<https://digibcube.eu>).
2. The applying SME must meet the following criteria to be eligible for receiving a travel voucher:
 - The applying SME is operating in the health, biotech, biopharma, IT or related sectors.
 - The applying SME fulfils the [SME definition of the European Union](#).
 - The applying SME is headquartered in one of the [EU Member States](#) or [Associated to Horizon2020 Countries](#).
 - Travel vouchers are credited against the maximum funding of EUR 60,000 within the DIGI-B-CUBE voucher framework. Thus, this amount cannot be exceeded if the travel voucher is granted.

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- The total value of all DIGI-B-CUBE travel vouchers granted to the applying SME, including this travel voucher (if awarded) cannot exceed EUR 6,000.
 - Travel Vouchers will be awarded on a first-come first-served basis and depend on the travel voucher budget allocated/available.
3. The maximum amount of reimbursement for each travel voucher is EUR 2,000.
4. For reimbursement, costs must be
- reasonable, justified and comply with the principle of sound financial management.
 - within the limits stated under point 2. and 3. Actual declared costs which are exceeding the granted amount cannot be reimbursed.
 - Only eligible costs will be reimbursed if they are in line with the [travel regulations of the Horizon 2020 program , section 4.2.2.2](#). Eligible costs are:
 - Costs for transportation such as local transport, trains, flights (only economy-class; Air travel is acceptable only for distances above 400 km, i.e. return flight above 800 km), kilometer allowances for cars (up to EUR 0.22/km and not higher than the costs for a comparable train ticket; benchmark is the first-class rail fare)
 - Costs for accommodation (not exceeding the amounts shown in the table below per night and not occurring in 5-star hotels)
 - Conference fees up to 1000 EUR in connection with DIGI-B-CUBE events (including satellite events i.e. organised/co-organised by DIGI-B-CUBE consortium).

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Destinations		Hotel price in EUR
AL	Albania	160,00
AT	Austria	132,00
BA	Bosnia-Herzegovina	135,00
BE	Belgium	148,00
BG	Bulgaria	135,00
CH	Switzerland	140,00
CY	Cyprus	140,00
CZ	Czech Republic	124,00
DE	Germany	128,00
DK	Denmark	173,00
EE	Estonia	105,00
EL	Greece	112,00
ES	Spain	128,00
FI	Finland	142,00
FR	France	180,00
HR	Croatia	110,00
HU	Hungary	120,00
IE	Ireland	159,00
IS	Iceland	160,00
IT	Italy	148,00
LI	Liechtenstein	95,00
LT	Lithuania	117,00
LU	Luxembourg	148,00
LV	Latvia	116,00
ME	Montenegro	145,00
MK	North Macedonia	160,00
MT	Malta	138,00
NL	The Netherlands	166,00
NO	Norway	140,00
PL	Poland	116,00
PT	Portugal	101,00
RO	Romania	136,00
RS	Serbia	145,00
SE	Sweden	187,00
SI	Slovenia	117,00
SK	Slovak Republic	100,00
TR	Turkey	165,00
UK	United Kingdom	209,00
XK	Kosovo (under UNSCR 1244)	145,00

5. Proof of attendance is mandatory for reimbursement. Please make sure to meet a DIGI-B-CUBE representative during the event to sign an attendance form.

6. To redeem the awarded voucher, the SME must declare all expenses incurred on actual real cost basis in the Travel Expense Report Form (available under <https://digibcube.eu>) and provide all relevant supporting documents (tickets and invoices or, in the case of online bookings, the printout of the electronic reservation and boarding cards) as a copy within 30 working days after the respective event. The documents supplied must show the amount paid and for transportation the class of travel and the time of travel.

D5.2 Application and Reporting Document for Sub-projects

7. Incomplete or late reporting will result in non-payment.
8. Original invoices and receipts must be marked with following text: “*Project DIGI-B-CUBE, funded by the European Union under the Grant Agreement number 824920*”. They must be archived for at least 5 years for potential audit purposes.
9. Reimbursement will occur in EUR as per the [exchange rate specified by EC](#) in respective month/s. Possible currency exchange losses have to be covered by the applying SME.
10. This application does not automatically entitle for reimbursement. Granting of a travel voucher and subsequent reimbursement depends on approval by the issuing DIGI-B-CUBE partner.
11. Travel vouchers applications and reports may include multiple persons travelling from the benefiting SME.
 I declare that _____ is a SME according to point 1.

By clicking this Button, I agree to all terms and conditions stated above.

D5.2 Application and Reporting Document for Sub-projects

2.2. Travel Expense Report Form



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 824920.

Travel Expense Report Form							
Travel Voucher ID							
Name/Place of Event							
Name of SME							
Address of SME							
Name of Employee							
Beneficiary's Bank Account Details							
Account Holder							
IBAN							
BIC (SWIFT)							
Bank Name							
Sole proprietor business?	If yes - Organization Number: _____						
Transportation							
Date of Invoice	Means of Transportation	from - to (e.g. name of city, train station, airport)	distance in km (car only)	km allowance (car only)	Amount incl. VAT in € (except car)	Amount excl. VAT in € (except car) *mandatory*	
Outward Journey (please use one line for each invoice)							
				0,00			
				0,00			
				0,00			
				0,00			
Comments							
Travels on site (please use one line for each invoice)							
				0,00			
				0,00			
				0,00			
Comments							
Return Journey (please use one line for each invoice)							
				0,00			
				0,00			
				0,00			
Comments							
					Subtotal	0,00	0,00
Accommodation							
Date of Invoice	Accommodation (Name of Hotel)	City	Amount incl. VAT in €	Amount excl. VAT in € *mandatory*			
					Subtotal	0,00	0,00
Other							
Date of Invoice	Detailed Description (e.g. parking fee, conference fee)	Amount incl. VAT in €	Amount excl. VAT in € *mandatory*				
					Subtotal	0,00	0,00
					Total	0,00	0,00
I hereby confirm that the expenses incurred as indicated and that the provided information is correct:							
Date							
Place							
Name of legal signatory							
						Signature of legal signatory	
for internal purposes only							
Amount approved in € (issuing partner)							
Name of signatory (issuing partner)						Date, Signature	
Amount approved in € (OCC)							
Date of reimbursement							
Name of signatory (OCC)						Date, Signature	
Disclaimer:							
<small>*The content of this document represents the view of the author only and is his/her sole responsibility. It cannot be considered to reflect the views of the European Commission and/or the Executive Agency for Small and medium-size Enterprises (EASME). The European Commission and the Agency do not accept responsibility for the use that may be made of the information it contains.</small>							

3. Prototyping Vouchers

3.1. Application Form for Prototyping Vouchers

General Information

Title of Project:

Acronym:

Keywords (min 4, max 8)

E.g. AI, Biobanking, etc.

Project duration:

Project start date	dd/mm/yyyy
Project end date	dd/mm/yyyy
Duration (weeks)	*autofill*

Participating Organizations (min 2):

Beneficiary #	Lead	Name of Organization	Type of Organization	Sector
1	yes	*autofill*	*autofill*	*autofill*
2			*autofill*	*autofill*

Add more participants where applicable.

Summary

Give a short project summary.

Note that this summary will be made publicly available once the project has been selected for funding.

max. 1500 characters incl. spaces

Impact & Foreseen Relevance to Market

Explain the impact of your prototype / solution concept, taking into consideration the following points:

- Which specific challenge is to be addressed by your prototype concept and explain how your solution helps in improving the process and/or overcoming the barrier.
- Describe the impact and the advance your prototype/ concept solution would provide compared to existing processes/tools/solutions

Max. 1000 characters incl. spaces

- Describe the economic relevance and/or foreseen market potential of your solution for the medical diagnostics and *related value-chains* (if *internal processes* within your own organisation are targeted) or the medical diagnostics and *related markets* (if *products and services* are targeted)

Max. 1000 characters incl. spaces

Objectives

- Describe the specific objectives for the project action. They should be clear, measurable, realistic and achievable within the duration of the action and with the funding available.

max. 500 characters incl. spaces

Concept/Methodology

- Describe the main idea, models or assumptions involved. Specify the methodology that you intend to use.

Max. 2500 characters + 1 diagram/figure

Project Team

- Describe shortly each partner organization of the project team (Expertise/track records/background Intellectual property).

About Participant 1 (*autofill* Organization Name)

1000 characters incl. spaces

About Participant 2 (*autofill* Organization Name)

1000 characters incl. spaces

About Participant 3 (*autofill* Organization Name)

1000 characters incl. spaces

- Name, if relevant, collaboration partners that are not direct participants in the project but will be involved (e.g. universities, large companies, hospitals) and describe their contribution etc.

1000 characters incl. spaces

D5.2 Application and Reporting Document for Sub-projects

- Describe how the project is going to be managed between the partners. What are the main responsibilities of each partner (who is in charge of what)?

2000 characters incl. spaces

Implementation

Work plan description

Please provide a coherent description of tasks to be implemented within the project:

Work-package	Name	Description of work/tasks	Start Month	End Month
1				
2				
3				

Resources

Beneficiary 1

Personnel	Unit cost per hour	Estimated hours	Estimated costs
Personnel group A (function e.g. software developer)			*autofill*
Personnel group B (function e.g. project manager)			*autofill*
Personnel group C (function e.g. researcher)			*autofill*
<i>Total personnel costs</i>			*autofill*
Subcontracting			
Service 1:			€00.00
Service 2:			€00.00
<i>Total subcontracting</i>			*autofill*
Total Funding requested			*autofill*

Add additional beneficiaries where applicable.

D5.2 Application and Reporting Document for Sub-projects

Total Project Cost

Total estimated personnel costs (all beneficiaries)	*autofill*
Total estimated subcontracting (all beneficiaries)	*autofill*
Total funding requested (all beneficiaries)	*autofill*

3.2. Interim Report Form for Prototyping Voucher Project

General Information

Title of Project: *autofill*

Acronym: *autofill*

Keywords *autofill*

Project duration *autofill*

Project start date	*autofill*
Project end date	*autofill*
Duration (weeks)	*autofill*

Participating Organizations

Participant #	Lead	Name of Organization	Type of Organization	Sector
1	yes	*autofill*	*autofill*	*autofill*
2		*autofill*	*autofill*	*autofill*

Summary (max. 1,500 characters incl. spaces) *autofill*

Project status

Implementation (max. 2500 characters including spaces)

Describe the implementation and progress of the project.

Work plan description

Work-package	Name	Description of work/tasks	Start Month	End Month	Completed ?
1	*autofill*	*autofill*	*autofill*	*autofill*	Yes/No
2	*autofill*	*autofill*	*autofill*	*autofill*	Yes/No
3	*autofill*	*autofill*	*autofill*	*autofill*	Yes/No

Deviations from work plan (Max. 1500 characters including spaces)

Explain deviation from the proposed work plan that might have occurred and/or are foreseeable, if applicable.

Resources used/Budget spent

List/explain the different kinds of costs occurred so far.

Beneficiary 1

Personnel costs (in Euros):

Name	Function	Tasks performed	Unit Cost (per hour)	Number of hours	Total cost (Unit cost * Number of hours)
					autofill
					autofill
					autofill
					autofill
Total Personnel Costs					*autofill*

D5.2 Application and Reporting Document for Sub-projects

Subcontracting (in Euros):

Hardware or license cost are not eligible and are not part of subcontracting. Subcontracting can account for max. 20% of total project costs.

Service/description	Invoice (File name)	Invoice Date	Cost (Exclusive VAT)
Total Subcontracting			

Add additional beneficiaries *autofill*

Total costs (in Euro)

Total personnel	*autofill*
Total subcontracting	*autofill*
Total costs	*autofill*

Work plan description

Work-package	Name	Description of work/tasks	Start Month	End Month	Completed?
1	*autofill*	*autofill*	*autofill*	*autofill*	Yes/No
2	*autofill*	*autofill*	*autofill*	*autofill*	Yes/No
3	*autofill*	*autofill*	*autofill*	*autofill*	Yes/No

- Please describe the major results and conclusions of the project. Did you reach the objectives stated in your application? If not, please explain why.

Min. 4000, Max. 5000 characters incl. spaces

- Describe the direct impact of the innovation project for organizations involved in the project.

Min. 1000, Max. 2000 characters incl. spaces

Resources used/Budget spent

List/explain the different kinds of costs occurred since the intermediate report.

Beneficiary 1

Personnel costs (in Euros):

Name	Function	Tasks performed	Unit Cost (per hour)	Number of hours	Total cost (Unit cost * Number of hours)
					autofill
					autofill
					autofill
					autofill
Total Personnel Costs					*autofill*

Subcontracting (in Euros):

Hardware or license cost are not eligible and are not part of subcontracting. Subcontracting can account for max. 20% of total project costs.

Service/description	Invoice (File name)	Invoice Date	Cost (Exclusive VAT)
Total Subcontracting			

Total costs (in Euro)

Total personnel	*autofill*
Total subcontracting	*autofill*
Total costs	*autofill*

Feedback

In the following section we kindly ask you for your valuable feedback on your collaboration project and the DIGI-B-CUBE project as a whole. Be assured that your answers will be treated strictly confidential and have absolutely no effect on how your project performance is evaluated/ on the financial support you receive.

Did your organization benefit from the collaboration project?

Please rate its usefulness on a scale from 0 to 5 (0=not useful; 5= very useful)

0 1 2 3 4 5

Please explain which aspects of the collaboration project were especially useful:

Please explain which aspects of the collaboration project could have been better:

Will you pursue the idea of the collaboration project further?

YES NO

If applicable, describe in brief the next steps in solving the challenge from your proposal

If no, what are the reasons? Please tick the appropriate item from the drop list:

- Insufficient commercial potential
- User/client needs not met
- IPR blockage
- Lack of suitable partners
- Insufficient financing
- Too ambitious for the company
- Not the right time in the development cycle of the company
- Technical feasibility issues
- Other, please specify:

If yes, what source of finance do you intend to use?

- SME accelerator
- National/ Regional Programme
- Own resources
- Loan(s)
- Angel funding
- Crowd funding
- Venture capital
- Horizon 2020 or other EU support schemes (e.g. structural funds, COSME), please specify:

- Other, please specify:

Did your organization benefit from DIGI-B-CUBE as a whole?

Please rate its usefulness on a scale from 0 to 5 (0=not useful; 5= very useful)

- 0 1 2 3 4 5

Please explain which aspects of DIGI-B-CUBE were especially useful?

Please explain which aspects of DIGI-B-CUBE were not useful. What could we improve in the future?

Comments on DIGI-B-CUBE in general (max. 1000 characters including spaces) *optional*

Please state your opinion on the impact of DIGI-B-CUBE on the medical diagnostics and the IT sector in general.

4. Customised Solution Innovation Vouchers

4.1. Application Form for Customised Solution Innovation Vouchers

General Information

Title of Project:

Acronym:

Keywords (min 4, max 8)

E.g. AI, Biobanking, etc.

Project duration:

Project start date	dd/mm/yyyy
Project end date	dd/mm/yyyy
Duration (weeks)	*autofill*

Please note that funding will be provided for a maximum of 6 months.

Participating Organizations (min 2):

Beneficiary #	Lead	Name of Organization	Type of Organization	Sector
1	yes	*autofill*	*autofill*	*autofill*
2			*autofill*	*autofill*

Add more participants where applicable.

There can be participants who do not receive funding and are therefore no beneficiaries, e.g. collaboration partners such as universities, large companies, hospitals.

Summary

Give a short project summary.

Note that this summary will be made publicly available once the project has been selected for funding.

max. 1500 characters incl. spaces

Innovation Level & Relevance to Market

Explain the excellence of your project taking into consideration the following points:

- Which innovation barrier is to be addressed and explain how your solution helps in overcoming the barrier
- Describe the innovation potential / the advance your solution would provide compared to existing solutions

Max. 2000 characters + 1 diagram/figure

- Describe the economic relevance and market potential of your solution for the medical diagnostics and *related value-chains* (if *internal processes* within your own organisation are targeted) or the medical diagnostics and *related markets* (if *products and services* are targeted)

Max. 1000 characters incl. spaces

Objectives

- Describe the specific objectives for the project action. They should be clear, measurable, realistic and achievable within the duration of the action and with the funding available.

(max. 1500 characters incl. spaces)

Concept/Methodology

- Describe the main idea, models or assumptions involved. Specify the methodology that you intend to use.

(max. 5000 characters incl. spaces + 1 diagram/figure)

Project Team

- Describe shortly each partner organization of the project team (Expertise/track records/background Intellectual property).

About Participant 1 (*autofill* Organization Name)

Max. 1000 characters including spaces

About Participant 2 (*autofill* Organization Name)

Max. 1000 characters including spaces

About Participant 3 (*autofill* Organization Name)

Max. 1000 characters including spaces

Name, if relevant, collaboration partners that are not direct participants in the project but will be involved (e.g. universities, large companies, hospitals) and describe their contribution etc.

Max. 1000 characters including spaces

D5.2 Application and Reporting Document for Sub-projects

Describe how the project is going to be managed between the partners. What are the main responsibilities of each partner (who is in charge of what)?

Max. 3000 characters including spaces

Implementation

Work plan description

Please provide a coherent description of tasks to be implemented within the project:

Work-package	Name	Description of work/tasks	Start Month	End Month
1				
2				
3				

Add additional work packages where applicable.

Deliverables

Describe the key deliverable (=outcome) of each work package and when its due.

Deliverable number	Deliverable name	Description of deliverable	Related work package	Due in month
D1			*select from dropdown*	
D2			*select from dropdown*	
D3			*select from dropdown*	

Add additional deliverables where applicable.

Resources

Beneficiary 1

Personnel	Unit cost per hour	Estimated hours	Estimated costs
Personnel group A (function e.g. software developer)			*autofill*
Personnel group B (function e.g. project manager)			*autofill*
Personnel group C (function e.g. researcher)			*autofill*
<i>Total personnel costs</i>			*autofill*
Subcontracting			
Service 1:			€00.00
Service 2:			€00.00
<i>Total subcontracting</i>			*autofill*
Total Funding requested			*autofill*

Add additional beneficiaries where applicable.

Total Project Cost

Total estimated personnel costs (all beneficiaries)	*autofill*
Total estimated subcontracting (all beneficiaries)	*autofill*
Total funding requested (all beneficiaries)	*autofill*

4.2. Interim Report Form for Customized Solution Innovation Vouchers

General Information

Title of Project: *autofill*

Acronym: *autofill*

Keywords *autofill*

Project duration *autofill*

Project start date	*autofill*
Project end date	*autofill*
Duration (weeks)	*autofill*

Participating Organizations

Participant #	Lead	Name of Organization	Type of Organization	Sector
1	yes	*autofill*	*autofill*	*autofill*
2		*autofill*	*autofill*	*autofill*

Summary (max. 1500 characters incl. spaces) *autofill*

Project status

Implementation (min. 4.000, max. 6000 characters including spaces)

Describe the implementation and progress of the project.

Deliverables

Did you deliver the deliverables that have been due by now? Do you foresee any delays for future deliverables?

Deliverable number	Deliverable name	related work package	Due in (Month)	Reached on (date)	New due date (month) *if delayed	Means of verification
D1 *autofilled*	*autofilled*	*autofilled*	*autofilled*			*autofilled*
D2*autofilled*	*autofilled*	*autofilled*	*autofilled*			*autofilled*
D3*autofilled*	*autofilled*	*autofilled*	*autofilled*			*autofilled*

Deviations from work plan (Max. 2000 characters including spaces)

Explain deviations from the proposed work plan, if applicable. Explain why deliverables are delayed or are foreseen to be delayed

Resources used/Budget spent

List/explain the different kinds of costs occurred so far.

Beneficiary 1

Personnel costs (in Euros):

Name	Function	Tasks performed	Unit Cost (per hour)	Number of hours	Total cost (Unit cost * Number of hours)
	Total Personnel Costs				

Subcontracting (in Euros):

Hardware or license cost are not eligible and are not part of subcontracting. Subcontracting can account for max. 20% of total project costs.

Service/description	Invoice (File name)	Invoice Date	Cost (Exclusive VAT)
Total Subcontracting			

Additional beneficiaries are added automatically.

4.3. Final Report Form for Customized Solution Innovation Vouchers

General Information

Title of Project: *autofill*

Acronym: *autofill*

Keywords *autofill*

Project duration *autofill*

Project start date	*autofill*
Project end date	*autofill*
Duration (weeks)	*autofill*

Participating Organizations

Participant #	Lead	Name of Organization	Type of Organization	Sector
1	yes	*autofill*	*autofill*	*autofill*
2		*autofill*	*autofill*	*autofill*

Summary (max. 1500 characters incl. spaces) *autofill*

Project performance (max. 10000 characters including spaces)

Deliverables

Did you deliver the deliverables?

Deliverable number	Deliverable name	related work package	Due in (Month)	Reached on (date)	Means of verification
D1*autofilled*	*autofilled*	*autofilled*	*autofilled*		*autofilled*
D2*autofilled*	*autofilled*	*autofilled*	*autofilled*		*autofilled*
D3*autofilled*	*autofilled*	*autofilled*	*autofilled*		*autofilled*

- Describe and explain deviations from the proposed work plan that occurred since the intermediate report, if applicable (max. 2.000 characters incl. spaces):

- Please describe the major results and conclusions of the project. Did you reach the objectives stated in your application? If not, please explain why. (min. 4.000 characters, max. 6.000 characters incl. spaces)

- Describe the direct impact of the innovation project for organizations involved in the project. (min. 1.000 characters, max. 2.000 characters incl. spaces)

Resources used/Budget spent

List/explain the different kinds of costs occurred since the intermediate report.

Beneficiary 1

Personnel costs (in Euros):

Name	Function	Tasks performed	Unit Cost (per hour)	Number of hours	Total cost (Unit cost * Number of hours)
					autofill
					autofill
					autofill
					autofill
Total Personnel Costs					*autofill*

Subcontracting (in Euros):

Hardware or license cost are not eligible and are not part of subcontracting. Subcontracting can account for max. 20% of total project costs.

Service/description	Invoice (File name)	Invoice Date	Cost (Exclusive VAT)
Total Subcontracting			

Total costs (in Euro)

Total personnel	*autofill*
Total subcontracting	*autofill*
Total costs	*autofill*

Feedback

In the following section we kindly ask you for your valuable feedback on your collaboration project and the DIGI-B-CUBE project as a whole. Be assured that your answers will be treated strictly confidential and have absolutely no effect on how your project performance is evaluated / on the financial support you receive.

Did your organization benefit from the collaboration project?

Please rate its usefulness on a scale from 0 to 5 (0=not useful; 5= very useful)

- 0 1 2 3 4 5

Please explain which aspects of the collaboration project were especially useful:

Please explain which aspects of the collaboration project could have been better:

Will you pursue the idea of the collaboration project further?

- YES NO

If applicable, describe in brief the next steps in solving the challenge from your proposal

If no, what are the reasons? Please tick the appropriate item from the drop list:

- Insufficient commercial potential
- User/client needs not met
- IPR blockage
- Lack of suitable partners
- Insufficient financing
- Too ambitious for the company
- Not the right time in the development cycle of the company
- Technical feasibility issues
- Other, please specify:

D5.2 Application and Reporting Document for Sub-projects

If yes, what source of finance do you intend to use?

- DIGI-B-CUBE Co-working Disruption Lab Voucher
- SME accelerator
- National/ Regional Programme
- Own resources
- Loan(s)
- Angel funding
- Crowd funding
- Venture capital
- Horizon 2020 or other EU support schemes (e.g. structural funds, COSME), please specify:

- Other, please specify:

Did your organization benefit from DIGI-B-CUBE as a whole?

Please rate its usefulness on a scale from 0 to 5 (0=not useful; 5= very useful)

- 0 1 2 3 4 5

Please explain which aspects of DIGI-B-CUBE were especially useful?

Please explain which aspects of DIGI-B-CUBE were not useful. What could we improve in the future?

Comments on DIGI-B-CUBE in general *optional*

Please state your opinion on the impact of DIGI-B-CUBE on the medical diagnostics and the IT sector in general.

max. 1000 characters including spaces

5. Co-working Disruption Lab Vouchers

5.1. Application Form for Co-working Disruption Lab Vouchers

General Information

SMEs that successfully completed a Customised Solution Innovation project will be given the opportunity to apply for a Co-working Disruption Lab Voucher within one month after the completion of their respective Customised Solution Innovation project.

Select successfully completed reference CSIV project

Title of Project: *autofill*

Acronym: *autofill*

Keywords (min 4, max 8): E.g. AI, Biobanking, etc. *autofill*

Duration:

Project start date	dd/mm/yyyy
Project end date	dd/mm/yyyy
Duration (weeks)	*autofill*

Please note that funding will be provided for a maximum of 2 months.

Participating Organization:

Beneficiary #	Lead	Name of Organization	Type of Organization	Sector
1	yes	*autofill*	*autofill*	*autofill*

Host Organization:

Name:

Website:

Contact Person:

Summary

Give a short project summary.

Note that this summary will be made publicly available once the project has been selected for funding.

(max. 1500 characters incl. spaces)

Objectives and Methodology

Explain how the solution developed in your Customized Solution Innovation Voucher Project can be improved or further realized with this Co-working Disruption Lab Voucher Project. What are your objectives? How will the host help in achieving these objectives and in which way?

(max. 5,000 characters incl. spaces + 1 diagram/figure)

Project Team

About Participant 1 (*autofill* Details from completed CSIV)

Describe the host organization (expertise/track records):

About Host (*autofill* Organization Name)

Max 1500 characters incl. spaces

Resources

Please note that eligible costs are only costs incurred for services charged by the host (no personnel costs, no travel costs)

Beneficiary *autofill name*

Subcontracting (based on the service fee information/quote from the host)				
Service 1:				€00.00
Service 2:				€00.00
Total Funding requested				*autofill*

*add more services if applicable

5.2. Final Report Form for Co-working Disruption Lab Vouchers

General Information

Title of Project: *autofill*

Acronym: *autofill*

Keywords *autofill*

Project Duration *autofill*

Project start date	*autofill*
Project end date	*autofill*
Duration (weeks)	*autofill*

Participating Organizations

Participant #	Lead	Name of Organization	Type of Organization	Sector
1	yes	*autofill*	*autofill*	*autofill*

Host *autofill*

Summary (max. 1500 characters incl. spaces) *autofill*

Project performance

- Please describe the major results and conclusions of the project. Did you reach the objectives stated in your application? If not, please explain why.

Min 2500 characters and max. 5000 characters including spaces

Resources used/Budget spent

Subcontracting (in Euros):

Service/description	Invoice (File name)	Invoice Date	Cost (Exclusive VAT)
Total Subcontracting			

Feedback

In the following section we kindly ask you for your valuable feedback. Be assured that your answers will be treated strictly confidential and have absolutely no effect on how your project performance is evaluated / on the financial support you receive.

Did your organization benefit from the project?

Please rate its usefulness on a scale from 0 to 5 (0=not useful; 5= very useful)

0 1 2 3 4 5

Please explain which aspects of the project were especially useful:

Please explain which aspects of the project could have been better:

6. Other useful documents

The following deliverables provide detailed information about the open call, evaluation criteria and framework for DIGI-B-CUBE vouchers.

- ***D3.2 Framework for Voucher-based Funding System***
- ***D5.1 Open Call Document***



DIGIBCUBE

DIGITAL INNOVATIONS RECONFIGURING
MEDICAL DIAGNOSTICS VALUE CHAIN
TOWARDS A HEALTH ECONOMY 4.0



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