

## Proposal Submission Form



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

Integrating Activities/  
E-Infrastructures/  
Preparatory Phase

# 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

Public body

Research organisation

Higher or secondary education establishment

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)
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?

no
no
no
yes

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

no
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## Dependencies with (an)other participant(s)

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

no
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if Yes:

Participant Number

Organisation Short Name

Character of dependence

0
0
0

-
-
-

None
None
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

Mnich
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First name(s)

Joachim
---------

Title

Dr.
-----

Sex

Male
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Position in the organisation

Leading Scientist
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Department/Faculty/Institute/Laboratory name/...

CMS
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Address (if different from the legal address)

Street name

-
---

Number

-
---

Town

-
---

Postal Code/Cedex

-
---

Country

-
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Phone 1

+49 40 8998 1921
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Phone 2

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Fax

+49 40 8998 1812
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E-mail

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