**Collaboration agreement (COPLASIMON)**

The collaboration agreement is stated between the collaborating entity (Party A) and the COPLASIMON initiative, managed by the partners of the Serendi-PV project, collectively known as the “Parties”, each desiring to enter into a mutually beneficial relationship. This collaboration agreement is intended to serve as a legally binding contract governing the terms of that relationship.

**Involved Parties**

**Party A**

*Responsible name*

*Company name/ Organization name*

*Telephone number*

*Email address*

*Address*

*City, State, ZIP*

**Party B : COPLASIMON (represented by LuciSun)**

Mr. Jonathan Leloux

LuciSun

(+32) 468 08 37 38

contact@coplasimon.eu

Rue Saint-Jean 29,

Villers-la-Ville, Belgium 1495

**Purpose**

The Parties wish to start a collaboration effort to accomplish the following:

The party A will participate to the call, providing detailed information about the data to be shared in the context of the collaboration promoted by this call.

After the application, the data will be reviewed by the authorized partners (listed in the call) and, if interested, the collaboration will start.

The data will be quality checked and tested on the newly implemented models within the Serendi-PV project.

The results, when applicable and if an agreement is achieved, will be shared in an anonymized form on the webpage COPLASIMON.

**Authority and Representation**

**Joint Decisions**

Any and all significant decisions regarding this collaboration agreement require approval by all involved parties.

A non-disclosure agreement (NDA) will be signed by both parties.  
Decisions will include, but will not be limited, to any and all decisions in regards to  
service eligibility, service nature related to the above listed objectives.

**Primary Representatives**

The Parties shall each nominate a primary representative to act on their behalf in all matters related to this collaboration agreement.

Chosen primary representatives shall be vested with the full ability to make decisions on behalf of their respective employers.

It is mutually understood that the Parties shall make every effort to ensure that all involved parties are fully aware of any pertinent facts related to the above listed objectives for the duration of this collaboration agreement.

Chosen primary representatives shall be responsible for keeping their respective employers abreast of any developments related to this collaboration agreement.

The following individuals have been appointed as chosen primary representatives for their respective employers:

*Responsible name :*

Jonathan Leloux : LuciSun

**Staffing**

The Parties shall equally share any staffing responsibilities related to this collaboration agreement. This includes providing personnel resources to obtain additional personnel for the purpose of achieving the above listed objectives.

**Funding**

No funding is established for this collaboration.

**Profits and Proceeds**

No financial profits are expected for this collaboration.

**Additional Parties**

No additional partners or subcontractors shall be hired or procured without prior written approval from both parties.

**Insurance**

The Parties agree to maintain insurance adequate to protect their respective data and information.

**Termination**

Each participating collaborator will hold the option to revoke this agreement upon written notice no late than 1 month before termination date.

Any parties withdrawal from this agreement will terminate the agreement in its entirety including those made between other participating members.

All remaining parties will have the opportunity to begin a new agreement upon termination of the current agreement.

**Agreement Extension**

This contract may be amended only by written approval from all participating parties.

**Acceptance**

Each collaborator has had the ability to read and accept all conditions and terms listed above, and indicates full acceptance and approval of this collaboration agreement by signing electronically below.

**Signed By:**  
Jonathan Leloux, LuciSun

***Signed By:***

*Responsible Name*

**Date:**