

COOPERATION PROPOSAL FORM

To be filled, signed, scanned and returned by e-mail, including the requested attachments, to:
houston@ice.it

No later than June 20th, 2019

Name of Incubator/Accelerator *

Address of Incubator/Accelerator *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Name of main contact person *

First Name

Last Name

Title of main contact person *

Email of main contact person *

example@example.com

Primary Phone Number of main contact person *

Area Code Phone Number

Alternative Phone Number of main contact person

Area Code Phone Number

1) Availability to host a minimum of 3 startups for a 3-month full-time acceleration program *

- YES
- NO

2) Availability to host startups during the period July–October 2019. *

- YES
- NO

Please indicate your exact period of availability to host the program:

From *



Month Day Year

To *



Month Day Year

3) Availability to accept startups selected by our headquarters in Rome, and acceptance of a project work for each single startup, which will be defined in Italy during the 1st phase of the Program, with specific focus on the following training areas to be further developed: coaching, pitching, IPR, networking and meetings with possible investors. *

- YES
- NO

4) Please attach a short profile of your organization highlighting your experience in holding acceleration programs on the high-tech sectors indicated below, including measurable indicators of results.

5) Please attach a short summary of significant experiences in holding similar programs in cooperation with foreign entities, including relevant references.

6) Clearly select the preferred verticals based on the sectors below indicated. *

ICT

Automotive and Robotics

MedTech

Circular Economy

7) Provision of support and/or formal training to ITA-sponsored startups during the period specified above, in one or more of the following skills development areas. Please describe the offerings in each area.

Coaching *

Pitching *

Intellectual property rights protection *

Networking and meetings with possible investors *

Other (please specify) *

8) Cost for the program per single startup (full costs)

USD *

Please attach a brief description of what services are included in the quoted price (e.g. physical working space, use of additional facilities such as conference rooms or laboratories, mentorship), also by reference to existing brochures or web pages.

9) Availability of lodging opportunities for startups *

- YES
- NO

If available, please highlight main terms and conditions

If not available please attach a list with your lodging recommendations

10) Availability of insurance policy for coverage of property and liability risks *

- YES
- NO

If available please attach a description of the insurance policy

Print the name of the Signer

Date

First Name

Last Name

Month

Day

Year

Sign here (Name and title of the officer authorized to sign for the company)
