

EN A 2 FP5ACM

FOR COMMISSION USE ONLY

| |
|--|
| |
|--|

For guidelines see in relevant "Guide for Proposers"

**Proposal submission forms for
financial support from the EC for:
Accompanying measures**

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/prottool> 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 ¹

| | | | |
|------------------------------------|--|--------------------------|--|
| Proposal Full Name | | | |
| Proposal Acronym ⁵ | | Proposal No ⁶ | |
| Call Identifier ³ | | | |
| Research Programme(s) ² | | | |
| Thematic priorities ² | | | |

FOR COMMISSION USE ONLY

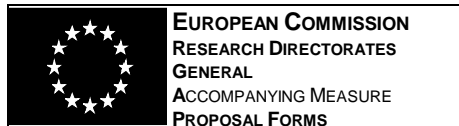
Post stamp

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Reception date

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Accompanying Measure Proposal Form – Form A1



EN B 2 FP5ACM

| | |
|--|--|
| | |
|--|--|

FOR COMMISSION USE ONLY

| | |
|--|--|
| | |
|--|--|

| |
|--|
| |
|--|

| | | | |
|--------------------------------------|--|---------------------------------|--|
| Proposal Acronym ⁵ | | Proposal No ⁶ | |
|--------------------------------------|--|---------------------------------|--|

A1. PROPOSAL ADMINISTRATIVE OVERVIEW 1

| | | | |
|---|--|--|--|
| Thematic priorities ² | | | |
| Type of Action ⁴ | | | |
| Proposal Full Name | | | |

Contact person for the proposal ⁷

| | | | | |
|--|--|-----------------------------------|----------|----------|
| Title (Dr, Prof., ...) | | Gender ⁸ | F | M |
| Family Name | | | | |
| First Name | | | | |
| Organisation Legal Name ⁹ | | | | |
| Department / Institute Name ¹⁰ | | | | |
| PO Box ¹¹ | | | | |
| Street Name and Number | | | | |
| Post Code ¹² | | Cedex ¹³ | | |
| Town/City | | | | |
| Country Code ¹⁴ | | Country Name ¹⁴ | | |
| Telephone No ¹⁵ | | Fax No ¹⁵ | | |
| E-mail | | | | |

Proposal abstract (maximum 1000 characters) ¹⁶

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

| | | | | | |
|---|--|--|--|--|--|
| Duration (in Months) ¹⁷ | | Total Eligible Cost (in euro) ¹⁸ | | EC Contribution requested (in euro) ¹⁹ | |
|---|--|--|--|--|--|

| | | | |
|-------------------------------|--|--|--|
| Keywords ²⁰ | | | |
|-------------------------------|--|--|--|

| | | |
|---|----------|----------|
| 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 ²¹ | Y | N |
|---|----------|----------|

| | | | | | |
|-----------------------|--|-------------|--|--------------------|--|
| Programme Name | | Year | | Proposal No | |
|-----------------------|--|-------------|--|--------------------|--|

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 | |

Accompanying Measure Proposal Form – Form A2



EUROPEAN COMMISSION
RESEARCH DIRECTORATES
GENERAL
ACCOMPANYING MEASURE
PROPOSAL FORMS

EN C 2 FP5ACM

FOR COMMISSION USE ONLY

Proposal Acronym ⁵

Proposal No ⁶

A2.

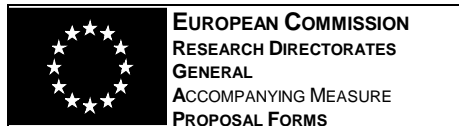
Proposal Summary ²²

Objectives (maximum 1000 characters)

Description of the work (maximum 2000 characters)

Milestones and expected results (maximum 500 characters)

Accompanying Measure Proposal Form – Form A3



| | | |
|-------------------------|----------------------|----------------------|
| EN D 2 FP5ACM | <input type="text"/> | <input type="text"/> |
| FOR COMMISSION USE ONLY | <input type="text"/> | <input type="text"/> |

| | | | |
|-------------------------------|----------------------|--------------------------|----------------------|
| Proposal Acronym ⁵ | <input type="text"/> | Proposal No ⁶ | <input type="text"/> |
|-------------------------------|----------------------|--------------------------|----------------------|

A3. Participant Profile/Information (1 sheet per participant) ²³

Legal information on the participating organisation

| | | | | | |
|--|----------------------|-----------------------------------|-------------------------------------|---------------------------------------|----------------------|
| Participant Role ²⁴ | <input type="text"/> | Participant No ²⁵ | <input type="text"/> | Linked to Contractor No ²⁶ | <input type="text"/> |
| Registration No with the European Commission's Research Programmes ²⁷ | | | | | |
| Organisation Legal Name ²⁸ | | | | | |
| Short Name ²⁹ | | | Legal Registration No ³⁰ | | |
| Activity Type ³¹ | | Legal Status ³² | | If 'PRC', Specify ³³ | |
| Business Area ³⁴ (NACE) | | User/Supplier ³⁵ (U/S) | | | |

Organisation details ³⁶

| | | | | | | |
|---|----------------------|--|----------------------|-----------------------------------|----------------------|---|
| Annual turnover ³⁷ | <input type="text"/> | Annual Balance Sheet Total ³⁸ | <input type="text"/> | Number of employees ³⁹ | <input type="text"/> | |
| Is Your Organisation independent ⁴⁰ ? | | | | | Y | N |
| If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴¹ | | | | | | |
| <input type="text"/> | | | | | | |
| <input type="text"/> | | | | | | |

| | | | | | | |
|---|--|--|--|--|---|---|
| Is Your Organisation affiliated to any other participant(s) in the proposal ⁴² ? | | | | | Y | N |
|---|--|--|--|--|---|---|

| | | | |
|--|----------------------|----------------------|----------------------|
| If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴³ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Address of the main department carrying out the work ⁴⁴

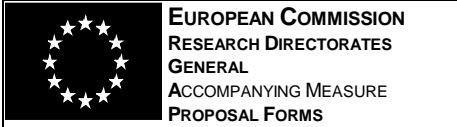
| | | | |
|--|--|----------------------------|--|
| Department/ Institute Name ¹⁰ | | | |
| PO Box ¹¹ | | | |
| Street Name and Number | | | |
| Post Code ¹² | | Cedex ¹³ | |
| Town/City | | | |
| Country Code ¹⁴ | | Country Name ¹⁴ | |

Authorised person ⁴⁵

| | | | | |
|----------------------------|----------------------|----------------------|---|---|
| Title (Dr, Prof., ...) | <input type="text"/> | Gender ⁸ | F | M |
| Family Name | | | | |
| First Name | | | | |
| Telephone No ¹⁵ | | Fax No ¹⁵ | | |
| 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) | <input type="text"/> |
| Signature of authorised person | |

Accompanying Measure Proposal Form – Form A4 (1/2)



EN E 2 FP5ACM

FOR COMMISSION USE ONLY

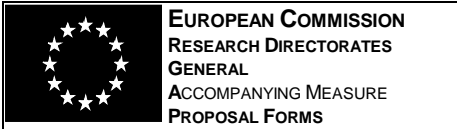
Proposal Acronym ⁵ Proposal No ⁶

A4. Cost Summary in euro ⁴⁶ (part 1/2)

| Participant Role ²⁴ | Participant No ²⁵ | Linked to Contractor No ²⁶ | Participant Short Name ⁵⁰ | Number of person/months ⁵¹ | Personnel Costs ⁵² | Durable Equipment ⁵³ | Consumables ⁵⁴ | Travel and Subsistence ⁵⁵ | Computing ⁵⁶ | Subcontracting ⁵⁷ | Subtotal part 1/2 ⁵⁸ |
|--------------------------------|------------------------------|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------------|---------------------------------|---------------------------|--------------------------------------|-------------------------|------------------------------|---------------------------------|
| CO | 1 | ⁴⁷ | | | | | | | | | |
| CO | 1 | ⁴⁸ | Co-ordination | | | | | | | | |
| CO | 1 | ⁴⁹ | Total co-ordinator costs | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| TOTAL ⁶⁵ | | | | | | | | | | | |

EN E 2 FP5ACM

Accompanying Measure Proposal Form – Form A4 (2/2)



EN F 2 FP5ACM

FOR COMMISSION USE ONLY

Proposal Acronym ⁵ Proposal No ⁶

A4. Cost Summary in euro ⁴⁶ (part 2/2)

| Participant Role ²⁴ | Participant No ²⁵ | Linked to Contractor No ²⁶ | Participant Short Name ⁵⁰ | Subtotal of part 1/2 ⁵⁸ | Other Specific project Costs ⁵⁹ | Protection of Knowledge ⁶⁰ | Overhead Costs ⁶¹ | Total Costs ⁶² | % Requested from the Community ⁶³ | Requested Contribution from the Community ⁶⁴ |
|--------------------------------|------------------------------|---------------------------------------|--------------------------------------|------------------------------------|--|---------------------------------------|------------------------------|---------------------------|--|---|
| CO | 1 | ⁴⁷ | | | | | | | | |
| CO | 1 | ⁴⁸ | Co-ordination | | | | | | | |
| CO | 1 | ⁴⁹ | Total co-ordinator costs | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| TOTAL ⁶⁵ | | | | | | | | | | |

EN F 2 FP5ACM