

EN A 2 FP5ACM

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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			

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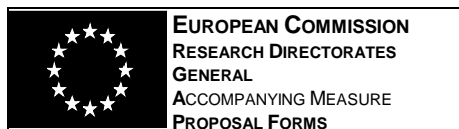
Post stamp

		/			/			
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Reception date

		/			/			
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Accompanying Measure Proposal Form – Form A1



EN B 2 FP5ACM	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%; height: 100%;" type="text"/>
FOR COMMISSION USE ONLY	<input type="checkbox"/>	<input type="checkbox"/>	

Proposal Acronym ⁵	<input style="width: 100%;" type="text"/>	Proposal No ⁶	<input style="width: 100%;" type="text"/>
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A1. PROPOSAL ADMINISTRATIVE OVERVIEW 1

Thematic priorities ²	<input style="width: 100%;" type="text"/>
Type of Action ⁴	<input style="width: 100%;" type="text"/>
Proposal Full Name	<input style="width: 100%;" type="text"/>

Contact person for the proposal ⁷

Title (Dr, Prof., ...)	<input style="width: 100%;" type="text"/>	Gender ⁸	<input type="checkbox"/> F	<input type="checkbox"/> M
Family Name	<input style="width: 100%;" type="text"/>			
First Name	<input style="width: 100%;" type="text"/>			
Organisation Legal Name ⁹	<input style="width: 100%;" type="text"/>			
Department / Institute Name ¹⁰	<input style="width: 100%;" type="text"/>			
PO Box ¹¹	<input style="width: 100%;" type="text"/>			
Street Name and Number	<input style="width: 100%;" type="text"/>			
Post Code ¹²	<input style="width: 100%;" type="text"/>	Cedex ¹³	<input style="width: 100%;" type="text"/>	
Town/City	<input style="width: 100%;" type="text"/>			
Country Code ¹⁴	<input style="width: 100%;" type="text"/>	Country Name ¹⁴	<input style="width: 100%;" type="text"/>	
Telephone No ¹⁵	<input style="width: 100%;" type="text"/>	Fax No ¹⁵	<input style="width: 100%;" type="text"/>	
E-mail	<input style="width: 100%;" type="text"/>			

Proposal abstract (maximum 1000 characters) ¹⁶

Duration (in Months) ¹⁷	<input style="width: 100%;" type="text"/>	Total Eligible Cost (in euro) ¹⁸	<input style="width: 100%;" type="text"/>	EC Contribution requested (in euro) ¹⁹	<input style="width: 100%;" type="text"/>
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Keywords ²⁰	<input style="width: 100%;" type="text"/>
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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	<input type="checkbox"/> Y	<input type="checkbox"/> N
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Programme Name	<input style="width: 100%;" type="text"/>	Year	<input style="width: 100%;" type="text"/>	Proposal No	<input style="width: 100%;" type="text"/>
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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)	<input style="width: 100%;" type="text"/>
Signature of person authorised to submit a proposal in the co-ordinating organisation	<input style="width: 100%;" type="text"/>

Accompanying Measure Proposal Form – Form A2



EUROPEAN COMMISSION
RESEARCH DIRECTORATES
GENERAL
ACCOMPANYING MEASURE
PROPOSAL FORMS

EN C 2 FP5ACM

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Proposal Acronym ⁵

Proposal No ⁶

A2.

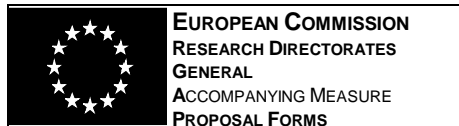
Proposal Summary ²²

Objectives (maximum 1000 characters)

Description of the work (maximum 2000 characters)

Milestones and expected results (maximum 500 characters)

Accompanying Measure Proposal Form – Form A3



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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 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"/>
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Registration No with the European Commission's Research Programmes ²⁷	<input type="text"/>
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Organisation Legal Name ²⁸	<input type="text"/>
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Short Name ²⁹	<input type="text"/>	Legal Registration No ³⁰	<input type="text"/>
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Activity Type ³¹	<input type="text"/>	Legal Status ³²	<input type="text"/>	If 'PRC', Specify ³³	<input type="text"/>
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Business Area ³⁴ (NACE)	<input type="text"/>	User/Supplier ³⁵ (U/S)	<input type="text"/>
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Organisation details ³⁶

Annual turnover ³⁷	<input type="text"/>	Annual Balance Sheet Total ³⁸	<input type="text"/>	Number of employees ³⁹	<input type="text"/>
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Is Your Organisation independent ⁴⁰ ?	<input type="text"/>	Y	<input type="text"/>	N	<input type="text"/>
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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 ?	<input type="text"/>	Y	<input type="text"/>	N	<input type="text"/>
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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"/>
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PO Box ¹¹	<input type="text"/>
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Street Name and Number	<input type="text"/>
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Post Code ¹²	<input type="text"/>	Cedex ¹³	<input type="text"/>
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Town/City	<input type="text"/>
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Country Code ¹⁴	<input type="text"/>	Country Name ¹⁴	<input type="text"/>
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Authorised person ⁴⁵

Title (Dr, Prof., ...)	<input type="text"/>	Gender ⁸	F	<input type="text"/>	M	<input type="text"/>
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Family Name	<input type="text"/>
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First Name	<input type="text"/>
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Telephone No ¹⁵	<input type="text"/>	Fax No ¹⁵	<input type="text"/>
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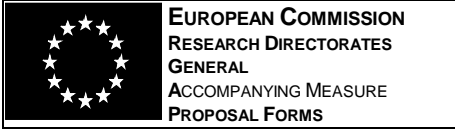
E-mail	<input type="text"/>
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I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	<input type="text"/>
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Signature of authorised person	<input type="text"/>
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Accompanying Measure Proposal Form – Form A4 (1/2)



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Proposal Acronym ⁵

Proposal No ⁶

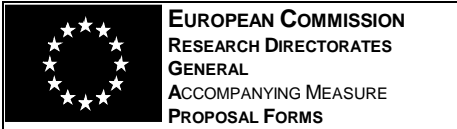
A4.

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											

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



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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										

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