





	Date:
Contact details	
First name/last name:	
Name of institution:	
Type of institution: Company Private Other (please fill in):	person Research/teaching
Street: Telephone: Email: Website: Number of employees in the company/institute:	Postcode: Place: Fax:
Type of request Funding for research/development/innovation project Technology-oriented foundation of an enterprise Inventions & patents Specific technology search (for patents/inventions?) Patent protection and funding (WIPANO) Patent management/exploitation services	 □ Innovation services and technology transfer □ Technology search – technology scouting □ Seeking partners/initiating project/ forming consortium □ Access to technology and sector networks, including clusters □ Technology marketing (trade fairs, exhibitions) □ Other
Cooperation project Yes No If Yes: Details of existing partners for the planned project (Name and type)	pe of institution, location):
Details of the partners to be sought out/identified (skills profile/s	ector):

Short description of cooperati	ion project	
Title/acronym of project (if ava	ailable):	
Aim of project:		
Innovation potential, technological	gical innovation, unique feature, target sectors:	
Planned solutions concepts for	r achieving goals:	
Preliminary work (or projects a	already funded successfully):	
Project time frame:		
Desired start of project:		
Planned duration:		
Costs and planned financing:		
Planned exploitation/impleme	entation after project completion:	

Please note:

The data and project ideas provided here are treated as confidential. The form may, however, be forwarded to all partner institutions in the Bavarian Research and Innovation Agency (Bavarian Research Alliance, Bayerische Forschungsstiftung, Bayerische Patentallianz, Bayern Innovativ, Projektträger Bayern) for further processing. By submitting this form you are providing your consent to have it forwarded.







