

## APPENDIX III

### Form Template

All sections of the application form must be completely filled out for analysis.

| 1. Basic Information  |   |                             |      |
|---|---|-----------------------------|------|
| Name of the participating entity:   |   |                             |      |
| Name of the requirement:  |   |                             |      |
| Challenge to which the proposal responds:   | <input type="checkbox"/> PIBICRA                            |                             |      |
| Acronym:  |   |                             |      |
| Do you intend to submit to future tenders related to the challenge or challenges to which you are applying?             | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |                             |      |
| 2. Participant's information  |   |                             |      |
| Natural person:   | <input type="checkbox"/>                                    |                             |      |
| Legal person:   | <input type="checkbox"/>                                    |                             |      |
| Sector or field of activity (CNAE):   |   |                             |      |
| Main activities of the company (Design, Manufacture, Sales, Distribution, etc.):  |   |                             |      |
| Type of Entity (Self-employed, Private company, Public company, Research center, University, Technology center, Other): |   |                             |      |
| Year of incorporation:  |   |                             |      |
| Joint response from several natural or legal persons: Tick YES or NO.   | YES <input type="checkbox"/>                                | NO <input type="checkbox"/> |      |
| Size of the entity at present (No. of persons on staff):  |   |                             |      |
| Total turnover of the entity over the past 3 years (euros):   | 2019  | 2018                        | 2017 |
|   |   |                             |      |

| 3. Information on the Contact person/representative  |                              |                             |
|--|------------------------------|-----------------------------|
| Contact Name (or representative in case of a joint response):  |                              |                             |
| Phone:   |                              |                             |
| Email address:   |                              |                             |
| Address:   |                              |                             |
| 4. Additional information  |                              |                             |
| Has your company had any turnover for technologies similar to those in this response over the past 3 years? Answer YES or NO.  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If you answered YES to the question above, please indicate the approximate turnover for technologies similar to those in this response over the past 3 years (aggregate data for the 3 years): |                              |                             |
| Do you think your entity holds the relevant certifications to fulfill the requirements set out? Answer YES or NO.  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If you answered YES to the question above, please indicate what these certifications are (max. 300 characters):  |                              |                             |
| Do you think your staff have the qualifications that are specifically relevant to fulfill the requirements set out? Answer YES or NO.  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If you answered YES to the question above, please indicate what those qualifications are (max. 300 characters):  |                              |                             |
| Does your entity have experience in executing projects in the field of Artificial Intelligence in diagnosis, cancer screening or the like? Answer YES or NO.                                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If you answered YES to the question above, please indicate a brief summary of the experience (scope, client, period of execution and brief description).                                       |                              |                             |



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|--|--|-----------------------------|
| Have you made an investment in R&D in the last 3 years? Answer YES or NO.  | YES <input type="checkbox"/>   | NO <input type="checkbox"/> |
| If you answered YES to the question above, please indicate the amount of this investment in the last 3 years (grouped data from the 3 years)   |  |                             |
| Indicate the technological capabilities you have to face the development of new innovative solutions:  |  |                             |
| Has your entity obtained public financing of competitive competition for R&D projects in any of the last 3 years ? Answer YES or NO.   | YES <input type="checkbox"/>   | NO <input type="checkbox"/> |
| If you answered YES to the question above, indicate the volume of financing raised in the last 3 years (grouped data from the 3 years):  |  |                             |
| For the requirement put forth, please provide detailed information in relation to research, development of solutions, publications, etc., completed or being completed whose purpose is similar to that indicated.   | Research. Detailed description.<br>Development of solutions. Detailed description.<br>Publications. Detailed description.<br>Others. Detailed description. |                             |
| 5. Description of the solution response  |  |                             |
| Brief summary of the solution response: functional specification (maximum 1,250 characters) <i>Description of the possible idea that could fulfill the requirement put forth, described from a functional approach. To provide more information on the idea, use appendices and identify them in the section 10 of the form.</i> |  |                             |
|  |  |                             |
| Estimated duration for the execution of the proposed response (months) Please detail the deadlines for each of the project execution phases:   |  |                             |
| Estimated cost for the development of your solution (euros) Please break down the amount by item:  |  |                             |
| Economic contribution of the tenderer to the initiative (€, understanding as such the sum of all contributions in means and resources of the tenderer):  |  |                             |

|  |  |
|--|--|
| Indicate the impact that the development of the proposed solution will generate (healthcare, socioeconomic, professional and organizational):  |  |
| Is the proposed project in line with your business strategy? Explain which line and how.   |  |
| Would your entity be interested in participating in the tender for this project?   |  |
| Does your entity have experience in developments related to the proposed project? What kind? (Please indicate for each project: year of execution, amount, brief description of results):  |  |
| Benefits provided by the proposed solution for other agents (max. 850 characters):   |  |
| 6. I+D+i   |  |
| Innovation elements (new technologies delivered and innovative solutions) o Expected R&D results. Specifically, say what are the differentiating elements of your proposal compared to the products and services that are already available on the market (max. 850 characters): |  |
| Technological needs for the application of your proposal:  |  |
| Current maturity level at which your proposed solution is found (in case of knowing the technological maturity level (TRL <sup>1</sup> ) where you are, indicate it):  |  |
| R&D results expected to be generated (max. 850 characters):  |  |
| Identify phases of integration with pre-existing technologies and services:  |  |
| 7. Deployment  |  |
| Please indicate the regulations and standards associated with the requirement put forth:   |  |
| Do you think there are any specific limitations or barriers to the deployment of the product on the market? Which?   |  |
| Is the scope of the proposed project clear and feasible?   |  |

<sup>1</sup> TRL codes can be found in "HORIZON 2020 - WORK PROGRAM 2016-2017 General Annexes: G. TRL"



|  |                              |                             |
|--|------------------------------|-----------------------------|
| What characteristics of the project and the proposed scope do you consider to be more important?   |                              |                             |
| What are the main advantages found in the solution?  |                              |                             |
| What criteria do you consider important to evaluate the solution responses?  |                              |                             |
| In terms of Intellectual and Industrial Property Rights (IPR), a priori and due to the characteristics of your entity, does it have any limitations to sharing the IPR with the contracting agency or to establishing a royalty on future sales of the solution? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If you answered YES to the question above, indicate what type? or if they do not exist, what percentage do you think could be shared with the contracting agency? What percentage of the sale price could be established as a royalty?                           |                              |                             |
| What do you consider to be the main risks of the project?  |                              |                             |
| Do you intend to submit to future tenders related to the platform of artificial intelligence solutions based on Big data for cancer screening in Andalusia (PIBICRA)?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

This information, or part of it, will be published in the conclusions of the Preliminary Market Consultation in order to promote collaboration between the participants, as well as these interested agents who have not participated in it.

| 8. Mandatory Declarations  |                              |                             |
|--|------------------------------|-----------------------------|
| I hereby authorize <b>Consejería de Salud y Familias</b> and <b>Fundación Progreso y Salud</b> to use the contents of the responses. This use will be exclusively limited to their possible inclusion in the process of defining the lines of action, which will be specified in the possible specifications for the possible contract procedures that are subsequently undertaken under the Public Procurement formula.   | <input type="checkbox"/>     |                             |
| The response submitted is free of copyright or any royalty or corporate royalty that prevents its unrestricted use by <b>SAS</b> or any other company collaborating in the development of future projects.   | <input type="checkbox"/>     |                             |
| 9. Authorization to use the data provided  |                              |                             |
| Important: I authorize the Consejería de Salud y Familias and Fundación Progreso y Salud to store and disseminate contact data, to keep the necessary information, total or partial, on the proposal submitted accessible and updated and to disclose the information or technical documentation or commercial that, if applicable, is not identified as confidential. The rights of access, rectification, cancellation and opposition can be exercised by contacting the following email address: <a href="mailto:cpi.fps@juntadeandalucia.es">cpi.fps@juntadeandalucia.es</a> and | YES <input type="checkbox"/> | NO <input type="checkbox"/> |



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[info@pibicraproject.com](mailto:info@pibicraproject.com)

10. List of attached documentation provided

If any, please indicate all documentation accompanying your response and providing more information on the idea.

| File name: | Brief description: | Confidential*            |
|------------|--------------------|--------------------------|
|            |                    | <input type="checkbox"/> |
|            |                    | <input type="checkbox"/> |
|            |                    | <input type="checkbox"/> |

\*Please tick if the relevant documentation is confidential.

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