Proposal Submission Form



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

Proposal Numb	ner	000000		Proposal Acrony	vm			Participant N	Number			
If your organis	sation ha	as already	•			ot in use		Participant i	Millipei	1		
Organisation I	Legal na	ame	Oesterreichische Akademie der Wissenschaften									
Organisation s	Organisation short name		OEAW									
				Administra	itive D	ata						
Legal address	3									•		
J												
Street name	Dr.lg	Dr.Ignaz Seipl Platz						2				
Town	Vienr	Vienna Postal C						1010				
Country	Austr	ria	L									
Internet homep	age	www.oo	eaw.ac.at									
										 -		
			Stat	us of your Or	rganis	ation						
Certain types o	of organi	isations ber	nefit from s	pecial conditions und	der the Fi	P7 participa	tion rules.			_		
The Commission	on also	collects dat	ta for statist	tical purposes.								
The guidance r	notes wi	Il help you	complete th	nis section.								
	_			roposal coordinator. ust modify it in the pr	-							
Non-profit organisation							yes]			
Public body							yes					
Research organisation							yes	yes				
Higher or secondary education establishment							no	no				
			1	Main area of activity	(NACE c	ode)						
R&D on natural s	sciences	and engine	ering									

Proposal Submission Form



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

			Pag	e 2 out of 2					
	no								
	no								
	no								
	yes								
				•					
		no							
ipar	nt(s)								
oropos	al?								
	no								
				•					
f dependence									
T	homas								
<u> </u>	Se	ex	Male						

3. Is your annual balance sheet total smaller than € 43 million?								no				
4. Are you an autonomous legal entity?									yes			
You are NOT an and/or your answ n all other cases Please check the	er to	both questi	ions 2 and orm to the	d 3 is "NO". Commissi	on's definitio							
Following this check, do you conform to the Commission's definition of							SME			no		
		Depe	ndend	ies wi	th (an)	othe	r par	ticipa	ant(s)		
Are there depend	denci	es between	your orga	nisation ar	nd (an)other	participa	ant(s) in	this prop	osal?			_
									no			
f Yes:												
Participant Numb	er		Organisa	tion Short I	Name		Charact	ter of dep	pendenc	e		
			-			7	None					
0			-		None							
0			-	7	None							
	_			C	ontact P	oint						
Person in charge	/For	the se ordi	notor (nor									
s the one who th	e Co	mmission w	vill contact	in the first	instance)	person						
Family name Bergauer		Bergauer		First name(s)			Thomas	Thomas				
Γitle Dr.		Dr.				_			Sex		Male	
Position in the or	ganis	ation	Gro	up leader							•	
Department/Facu	ulty/In	stitute/Labo	oratory na	me/		Institut	e for High	n Energy F	Physics			
Address (if differe	ent fro	om the lega	ıl address))								
Street name	Nikolsdorfer Gasse							Nu	ımber	18		
Town	Vienna						Postal Code/Cedex 1050					
Country	Austria						Phon	e 1	+43-1-54	443728-42		
Phone 2	-			Fax	+43-1-5443	728-54		E-mai	l thoma	as.bergaue	r@oeaw.ac	 .at
L				1						-		

1. Is your number of employees smaller than 250? (full time equivalent)

2. Is your annual turnover smaller than € 50 million?