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		Pro	oposai Sui	omissio	n Form		
	EUROPEA 7th Framew Research, 1 Developme	IROPEAN COMMISSION Framework Programme on search, Technological velopment and Demonstration		Integrat E-Infr Prepar	ing Activities/ astructures/ ratory Phase	A2.1: Participants	
Proposal Number	000000		Proposal Acro	onym		Participant Number	3
If your organisatior enter your Partici	has already i Dant Identity C	registered fo Code	r FP7,	No	ot in use	]	
Organisation Legal name		Istituto Nazionale di Fisica Nucleare					
Organisation short name INFN							

## Administrative Data

Legal address

Street name	Via Enrico	ɔ Fermi	Number	40	
Town	Frascati		Postal Co	de/Cedex	00044
Country	Italy				
Internet homepage		http://www.infn.it			

## 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

Public body

Research organisation

Higher or secondary education establishment

Main area of activity (NACE code)

R&D on natural sciences and engineering



Proposal Submission Form

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

Integrating Activities/ E-Infrastructures/ Preparatory Phase

A2.2: Participants

yes	
yes	
no	
no	

- 1. Is your number of employees smaller than 250? (full time equivalent)
- 2. Is your annual turnover smaller than € 50 million?
- 3. Is your annual balance sheet total smaller than € 43 million?
- 4. Are you an autonomous legal entity?

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

# Dependencies with (an)other participant(s)

Are there dependencies between your organisation and (an)other participant(s) in this proposal?

if Yes:

Participant Number			Organisation Short Name			
	0		-			
	0		-			
	0		-			

#### Character of dependence

None
None
None

no

## **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	y name Caccia			First name(s)		Massimo				
Title		Prof.		•			S	ex	Male	
Position in the organisation			Professor of Physics							
Department/Faculty/Institute/Laboratory name/					Dipartimento di Fisica e Matematica, Universita' dell'Insubria					
Address (if different from the legal address)										
Street name	Via Valleggio Number 11									
Town	Como					Postal	Code/Ce	edex	22100	
Country	Italy				Phone 1 + 39 031 2386216					
Phone 2 -	Fax + 39 031 238			86209		E-mai	massimo	o.caccia@	email.it	

no	
no	
no	
yes	

n	0	