



EUROPEAN COMMISSION  
RESEARCH DIRECTORATES  
GENERAL  
SHARED COST  
RTD PROPOSAL FORMS

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/protocol> 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 <sup>1</sup>

Proposal Full Name				
Proposal Acronym <sup>5</sup>		Proposal No <sup>6</sup>		
Call Identifier <sup>3</sup>				
Research Programme(s) <sup>2</sup>				
Thematic priorities <sup>2</sup>				

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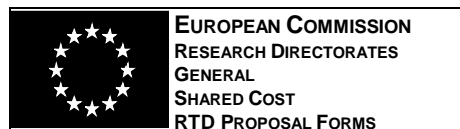
Post stamp

		/			/				
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Reception date

		/			/				
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## Shared Cost RTD Proposal Form – Form A1



EN B 2 FP5RTD

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Proposal Acronym <sup>5</sup>		Proposal No <sup>6</sup>	
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<b>A1.</b>	<b>Proposal Administrative Overview <sup>1</sup></b>
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Thematic priorities <sup>2</sup>				
Type of Action <sup>4</sup>				
Proposal Full Name				
<b>Contact person for the proposal(s) <sup>7</sup></b>				
Title (Dr, Prof., ...)			Gender <sup>8</sup>	F <input type="checkbox"/> M <input type="checkbox"/>
Family Name				
First Name				
Organisation Legal Name <sup>9</sup>				
Department / Institute Name <sup>10</sup>				
PO Box <sup>11</sup>				
Street Name and Number				
Post Code <sup>12</sup>		Cedex <sup>13</sup>		
Town/City				
Country Code <sup>14</sup>		Country Name <sup>14</sup>		
Telephone No <sup>15</sup>		Fax No <sup>15</sup>		
E-mail				

<b>Proposal abstract (maximum 1000 characters) <sup>16</sup></b>
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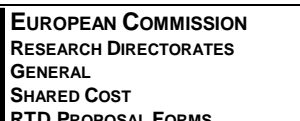
Duration (in Months) <sup>17</sup>		Total Eligible Cost (in euro) <sup>18</sup>		EC Contribution requested (in euro) <sup>19</sup>	
Keywords <sup>20</sup>					

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 <sup>21</sup>	Y <input type="checkbox"/>	N <input type="checkbox"/>
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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		



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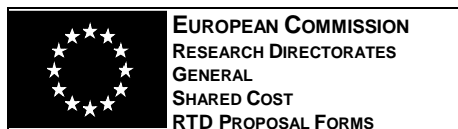
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**Proposal No <sup>6</sup>**

## Proposal Summary <sup>22</sup>

## Shared Cost RTD Proposal Form – Form A3



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

Legal information on the participating organisation									
Participant Role <sup>24</sup>		Participant No <sup>25</sup>		Assistant to Contractor No <sup>26</sup>					
Registration No with the European Commission's Research Programmes <sup>27</sup>									
Organisation Legal Name <sup>28</sup>									
Short Name <sup>29</sup>				Legal Registration No <sup>30</sup>					
Activity Type <sup>31</sup>		Legal Status <sup>32</sup>		If 'PRC', Specify <sup>33</sup>					
Business Area <sup>34</sup> (NACE)		User/Supplier <sup>35</sup> (U / S)		Cost Basis <sup>36</sup> (FC / FF / AC)					
Organisation details <sup>37</sup>									
Annual turnover <sup>38</sup>		Annual Balance Sheet Total <sup>39</sup>		Number of employees <sup>40</sup>					
Is Your Organisation independent <sup>41</sup> ?					Y		N		
If No, please indicate legal name(s) of owner(s) who own 25 % or more <sup>42</sup>									
Is Your Organisation affiliated to any other participant(s) in the proposal <sup>43</sup> ?					Y		N		
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) <sup>44</sup>									
Address of the main department carrying out the work <sup>45</sup>									
Department/ Institute Name <sup>10</sup>									
PO Box <sup>11</sup>									
Street Name and Number									
Post Code <sup>12</sup>				Cedex <sup>13</sup>					
Town/City									
Country Code <sup>14</sup>		Country Name <sup>14</sup>							
Authorised person <sup>46</sup>									
Title (Dr, Prof., ...)					Gender <sup>8</sup>	F		M	
Family Name									
First Name									
Telephone No <sup>15</sup>				Fax No <sup>15</sup>					
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									



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**Proposal Acronym**<sup>5</sup>**Proposal No** <sup>6</sup>

#### A4. Cost Summary in euro <sup>47</sup> (part 2/2)

[illegible]