ANNEX I – Application Form



RESETTING 1st OPEN CALL FOR TOURISM SMES

This section shows the information and fields that are required in your application. In order to complete and submit the application, it is mandatory to do it online by using the following link https://www.resetting.eu/application-form/.

Each applicant may only fill out and submit one application form.

For further queries, or if you experience technical issues, please contact: opencall2023@resetting.eu

A. Applicant Information

The information in this questionnaire will be shared with the members of the Evaluation Committee only for the purpose of assessing the application. You will be asked to confirm that you agree with this at the end of the application form under "AUTHORIZATION".

Enterprise Name	
Postal address	
Fiscal ID	
Country	
Region	(DROP DOWN LIST OF REGIONS)
Telephone number	
Website	
Email	
NACE Code	(DROP DOWN LIST OF NACE Codes)

Provide contact information for each of the following:



1. Queries with regard to the applicati	on form
Full name	
Title / Department	
Telephone number	
Email	
2. Brief description of the problem to b	be solved with the proposed action plan (max. 1 page)
	ving the problem (according to the indicative action's ne Open Call guide for more details. (max. 1 page)
B. Enterprise Presentation (maximum	500 words)
b. Enterprise Presentation (maximum	500 words)
Demonstrate the financial and staff members, other crucial po	commercial status of the enterprise (annual turnover, pints)
sectors, R&D efforts, etc.). Additional presentation. Proposals should clearly a. the project reflects to	sentation of your enterprise (ie. Main goals, markets, onal documents can be attached to support the y demonstrate how: he management strategy and vision s bring further expansion of the business
2. The expected output	z zg istans. expansion of the edomicos

C. Action Plan Outline

5. Detailed description of the problem (maximum 1,000 words)

Which problem/challenges needs address/solve? the your enterprise to Which is the objective you seek to achieve with the participation in this Open Call? How will company benefit from the proposed action plan?

Please, include any images, statistics, studies or documents that may help illustrate your point.

6. Proposed Solution (maximum 1,000 words)

Which actions that could be undertaken might solve this problem and how? Please refer to the Innovative approach of each proposed action and what aspects of the digitalization process will add value to your current business model. Please, refer to the proposed actions of the catalogue.

7. Impact (maximum 500 words)

Explain which are the potential impacts that may derive from your participation in the Open Call, towards SMEs digitalization and Smart Tourism? Please, demonstrate the impact in developing sustainable tourism (alignment with SDGs), local development, addressing youth employment and/or gender issues. If the SME holds any sort of eco-label/certification to certify its commitment towards sustainable tourism will be taken in consideration.

8. Expertise and resources (maximum 500 words)

Name the key resources that you will provide to implement the action (e.g. man-hours, materials, external experts etc.). Please, include any images or documents that may help illustrate your point.

Please refer the level of current technical skills to implement new projects/ideas: In case the SME does not have them, then what actions/ideas could be proposed to offset this lack of skills internally

1	0.	Bud	aet	of	the	action
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Clearly indicate the budget for each category and the total budget estimated. Please, remind that the maximum budget is €9000 and only some specific costs are eligible (see *List of eligible activities* of the call text). The budget that will not be justified will need to be returned.

Drop down menu from the list of eligible activities (page 11)

Ex.

Category A: Travel

Category B: STT investment

- 1. Personnel
- 2. Training courses
- 3. Website development
- 4. VR AR tools
- 5. Applications
- 6. Other software
- 7. Other (please specify)

10	Addition	al Docum	entation
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Please, include any other relevant documentation that you deem relevant.

D. Authorization

Authorization for sharing information

I, the undersigned [ENTER FULL NAME], CERTIFY that the information stated above is true, correct, and complete to the best of my knowledge. Likewise, I confirm that the enterprise has no objection to the information contained herein being shared with the Evaluation Committee and that there does not exist any conflict of interest.

Name	Signature	Date (DD/MM/YYYY)
Full title/Position	Enterprise name	