



Application form Details

Action number: 101100700

Action Acronym: TEF-Health

Action title: Testing and Experimentation Facility for Health AI and Robotics

Author(s): EIT-Health, IPN, CHARITE

Submission date: 1 February 2024

This project document is published at <https://www.tefhealth.eu/>.



Co-funded by
the European Union

Table of content

1. Introduction	2
2. Application form Content	2
3. Other information	6

1. Introduction

This document details TEF-Health Call #1 application form that will be available in EIT Health Application Platform - Smart Simple.

2. Application form Content

The application form is divided in 8 parts:

- Intro
- Submitter
 - Personal Information
 - Submitting Company Team:
- Company/Team
- Solution Description
 - Unmet Need
 - Development Strategy and Business Model
 - TEF Health needs
- Services
- Funding & Financial
- EIT Health Involvement
- Uploads & consent
 - Acknowledgements & Consent

Below are described the questions of the 8 parts of the application form:

Intro

1. Programme I am applying for?
2. Which CLC (Co-location Centre) / InnoStars are you associated with?

Submitter

- Personal Information
 1. First Name
 2. Last Name
 3. Email
- Submitting Company Team:
 1. Company/Team Name

Company/Team

1. Category
2. Please provide additional information about your segment:
3. Please provide information about your medical domain
4. If other, please specify

Solution Description

1. Project or product title/name:
2. Acronym of your project or product title/name:
3. Elevator Pitch:
4. What are the next steps for the development of your solution? (Please, include the timeline expected for each phase)
5. Do you have KOL and practitioners already involved in your project? If so, please describe their involvement
6. In case your solution requires data, please describe your data requirements (e.g. volume, quality, structure, amount, statistical needs)
7. Based on the data sources requirements, please select from the following type of data
8. Please describe the data sources you have already identified
9. Please select the category that your solution belongs to: AI or Robotics/Robotics &AI
 - a. AI
 - i. Please describe the AI system you are developing and its maturity stage
 - ii. Please describe your AI requirements
 - iii. What AI technology is your solution based on? (ML, DL, NLP,...)
 - b. Robotics/Robotics &AI
 - i. Please describe the environment where your robotic system will be deployed and specify the infrastructure requirements (power, internet speed/latency, computing power, objects, furniture, etc).
 - ii. Please describe which tasks your robotic system will be performing in that environment.
 - iii. Please describe your robotic solution requirements.
 - iv. Please specify the hardware and software components of your solution and its maturity stage.
 - v. Please specify which tools your solution depends on (especially those that require licensing) and which field of knowledge it falls in (e.g. control, machine learning, etc).
- Unmet Need
 1. Please describe the unmet need that your solution is trying to solve:
 2. TRL Level:

- Development Strategy and Business Model
 1. Does your AI and robotics product/solution have regulatory approval? If yes, which one(s)?
- TEF Health needs
 1. Describe precisely the need and objectives to utilize TEF Health services, in particular in terms of impact in the TRL increase of your solution
 2. What are the expected outcomes after utilizing the TEF Health services? What kind of knowledge or information are you striving for?
 3. How is your solution scalable to different EU markets? Are you planning to use the services provided by TEF-Health to access a new EU market or scale internationally?
 4. Please specify your preferred working language(s) from the provided list
 5. What is your expected start date?
 6. What is your expected end date?
 7. Total project duration
 8. How do you envision that the incorporation of TEF Health services will influence the overall maturation of your solution? Please enumerate the services needed.

Services

1. Please select the TEF Health services for which you want to apply

Funding & Financial

1. What is the total estimated budget for the project / validation service? Please provide an approximate market price range for the service you are targeting in Euros. (e.g, €10.000 – 20.000)
2. Please provide a short explanation on your current financial situation and how you will cover the expenses not covered by the TEF-Health discount on the service provided.

EIT Health Involvement

1. EIT Keywords:
 - Feedback
 1. How did you hear about this opportunity?

Uploads & consent

- Acknowledgements & Consent
 1. We have reviewed the privacy policy of EIT Health and we agree with its terms and we agree to share my data for the purpose of the project.
 2. We represent an EU member state company, and we understand that the current call is specifically tailored to facilitate access to Portuguese service providers. Consequently, we are aware that my company must provide proof of no debts with Portuguese fiscal and social security authorities.
 3. By ticking this box, we confirm that our organization is legally incorporated and established in one of the EU member states. Furthermore, the SME shareholding must not be detained by any legal person incorporated or established outside any of the EU member states. The complete fulfillment of this request shall be made with an official declaration issued by the authorities of the SME headquarters address, together with information about the ultimate beneficiaries of the SME shareholding, if and when applicable. Please upload the relevant documents to answer the question
 4. By ticking this box, we confirm that my organisation is an SME according to the EU definition (Comission Recommendation 2003/361/EC). The fulfillment of this request shall be made with an official declaration issued by the authorities of the SME headquarters address. (For example for Portuguese entities through IAPMEI online SME certification). Please upload the relevant documents to answer the question
 5. By ticking this box, we declare on our honor that our organization is eligible to receive state aid under Article 28 of GBER Regulations. If the applicant wishes to gain access to services offered by Portuguese TEF-Health partners and be eligible to receive state aid support in the form of discounts on the market price of validation services under Article 28 of GBER Regulations, must present evidence that the SME has not received over 200,000 EUR in state aid support during the previous 3 fiscal years.
 6. (ONLY AVAILABLE FOR PT COMPANIES) By ticking this box, we confirm my organization is eligible to receive state aid under EU Regulation n^o1407/2013 (de-minimis). If the applicant wishes to gain access to services offered by Portuguese TEF-Health partners and be eligible to receive state aid support in the form of discounts on the market price of validation services under the EU Regulation n^o1407/2013 (de-minimis) of the European Commission, must present evidence that the SME has not received over 200,000 EUR in state aid support during the previous 3 fiscal years. The fulfillment of this request shall be made with an official declaration issued by the Portuguese “Agência para o Desenvolvimento e Coesão (AD&C)” according to the Portuguese rules related to the “SircaMinimis” the central registration of minimis state aid. AI and robotics solutions must be at a minimum Technology Readiness Level (TRL) of 4 (self-declared by the SME). Please upload the relevant documents to answer the previous question.

7. By ticking this box, we declare on my honor that our solution was not supported or is under support by another Portuguese testbed, more information about the National Network Testbed is available [here](#).

3. Other information

For more information, please contact us at tefhealth@eithealth.eu