PARTICIPANTS INFORMATION

Name of the participant(s):
________________________________
________________________________

Name of the coach:
(if already available)
________________________________
________________________________

School:  ☐ EPFL  ☐ HEIA-FR  ☐ UNIFR
Type of studies:  ☐ Bachelor  ☐ Master  ☐ PhD

PROJECT INFORMATION

Project title
Project description

Research Area(s):  ☐ Well-being and behaviors  ☐ Interactions and design processes
☐ Energy systems  ☐ Construction technologies

Start date
End date

Have you applied for another grant for the same project?  yes ☐  no ☐

If so, what amount have you received?
Where have you applied?
FINANCIAL REQUEST

Initial fund CHF 1’000.- ☒
Additional financial support needed ☐ yes ☐ no

Requested amount in CHF (max CHF 4’000.-/project)

Please declare your expected costs (max. CHF 4’000.-/project)

The grant amount is to be transferred to the following account

CONTACT INFORMATION

Professional address
Tel.
Fax
E-mail

Annex

Place and date
Signature

Application is to be sent by e-mail to: incubator@smartlivinglab.ch
Att: Mr. Martin Gonzenbach
smart living lab
Halle Bleue
Passage du Cardinal 13b
1700 Fribourg
Tel. +41 21 693 51 82