### USE CASE INITIATIVES 2025

# HI ACTS

### **Application Form**

May be filled out in english or german language

DATE OF APPLICATION

1. CONTACT DETAILS AND GENERAL IN	FORMATION	
Name of Submitter:		
Title:	Phone :	
Name of Institiution :	Email :	
Group /Department :		
Project Partner, if applicable :		
Name:		
Title:	Phone :	
Name of Institution/ Company :	Email :	
Group / Department :		
2. BRIEF DESCRIPTION OF ENVISIONED  Overall goal, accelerator-related technology / method, currer using the funding. (max. 2000 characters)		ons you intend to implement

## 3. DESCRIPTION OF POTENTIAL, CURRENT OR FUTURE APPLICATIONS AND INDUSTRIAL USE CASE

	cion case outside the scientific community do you want to address?
	or potential markets will your technology or analytical solution (such as a service) address? dustrial sectors might be interested in your technological solution/product/product
ervice/analytical servi	
you already collabora	te with a company, please provide details. (max. 2000 characters)

	low does your project contribute to the dedicated Use Case Initiatives areas of industrial focus or to the overall Hi-Acts bjectives? (max. 500 characters)
4	FURTHER DETAILS OF THE PROJECT FOR ASSESSING TECHNOLOGY READINESS LEVEL AND TIME-TO-MARKET PERSPECTIVE
	Which specific goals are pursued by the Hi-Acts funded project (please list in short key sentences)? (max. 500 characters) Which concrete activities or investments do you intend to seed-fund via the Hi-Acts Use Case Initiative? (max. 500
E	characters)
	cnaracters)
	cnaracters)
	cnaracters)
	cnaracters)
	Characters)
	cnaracters)
	cnaracters)

#### 5. FINANCIAL PLAN

	Details (What? Who?)	Timeline	Costs	Optional: Co- financing or contributions by (industry) partners
Investments	Details investments	Timeline investments	•€	Contribution and€
Material	Details materials	Timeline materials	•€	Contribution and€
Personell	Details personell	Timeline personell	•€	Contribution and€
Total			Sum of Costs	Sum of external/industrial contributions

#### 6. COMMENTS AND/OR CONTRIBUTION STATEMENT OF THE PROJECT PARTNER

(optional, max 500 characters)				

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#### Important note:

Your application will be forwarded to selected industry representatives for their recommendation and to the transfer experts of the Helmholtz partners in the Hi-Acts consortium for review. All information provided in the application will be kept strictly confidential. The industry representatives and transfer reviewers will neither forward the application to third parties nor make it accessible to third parties. This applies even after the selection process has been completed.

Please send this application back to: info@hi-acts.de

THANK YOU FOR YOUR APPLICATION