[ Name of applicants]

**[PARTNERS LOGO]**

[Project Title]

#### Unitat de Transformació Tecnològica i Disrupció

General instructions

In accordance with Regulatory Bases of Resolution EMT/1351/2022, together with the application, an International Memory for which the grant is requested.

Language of this document: English, Català o Castellano.

**Index**

[1. General information of international project 4](#_Toc99535975)

[2. Participants of international consortium 5](#_Toc99535976)

[3. General objectives of the international project 6](#_Toc99535977)

[4. General objectives of the international project 7](#_Toc99535978)

[5. International Exploitation 9](#_Toc99535979)

# General information of international project

####  [Project information: title, consortium, abstract, duration and other information]

|  |  |  |
| --- | --- | --- |
| **Main Participants** | **Catalonia Region** |  |
| **[Country]** |  |
| **Project Title** |  |
| **Acronym** |  |
| **Abstract (max. 1/2 page)*****(Public information)*** |  |
| **Duration (months)** |  |
| **Start Date** |  |

|  |  |
| --- | --- |
|  | **TOTAL COST OF INTERNATIONAL PROJECT** |
| **Catalonia Region** | **[Country]** |
| **Budget (€)** | **[euros]** | **[euros]** |
| **Financing Agency** | **ACCIÓ**  | **Financing Agency** | **[Name]** |
| **Total Budget (€)** | **[euros]** |

# Participants of international consortium

#### [Description of the members that will participate in the international project: Contact details, Economic Activity, expertise and other information of consortium]

* **Catalan Participants**

|  |  |
| --- | --- |
| **Main Participant** |  |
| **Full Name** |  |
| **Organization Address** | **Telephone number** |
|  |  |
| **Contact person** | Position |  |
|  | E-mail |  |
| **Activity** |
|  |
| **Expertise on the project activities** |
|  |

* Other Catalan Participant

|  |  |
| --- | --- |
| **Main Participant** |  |
| **Full Name** |  |
| **Organization Address** | **Telephone number** |
|  |  |
| **Contact person** | Position |  |
|  | E-mail |  |
| **Activity** |
|  |
| **Expertise on the project activities** |
|  |

* **[Country] Participants**

|  |  |
| --- | --- |
| **Main Participant** |  |
| **Full Name** |  |
| **Organization Address** | **Telephone number** |
|  |  |
| **Contact person** | Position |  |
|  | E-mail |  |
| **Activity** |
|  |
| **Expertise on the project activities** |
|  |

* Other (Country) Participant

|  |  |
| --- | --- |
| **Main Participant** |  |
| **Full Name** |  |
| **Organization Address** | **Telephone number** |
|  |  |
| **Contact person** | Position |  |
|  | E-mail |  |
| **Activity** |
|  |
| **Expertise on the project activities** |
|  |

# General objectives of the international project

|  |
| --- |
| **Overall objective & specific objectives of the partner (max. 1 page)** |
|  |

|  |
| --- |
| **Innovation highlights (max. 1/2 page)** |
|  |

# Work package description

#### [Planification and Roles of International project: Work package description - project schedule and work breakdown structure of the project into working packages, milestones, partners role (max. 2 page)]

For each work package, complete the table:

|  |  |
| --- | --- |
| **Work package num. [n]** | **Lead beneficiary** |
| **Work package title** |  |
| **Participant name** |  |
| **Start month:**  |  | **End month:** |  |
| **Objectives** |  |
| **Description of work (where appropriate, broken down into tasks),**  |  |
| **Lead partner and participants rol** |  |
| **Deliverables (brief description of delivery, Month of delivery)**  |  |

# International Exploitation

|  |
| --- |
| **Market Applications and Exploitation (max. 1 page)** |
|  |

##### Passeig de Gràcia, 12908008 Barcelona[accio.gencat.cat](http://www.accio.gencat.cat/)[catalonia.com](http://catalonia.com/)



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