## **Proposal Submission Form**



Integrating Activities/ E-Infrastructures/ Preparatory Phase A2.1: Participants

Proposal Numbe	er	000000		Proposal Acrony	ym			Participant No	umber	1		
If your organisa enter your Pa		•	•	for FP7,	No	ot in use						
Organisation L	egal na	ıme	Commissariat à l'énergie atomique									
Organisation short name			CEA									
				Administra	itive C	ata						
Legal address										•		
Street name	BATIMENT LE PONANT D RUE LEBLANC						Number	25				
Town	PARI	S				Postal Co	J ode/Cedex	75015				
Country	Franc	e				1						
Internet homepa	age	www.	CEA.FR			<u>-</u>						
			Stat	us of your O	rganis	ation						
Certain types of	organi	sations be	nefit from s	pecial conditions und	der the F	P7 participa	ation rules.			•		
The Commission	n also d	collects dat	ta for statis	tical purposes.								
The guidance no	otes wil	l help you	complete th	his section.								
	_			roposal coordinator. ust modify it in the pi	-							
Non-profit organ	nisation						yes					
Public body							yes					
Research organisation							yes					
Higher or secon	dary ed	ducation es	stablishmer	nt			no					
				Main area of activity	(NACE o	ode)						
R&D on natural so	ciences	and engine	ering									

## **Proposal Submission Form**



Integrating Activities/ E-Infrastructures/ Preparatory Phase A2.2: Participants

						Page 2 out of 2
1. Is your number	of employees sma	ller than 250? (full time equ	ivalent)		no	
2. Is your annual	turnover smaller tha	an € 50 million?			no	
3. Is your annual I	balance sheet total	smaller than € 43 million?			no	
4. Are you an auto	onomous legal entit	y?			yes	
and/or your answering all other cases, Please check the Following this che	er to both questions you might conform additional condition eck, do you conform  Depend	to question 1 is "NO" s 2 and 3 is "NO". It to the Commission's defining given in the guidance not a to the Commission's defining to the Commission's defining the commission of the commission and (an) other arroganisation and (an) other commission and	tes to the	forms SME r partici		
if Yes:					no	
Participant Number	er Or	ganisation Short Name		Character of	dependence	
0	-			None		
0	] -			None		
0	l -			None		
		Contact	Point			
Person in charge is the one who the	(For the co-ordinate Commission will c	or (participant number 1) thi contact in the first instance)	is person			
Family name	Colas		First	name(s)	Paul	
Title	Dr.				Sex	Male
Position in the org	ganisation	Senior physicist				•
Donartmont/Eacu	lty/Inetitute/Laborat	ory name/	DSM/I	DELI/CDD		

. Is your annual balance sheet total smaller than € 43 million?									no				
4. Are you an au	tonon	nous legal e	entity?							yes			
You are NOT an and/or your answ n all other cases Please check the	ver to s, you	both quest	ions 2 an	nd 3 is "NO e Commiss	". sion's c								
Following this ch	eck, o	do you conf	orm to th	e Commis	sion's d	definitior	of an	SME			no		
		Depe	nden	cies w	ith (	(an)c	the	r par	ticipa	ant(s	5)		
Are there depend	denci	es between	your org	anisation a	and (an	n)other p	articipa	ant(s) in	this prop	osal?			
										no			
f Yes:													
Participant Numb	oer		Organis		Charac	ter of de	penden	ce					
(	0		-				None						
(	0		-				None					1	
(	0		-				None						
				C	onta	act Po	oint						
Person in charge s the one who th	e (For ne Co	the co-ordi mmission w	nator (pa	irticipant nu	umber st insta	1) this p nce)	erson						
amily name	name							First name(s)			Paul		
Title		Dr.					•				Sex	Male	
Position in the or	rganis	ation	Se	nior physicis	st								
Department/Fact	ulty/In	stitute/Labo	oratory n	ame/			DSM/I	RFU/SPF	)				
Address (if differ	ent fr	om the lega	al address	s)									
Street name	CEA	/Saclay, DSI	M/IRFU/S	PP					N	umber	-		
Town	Gif-s	sur-Yvette					Postal Code/Cedex 91191						
Country	Fran	ice						Phor	ne 1	+ 33 1	69 08 61 5	5	
Phone 2	-			Fax	+ 33	3 1 69 08	64 28		E-ma	il paul	.colas@cea	a.fr	
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