





Arise ABOVE Innovation Support Grant (ISG)

Application Form

Company	O,
Project Title	1510.
Ref	76.

Please contact ariseinnovation@anu.ac.ukfor an editab







ISG APPLICATION FORM

DATA PROTECTION

By completing and submitting this form you acknowledge and agree that the data provided can be shared between Medilink Midlands, Anglia Ruskin University's (ARU) Arise Innovation Hubs and Essex County Council (ECC). held on a computer and used for any purpose and disclosures that are registered under the Data Protection Act 1998/2018/UK GDPR. With reference to our relevant data policies:

Privacy - ARU

<u>Privacy - Essex County Council</u> Privacy - Medilink Midlands

APPLICANT DETAILS				
Name of		Organisation Address	80	
Organisation			.5	
			XIII	
			of this de	
Web site		Post code	^	
VVCD Site		1 051 0000		
Company Reg No		Incorporation date		
(if a realizable)	incorporation of			
(if applicable)	(if applicable)			
Nature of Business		0/10		
Eg MedTech/ Life		XO		
Sciences etc				
Organisation Type (to ma	ake your selection, pleas	se tick in the appropriate bo	x)	
		7		
Sole trad	Partnership			
Sole trad	Partnership	LLP	Limited	
Not for profit	Spin-out			
rtot for profit	Opin out	Start-up	Pre-start	
Not trading	010/01			
riot trading	CIC/Charity			
Contact Name		Contact Email		
Contact Name		CONTACT EMAIL		
	xiO'			
Job title		Phone No.		
Organisation				
Status <250 employees Turnover <€50m Balance sheet <€43m				
Dalance sneet ₹43m				
WALL SAFE				
a) owned by non-SME Y/N b) If Y, <25% owned				
Company is not in any financial difficulty				
0/2				







ELIGIBILITY -SME status and UK Subsidy Control

Medilink Midlands will assess the eligibility status of the applicant company with regard to SME status and UK Subsidy Control (formerly State Aid) compliance.

The UK subsidy control regime commenced 4 January 2023 and you must ensure the funding awarded to you is compliant. Further details here:

Year Details of innovation funding received, including amount, purpose and funder.

https://www.gov.uk/government/collections/subsidy-control-regime

Please list any other innovation grant funding you have received.

2021		eri
2022		COLINA
2023		Nie O
	I to provide the details of an riate COVID 19 issues.	ny funding granted for general business support
		Jetsio ¹
	PROJE	ECT DETAILS
Title of Project:		
MedTech or wellb	ut your company. Please included in your sectors. Your innovative to ye.	de if you work in, or supply, Life Science, healthcare, echnology/services/products and what it is that and key next steps in the innovation journey.
	Modation@ar	
people, knowledg how this will help	for your business. Please inclue e or equipment. Please provide progress the development of t	ude what you need to do this, in terms of money, e an overview of what you will use the grant for and the innovation. Provide an estimate of the total cost of by the organisation or being applied for from other
2167226		
Please tell us what y		o will supply this. Add more lines as required.
Please attached rele Amount	vant quotes from suppliers. Details	Supplier
£	Details	Suppliel
£		
Ş.		



Essex





like to hear if it will bring new produc	s and gr cts or se	rant will have on the Company and for Essex: We'd ervices to market, increase capacity of efficiency, O collaborations, or bring more businesses to
Specifically, we'd like to know if & how your project will:	Y/N	Details
Support your business to be located within Essex		Zeri'i
Create or enhance collaborative R&D projects.		Cliff
Enhance or unlock additional research and Innovation funds		7,15
Create or secure more jobs in		£ ***

APPLICANT DECLARATION

By signing this declaration you are confirming that you have read, understood and accepted the declaration statements below.

- The information in this application is correct to the best of my knowledge.
- I have the authority to sign this declaration on behalf of the organisation (e.g. director, company secretary, partner, owner or equivalent).
- I understand that all grants are discretionary and there is no automatic entitlement to any grant.
- I confirm that the company has a base at the location stated in section 1 of this application.
- I accept that ARU has the right to provide ECC with information about any offer of support under this scheme and the right to publish the amount of any grant that might be offered to the company.
- I understand that the information provided in this form will be treated in confidence, but may be submitted for checking against records held by other government departments, other agencies, local authorities, for the purposes of assessing eligibility for grant funding.

Name (block capitals)	
:60	
Signature	
act.	
Date	
Position in company	
(0)	