



ITALIAN TRADE AGENCY
ICE - Italian Trade Commission
New York Office

COOPERATION PROPOSAL FORM

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

No later than June 20th, 2019

Name and address of Incubator / Accelerator:
Name, title and contact information of main contact person:
1) Availability to host a minimum of 3 startups for a 3-month full-time acceleration program. <input type="checkbox"/> YES <input type="checkbox"/> NO
2) Availability to host startups during the period July – October 2019. <input type="checkbox"/> YES <input type="checkbox"/> NO Please indicate your exact period of availability to host the program: From (MM/DD/YYYY) _____ To (MM/DD/YYYY) _____
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. <input type="checkbox"/> YES <input type="checkbox"/> NO
4) Please <u>attach a short profile of your organization</u> highlighting your experience in holding acceleration programs on the high-tech sectors indicated below, including measurable indicators of results.
5) Please <u>attach a short summary of significant experiences</u> in holding similar programs in cooperation with foreign entities, including relevant references.
6) Clearly select the preferred verticals based on the sectors below indicated. <input type="checkbox"/> ICT <input type="checkbox"/> Automotive and Robotics <input type="checkbox"/> MedTech <input type="checkbox"/> Circular economy



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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

Sign here _____ **Date (MM/DD/YYYY)** _____

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

Print name of signer _____