

EN A 2 FP5RTD

FOR COMMISSION USE ONLY

For guidelines see in relevant "Guide for Proposers"

**Proposal submission forms for
financial support from the EC for
shared-cost RTD actions:
research and technological development projects,
demonstration projects,
and
combined projects**

If possible, these forms should be prepared using the Proposal Preparation Tool (ProTool), which is available via the Commission Internet site <http://www.cordis.lu/fp5/protool> or on CD-ROM. Use of the Proposal Preparation Tool is preferred by the Commission. However applicants may also use the forms in the Guide for Proposers. Using the ProTool, forms may be submitted electronically, or printed out and returned on paper.

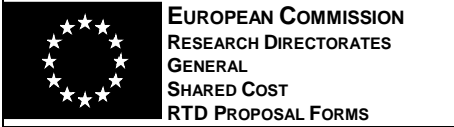
Information on the Proposal ¹				
Proposal Full Name				
Proposal Acronym ⁵		Proposal No ⁶		
Call Identifier ³				
Research Programme(s) ²				
Thematic priorities ²				

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Post stamp / /

Reception date / /

Shared Cost RTD Proposal Form – Form A1



EN B 2 FP5RTD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR COMMISSION USE ONLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proposal Acronym ⁵		Proposal No ⁶	
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A1. Proposal Administrative Overview ¹

Thematic priorities ²				
Type of Action ⁴				
Proposal Full Name				
Contact person for the proposal(s) ⁷				
Title (Dr, Prof., ...)		Gender ⁸	F	M
Family Name				
First Name				
Organisation Legal Name ⁹				
Department / Institute Name ¹⁰				
PO Box ¹¹				
Street Name and Number				
Post Code ¹²		Cedex ¹³		
Town/City				
Country Code ¹⁴		Country Name ¹⁴		
Telephone No ¹⁵		Fax No ¹⁵		
E-mail				

Proposal abstract (maximum 1000 characters) ¹⁶

Duration (in Months) ¹⁷		Total Eligible Cost (in euro) ¹⁸		EC Contribution requested (in euro) ¹⁹	
Keywords ²⁰					

Have you or any of your partners, previously or currently, submitted this proposal or one similar in content to any Community Programme? If yes, please give details of the proposal ²¹	Y		N
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Programme Name		Year		Proposal No	
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Duly authorised by the consortium partners to send this proposal to the Commission, I certify that the description of this proposal and the information on forms A1, A2, A3 and A4 is accurate and agreed to by the consortium partners and that the consortium collectively agrees to carry out a project as described herein.

Date (DD/MM/YYYY)	
Signature of person authorised to submit a proposal in the co-ordinating organisation	

Shared Cost RTD Proposal Form – Form A2



EUROPEAN COMMISSION
RESEARCH DIRECTORATES
GENERAL
SHARED COST
RTD PROPOSAL FORMS

EN C 2 FP5RTD

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Proposal Acronym ⁵

Proposal No ⁶

A2.

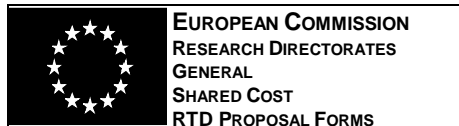
Proposal Summary ²²

Objectives (maximum 1000 characters)

Description of the work (maximum 2000 characters)

Milestones and expected results (maximum 500 characters)

Shared Cost RTD Proposal Form – Form A3



EN D 2 FP5RTD

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Proposal Acronym ⁵		Proposal No ⁶	
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴		Participant No ²⁵		Assistant to Contractor No ²⁶	
Registration No with the European Commission's Research Programmes ²⁷					
Organisation Legal Name ²⁸					
Short Name ²⁹			Legal Registration No ³⁰		
Activity Type ³¹		Legal Status ³²		If 'PRC', Specify ³³	
Business Area ³⁴ (NACE)		User/Supplier ³⁵ (U/S)		Cost Basis ³⁶ (FC / FF / AC)	

Organisation details ³⁷

Annual turnover ³⁸		Annual Balance Sheet Total ³⁹		Number of employees ⁴⁰		
Is Your Organisation independent ⁴¹ ?					Y	N
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²						

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?					Y	N
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴			

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰					
PO Box ¹¹					
Street Name and Number					
Post Code ¹²			Cedex ¹³		
Town/City					
Country Code ¹⁴		Country Name ¹⁴			

Authorised person ⁴⁶

Title (Dr, Prof., ...)		Gender ⁸	F	M
Family Name				
First Name				
Telephone No ¹⁵		Fax No ¹⁵		
E-mail				

I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.				
Date (DD/MM/YYYY)				
Signature of authorised person				

