

Proposal Submission Form



EUROPEAN COMMISSION
7th Framework Programme on
Research, Technological
Development and Demonstration

**Collaborative Project
Small or medium-scale
focused research project**

**A2.1:
Participants**

Proposal Number Proposal Acronym Participant Number

If your organisation has already registered for FP7,
enter your Participant Identity Code

Organisation Legal name
Organisation short name

Administrative Data

Legal address

Street name Number
Town Postal Code/Cedex
Country
Internet homepage

Status of your Organisation

Certain types of organisations benefit from special conditions under the FP7 participation rules.

The Commission also collects data for statistical purposes.

The guidance notes will help you complete this section.

The status of the organisation is set by the proposal coordinator. If you would like to modify this information, the coordinator must modify it in the proposal set-up page

Non-profit organisation yes no
Public body yes no
Research organisation yes no
Higher or secondary education establishment yes no

Main area of activity (NACE code)

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A2.2: Participants

1. Is your number of employees smaller than 250? (full time equivalent) yes no
2. Is your annual turnover smaller than € 50 million? yes no
3. Is your annual balance sheet total smaller than € 43 million? yes no
4. Are you an autonomous legal entity? yes no

You are NOT an SME if your answer to question 1 is "NO"
and/or your answer to both questions 2 and 3 is "NO".
In all other cases, you might conform to the Commission's definition of an SME.
Please check the additional conditions given in the guidance notes to the forms

Following this check, do you conform to the Commission's definition of an SME yes no

A2 Coordinator

Pagina 7 di 2

Dependencies with (an)other participant(s)

Are there dependencies between your organisation and (an)other participant(s) in this proposal? yes no

if Yes:

Participant Number	Organisation Short Name	Character of dependence
0	-	None
0	-	None
0	-	None

Contact Point

Person in charge (For the co-ordinator (participant number 1) this person is the one who the Commission will contact in the first instance)

Family name First name(s)

Title Sex

Position in the organisation

Department/Faculty/Institute/Laboratory name/...

Address (if different from the legal address)

Street name Number

Town Postal Code/Cedex

Country Phone 1

Phone 2 Fax E-mail

Save Form

Validate

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