



APPLICATION FORM¹

**APPLICATION FORM FOR
BUSINESS DEVELOPMENT SERVICE PROVIDERS
FROM FIELDS DEFINED BY THE
LAW ON INNOVATION ACTIVITY**

¹- To be filled out electronically in this document and sent in the pdf format to the email address specified in the Public Call.



1. BASIC INFORMATION

Name of legal entity:			
Address/headquarters:			
Registration number:		Full name:	
Year of foundation:		Website:	
Contact person:		Email:	
Phone:		Mobile phone:	
Ownership:	Private <input type="checkbox"/>	State <input type="checkbox"/>	Mixed <input type="checkbox"/>
Legal form:	Partnership <input type="checkbox"/>	Limited partnership <input type="checkbox"/>	Limited liability company <input type="checkbox"/>
	Joint stock company <input type="checkbox"/>	Other:	
Sector in which the legal entity operates:		Legal services in the field of intellectual property	<input type="checkbox"/>
		Business and financial consulting	<input type="checkbox"/>
		HR and recruitment services	<input type="checkbox"/>
		Cyber-security, compliance, and data protection consulting	<input type="checkbox"/>
		Administrative and accounting services	<input type="checkbox"/>
		Other (specify which):	
Brief description of what the legal entity does:			
References and experience:			
Most important clients:			



Experience with startups/innovative companies:

Certificates and licenses:



2. ACTIVITY PLAN AT STP NIŠ

4.1	A brief description of the program that your institution will implement at STP Niš (up to 2500 characters)
4.2	Describe the contribution of your program to the innovation ecosystem – training and workshops, mentoring, consulting, etc... (up to 2500 characters)
4.3	Structure and capacity of the team that will work at STP Niš (up to 2500 characters)
4.4	Key risks (up to 1000 characters)



3. EXPECTATIONS FROM STP NIŠ

5.1 What do you need to work at STP Niš:		
Space (mark with <input checked="" type="checkbox"/>):	<input type="checkbox"/> Open	<input type="checkbox"/> Required converted space in sq. meters:
Office space	m ²	
Storage	m ²	
Required connection power	kWh	
Quality of space	<input type="checkbox"/> Usual	<input type="checkbox"/> Sterile
Connections (specify)		
Availability	Number of access cards:	Number of parking spaces:
Planned date of entry into STP Niš:		
STATE WHY YOU CONSIDER YOUR LEGAL ENTITY A GOOD CANDIDATE FOR MEMBERSHIP IN STP NIŠ:		

The following attachments must be submitted with the Form: a **statement** of acceptance of the competition terms, with the date, signature and stamp of the responsible person *

Name and surname of the responsible person: _____

Function: _____

Contact information: _____



STATEMENT
of acceptance of the competition terms

On behalf of _____
(name and headquarters of the organization)

and as a representative of the aforementioned organization that is submitting an application to the Public Call for Business Development Service Providers in the areas defined by the Law on Innovation Activity for membership in the STP Niš (hereinafter referred to as the "Applicant"), I confirm:

- that all information provided in the application form is true;
- that the applicant agrees with the terms of the Public Call for Business Development Service Providers in the areas defined by the Law on Innovation Activity for membership in the STP Niš;
- that the applicant has settled all tax and contribution obligations;
- that the applicant has not been issued a legally binding measure prohibiting the performance of an activity prior to submitting the application;
- that no bankruptcy or liquidation proceedings have been initiated against the applicant;
- that the applicant is not the subject of legal proceedings;
- that persons who have the authority to represent, manage or control the applicant have not been convicted of fraud, corruption, participation in criminal organizations, money laundering or any other illegal activity.

I hereby declare that the applicant agrees that STP Niš will evaluate our application in accordance with the groups of criteria listed in the Public Call and, based on that, make a decision to accept or reject the application.

In _____

M.P.

Signature of authorized representative

Date _____



Evaluation criteria	No. of points
1. Relevance of services	30
- compliance of services with the needs of STP Niš members	1-15
- the importance of services for the development of innovative activity	1-15
2. References and experience	30
- previous experience and completed projects	1-15
- professional references and team competencies	1-15
3. Potential contribution to the community of STP Niš	25
- planned workshops, trainings and consultations	1-15
- willingness to actively participate in community work	1-10
4. Network of collaborators and partners	10
- cooperation with institutions, companies and organizations	1-10
5. Quality of the activity plan in STP Niš	5
- clearly defined plan of activities and support for members	1-5