



EUROPEAN COMMISSION
RESEARCH DIRECTORATES
GENERAL
CONCERTED ACTION OR
THEMATIC NETWORK FORMS

EN A 2 FP5THN

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For guidelines see in relevant "Guide for Proposers"

**Proposal submission forms for
financial support from the EC for either a:**

Concerted Action,

Or a

Thematic Network

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

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

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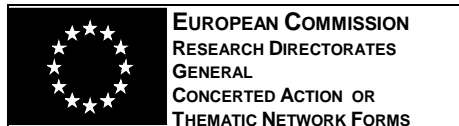
Post stamp

		/			/				
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Reception date

		/			/				
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Concerted Action or Thematic Network Proposal Form – Form A1



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Proposal Acronym ⁵		Proposal No ⁶	
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A1.	Proposal Administrative Overview ¹
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Thematic Priorities ²			
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Type of Action ⁴	
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Proposal Full Name	
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Contact person for the proposal(s) ⁷
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Title (Dr, Prof., ...)		Gender ⁸	F	M
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Family Name	
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First Name	
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Organisation Legal Name ⁹	
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Department / Institute Name ¹⁰	
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PO Box ¹¹	
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Street Name and Number	
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Post Code ¹²		Cedex ¹³	
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Town/City	
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Country Code ¹⁴		Country Name ¹⁴	
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Telephone No ¹⁵		Fax No ¹⁵	
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E-mail	
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Proposal abstract (maximum 1000 characters) ¹⁶
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Duration (in Months) ¹⁷		Total Eligible Cost (in euro) ¹⁸		EC Contribution requested (in euro) ¹⁹	
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Keywords ²⁰	
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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
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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)	
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Signature of person authorised to submit a proposal in the co-ordinating organisation	
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Concerted Action or Thematic Network Proposal Form – Form A2



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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)

Concerted Action or Thematic Network Proposal Form – Form A3



EN D 2 FP5THN	<input type="text"/>	<input type="text"/>
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Proposal Acronym ⁵	<input type="text"/>	Proposal No ⁶	<input type="text"/>
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

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

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"/>				
	<input type="text"/>				
	<input type="text"/>				

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴² ?				Y	N
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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	<input type="text"/>				
PO Box ¹¹	<input type="text"/>				
Street Name and Number	<input type="text"/>				
Post Code ¹²	<input type="text"/>	Cedex ¹³	<input type="text"/>	<input type="text"/>	
Town/City	<input type="text"/>				
Country Code ¹⁴	<input type="text"/>	Country Name ¹⁴	<input type="text"/>		

Authorised person ⁴⁵

Title (Dr, Prof., ...)	<input type="text"/>	Gender ⁸	F	M
Family Name	<input type="text"/>			
First Name	<input type="text"/>			
Telephone No ¹⁵	<input type="text"/>	Fax No ¹⁵	<input type="text"/>	
E-mail	<input type="text"/>			

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	<input type="text"/>



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Concerted Action or Thematic Network Proposal Form – Form A4

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Proposal Acronym ⁵

Proposal No ⁶

A4.

Cost Summary in euro ⁴⁶

Participant Role ²⁴	Participant No ²⁵	Linked to Contractor No ²⁶	Participant Short Name ⁴⁷	Number of person/months ⁴⁸	Personnel Costs ⁴⁹	Travel and Subsistence ⁵⁰	Computing ⁵¹	Subcontracting ⁵²	Other Specific project Costs ⁵³	Overhead Costs ⁵⁴	Total Costs ⁵⁵	Requested Contribution from the Community ⁵⁶
CO	1											
TOTAL ⁵⁷												

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