

Proposal Submission Forms



EUROPEAN COMMISSION

6th Framework Programme for
Research, Technological
Development and Demonstration

Integrated Project

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Proposal Number ¹		Proposal Acronym ²	M-Change
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Information on Participants

Participant number ²⁶	1		
Participant organisation			
Organisation legal name ¹¹	Regione Toscana		
Organisation short name ¹²	Regione Toscana		
Legal address			
PO Box ¹³		Postal Code ¹³	I - 51100 Cedex ¹³
Street name and number ¹³	Via San Gallo 34/A		
Town ¹³	Firenze	Country ¹⁴	Italy
Internet homepage	www.regione.toscana.it		
Activity Type HE, RES, IND, OTH ¹⁵	OTHER	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	GOV
If Legal Status "PRC", specify ¹⁸			
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO	NO	
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰	YES/NO		
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹			
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹			
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹			
Person in charge²²			
Name	Sorbi	First name(s)	Simone
Title ²³	Mr.	Sex: Female=F, Male=M ²⁴	M
Department/Faculty/Institute/ Laboratory name	Direzione Generale dello Sviluppo Economico - Area delle Politiche Regionali dell'Innovazione e della Ricerca		
Address (if different from above)			
PO Box ¹³	-	Postal Code ¹³	- Cedex ¹³ -
Street name and number ¹³	-		
Town ¹³	-	Country ¹⁴	-
Phone 1 ²⁵	+39 055 4382418	Phone 2 ²⁵	+39 055 4382432
e-mail	s.sorbi@regione.toscana	Fax ²⁵	+39 055 4382426

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	YES	
If yes, programme name(s) and year	Coordinator of ERIK project (European Theme 3 IARP Network)		
If yes, proposal number(s) or contract number	-		

For a proposal to be considered as complete, all questions must be answered. If a field is not applicable to you, please enter -.

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INFORMATION ON PARTICIPANTS

Participant number ²⁶	2		
Participant organisation			
Organisation legal name ¹¹	Laboratory Education Research - EgoCreaNet at Florence University		
Organisation short name ¹²	LRE/EgoCreaNet		
Legal address			
PO Box ¹³	-	Postal Code ¹³	50100 Cedex ¹³ -
Street name and number ¹³ Via Maragliano 77			
Town ¹³	Florence	Country ¹⁴	Italy
Internet homepage	http://www.chim1.unifi.it/group/educ		
Activity Type HE, RES, IND, OTH ¹⁵	HE	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	GOV
If Legal Status "PRC", specify ¹⁸	-		
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO	NO	
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰	YES/NO	NO	
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
Person in charge²²			
Name	Manzelli	First name(s)	Paolo
Title ²³	Prof	Sex: Female=F, Male=M ²⁴	M
Department/Faculty/Institute/ Laboratory name	LRE - Laboratorio Ricerca Educativa, Science Faculty Florence University in joint venture with Telematics's Research Association EGO-CreaNet		
Address (if different from above)			
PO Box ¹³	-	Postal Code ¹³	- Cedex ¹³ -
Street name and number ¹³ -			
Town ¹³	-	Country ¹⁴	-
Phone 1 ²⁵	+39 055 332549	Phone 2 ²⁵	-
e-mail	LRE@unifi.it	Fax ²⁵	+39 055 3325 42

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year	-	
If yes, proposal number(s) or contract number	-	

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Information on Participants

Participant number ²⁶	3		
Participant organisation			
Organisation legal name ¹¹	DIPARTIMENTO DI SOCIOLOGIA E COMUNICAZIONE DELL'UNIVERSITA' DI ROMA LA SAPIENZA		
Organisation short name ¹²	UOR		
Legal address			
PO Box ¹³		Postal Code ¹³	00198
		Cedex ¹³	
Street name and number ¹³	VIA SALARIA 113I		
Town ¹³	ROME	Country ¹⁴	ITALY
Internet homepage	http://www.uniroma1.it		
Activity Type HE, RES, IND, OTH ¹⁵	HE	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	GOV
If Legal Status "PRC", specify ¹⁸			
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO	NO	
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰	YES/NO	NO	
If yes, participant number		If yes, participant short name	
Character of dependence SG, CLS, CLB ²¹			
If yes, participant number		If yes, participant short name	
Character of dependence SG, CLS, CLB ²¹			
If yes, participant number		If yes, participant short name	
Character of dependence SG, CLS, CLB ²¹			
Person in charge²²			
Name	Di Nicola	First name(s)	Patrizio
Title ²³	Prof.	Sex: Female=F, Male=M ²⁴	M
Department/Faculty/Institute/ Laboratory name	Dipartimento di Sociologia e Comunicazione		
Address (if different from above)			
PO Box ¹³	-	Postal Code ¹³	-
		Cedex ¹³	-
Street name and number ¹³	-		
Town ¹³	-	Country ¹⁴	-
Phone 1 ²⁵	+39 06 49918456	Phone 2 ²⁵	-
e-mail	patrizio.dinicola@uniroma1.it	Fax ²⁵	+39-06-43 59 90 78

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year		
If yes, proposal number(s) or contract number		

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INFORMATION ON PARTICIPANTS

Participant number ²⁶	4		
Participant organisation			
Organisation legal name ¹¹	ICIE - Istituto Cooperativo per l'Innovazione SCARL		
Organisation short name ¹²	ICIE		
Legal address			
PO Box ¹³	-	Postal Code ¹³	00198 Cedex ¹³ -
Street name and number ¹³	Via Velletri 35		
Town ¹³	ROME	Country ¹⁴	ITALY
Internet homepage	www.icie.it		
Activity Type HE, RES, IND, OTH ¹⁵	RES	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	PRC
If Legal Status "PRC", specify ¹⁸	SCARL		
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO	NO	
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰	YES/NO	NO	
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
Person in charge²²			
Name	Andreotti	First name(s)	Pietro
Title ²³	Ing.	Sex: Female=F, Male=M ²⁴	M
Department/Faculty/Institute/ Laboratory name	ICIE - RTD Department		
Address (if different from above)			
PO Box ¹³	-	Postal Code ¹³	40127 Cedex ¹³ -
Street name and number ¹³	Via Ciamician 2		
Town ¹³	Bologna	Country ¹⁴	Italy
Phone 1 ²⁵	+39 051 243131	Phone 2 ²⁵	-
e-mail	p.andreotti@bo.icie.it	Fax ²⁵	+39 051 243266

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year	-	
If yes, proposal number(s) or contract number	-	

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INFORMATION ON PARTICIPANTS

Participant number ²⁶	5		
Participant organisation			
Organisation legal name ¹¹	EBS Executive Training Centre		
Organisation short name ¹²	EBS		
Legal address			
PO Box ¹³	-	Postal Code ¹³	10114 Cedex ¹³ -
Street name and number ¹³ Lauteri			
Town ¹³	Tallinn	Country ¹⁴	Estonia
Internet homepage	www.ebs.ee		
Activity Type HE, RES, IND, OTH ¹⁵	OTH	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	PRC
If Legal Status "PRC", specify ¹⁸	LTD		
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO	YES	
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰	YES/NO	NO	
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
Person in charge²²			
Name	Tarnov	First name(s)	Kulle
Title ²³	Mrs	Sex: Female=F, Male=M ²⁴	F
Department/Faculty/Institute/ Laboratory name	EBS ETC		
Address (if different from above)			
PO Box ¹³	-	Postal Code ¹³	- Cedex ¹³ -
Street name and number ¹³ - -			
Town ¹³	-	Country ¹⁴	-
Phone 1 ²⁵	+37 26651354	Phone 2 ²⁵	+37 26651352
e-mail	kylle.tarnov@ebs.ee	Fax ²⁵	+37 26651380

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year	-	
If yes, proposal number(s) or contract number	-	

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Information on Participants

Participant number ²⁶	6		
Participant organisation			
Organisation legal name ¹¹	UNIVERSITE LOUIS PASTEUR		
Organisation short name ¹²	ULP		
Legal address			
PO Box ¹³	-	Postal Code ¹³	67070 Cedex ¹³ -
Street name and number ¹³	4 rue Blaise Pascal		
Town ¹³	STRASBOURG	Country ¹⁴	FRANCE
Internet homepage	http://www-ulp.u-strasbg.fr/		
Activity Type HE, RES, IND, OTH ¹⁵	HE	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	GOV
If Legal Status "PRC", specify ¹⁸	-		
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO	NO	
Are there dependencies between the organisation and (an) other participant(s) ? ²⁰	YES/NO	NO	
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
Person in charge²²			
Name	HERAUD	First name(s)	Jean-Alain
Title ²³	Prof.	Sex: Female=F, Male=M ²⁴	M
Department/Faculty/Institute/ Laboratory name	Faculté de sciences économiques et de gestion Bureau d'économie théorique et appliquée (BETA)		
Address (if different from above)			
PO Box ¹³	-	Postal Code ¹³	67000 Cedex ¹³ -
Street name and number ¹³	61 avenue de la Forêt Noire		
Town ¹³	STRASBOURG	Country ¹⁴	FRANCE
Phone 1 ²⁵	33(0)390242095	Phone 2 ²⁵	
e-mail	heraud@cournot.u-strasbg.fr	Fax ²⁵	33(0)390242071

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year	-	
If yes, proposal number(s) or contract number	-	

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INFORMATION ON PARTICIPANTS

Participant number ²⁶	7		
Participant organisation			
Organisation legal name ¹¹	TERRA HUMANA Clean Technology Engineering Ltd.		
Organisation short name ¹²	TERRA		
Legal address			
PO Box ¹³	-	Postal Code ¹³	H-1222 Cedex ¹³ -
Street name and number ¹³		Szechenyi 59	
Town ¹³	Budapest	Country ¹⁴	Hungary
Internet homepage	http://www.terrenum.net		
Activity Type HE, RES, IND, OTH ¹⁵	IND	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	PRC
If Legal Status "PRC", specify ¹⁸	LTD.		
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO	YES	
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰	YES/NO	NO	
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹			
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹			
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹		-	
Person in charge²²			
Name	Someus	First name(s)	Edward
Title ²³	Eng	Sex: Female=F, Male=M ²⁴	M
Department/Faculty/Institute/ Laboratory name			
Address (if different from above)			
PO Box ¹³	-	Postal Code ¹³	H-1222 Cedex ¹³ -
Street name and number ¹³		Szechenyi 59	
Town ¹³	Budapest	Country ¹⁴	Hungary
Phone 1 ²⁵	+36-20-2017557	Phone 2 ²⁵	+36-1-4240224
e-mail	edward@terrenum.net	Fax ²⁵	+36-1-4240224

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year	-	
If yes, proposal number(s) or contract number	-	

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INFORMATION ON PARTICIPANTS

Participant number ²⁶	8		
Participant organisation			
Organisation legal name ¹¹	PLATO Cork		
Organisation short name ¹²	PLATO Cork		
Legal address			
PO Box ¹³	-	Postal Code ¹³	-
Street name and number ¹³			
Unit 6, South Ring Business Park, Kinsale Road			
Town ¹³	Cork	Country ¹⁴	Ireland
Internet homepage	www.plato.ie		
Activity Type HE, RES, IND, OTH ¹⁵	OTH	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	PNP
If Legal Status "PRC", specify ¹⁸	-		
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO	NO	
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰	YES/NO	NO	
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
Person in charge²²			
Name	O'Connell	First name(s)	J.J.
Title ²³	Mr.	Sex: Female=F, Male=M ²⁴	M
Department/Faculty/Institute/ Laboratory name	Plato Cork		
Address (if different from above)			
PO Box ¹³	-	Postal Code ¹³	-
Street name and number ¹³			
-			
Town ¹³	-	Country ¹⁴	-
Phone 1 ²⁵	+353-21-4320466	Phone 2 ²⁵	+353872627280
e-mail	jj@platocork.ie	Fax ²⁵	+353-21-4320468

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year	-	
If yes, proposal number(s) or contract number	-	

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INFORMATION ON PARTICIPANTS

Participant number ²⁶	9			
Participant organisation				
Organisation legal name ¹¹	The Intellectual Capital Research Institute of Ireland Ltd			
Organisation short name ¹²	ICRI			
Legal address				
PO Box ¹³	-	Postal Code ¹³	7WST	Cedex ¹³
Street name and number ¹³		7 Clonee Road, Ballyagran		
Town ¹³	Limerick County	Country ¹⁴	Ireland	
Internet homepage	www.ist.utl.pt			
Activity Type HE, RES, IND, OTH ¹⁵	RES	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	PRC	
If Legal Status "PRC", specify ¹⁸	LTD			
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO			NO
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰	YES/NO			NO
If yes, participant number	-	If yes, participant short name	-	
Character of dependence SG, CLS, CLB ²¹	-			
If yes, participant number	-	If yes, participant short name	-	
Character of dependence SG, CLS, CLB ²¹	-			
If yes, participant number	-	If yes, participant short name	-	
Character of dependence SG, CLS, CLB ²¹	-			
Person in charge²²				
Name	O'Donnell	First name(s)	David	
Title ²³	Prof.	Sex: Female=F, Male=M ²⁴	M	
Department/Faculty/Institute/ Laboratory name	The Intellectual Capital Research Institute of Ireland			
Address (if different from above)				
PO Box ¹³	-	Postal Code ¹³	-	Cedex ¹³
Street name and number ¹³		-		
Town ¹³	-	Country ¹⁴	-	
Phone 1 ²⁵	+353-87-6821032		Phone 2 ²⁵	-
e-mail	david.odonnell@ireland.com		Fax ²⁵	+353-61-213188

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year	-	
If yes, proposal number(s) or contract number	-	

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Information on Participants			
Participant number ²⁶	10		
Participant organisation			
Organisation legal name ¹¹	Public Institution Strategic Self-Management Institute		
Organisation short name ¹²	SSI		
Legal address			
PO Box ¹³	-	Postal Code ¹³	LT-5810 Cedex ¹³
Street name and number ¹³ Baltijos pr. 123-61			
Town ¹³	Klaipeda	Country ¹⁴	Lithuania
Internet homepage	www.eksponente.lt/ssi		
Activity Type HE, RES, IND, OTH ¹⁵	RES	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	PNP
If Legal Status "PRC", specify ¹⁸			
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹			YES/NO YES
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰			YES/NO NO
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹			
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹			
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹			
Person in charge²²			
Name	Paulauskas	First name(s)	Stasys
Title ²³	Prof.	Sex: Female=F, Male=M ²⁴	M
Department/Faculty/Institute/ Laboratory name Administration			
Address (if different from above)			
PO Box ¹³	-	Postal Code ¹³	- Cedex ¹³ -
Street name and number ¹³ -			
Town ¹³	-	Country ¹⁴	-
Phone 1 ²⁵	+370-46-350560	Phone 2 ²⁵	+370-46-230560
e-mail	ssi@eksponente.lt	Fax ²⁵	+370-46-230560

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year	-	
If yes, proposal number(s) or contract number	-	

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INFORMATION ON PARTICIPANTS

Participant number ²⁶	11			
Participant organisation				
Organisation legal name ¹¹	Høgskolen i Stavanger (Stavanger University College)			
Organisation short name ¹²	SUC			
Legal address				
PO Box ¹³	8002	Postal Code ¹³	4068	Cedex ¹³ -
Street name and number ¹³ Avenida Rovisco Pais				
Town ¹³	Stavanger	Country ¹⁴	Norway	
Internet homepage	http://www.his.no			
Activity Type HE, RES, IND, OTH ¹⁵	HE	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	GOV	
If Legal Status "PRC", specify ¹⁸	-			
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO			NO
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰	YES/NO			NO
If yes, participant number	-	If yes, participant short name	-	
Character of dependence SG, CLS, CLB ²¹	-			
If yes, participant number	-	If yes, participant short name	-	
Character of dependence SG, CLS, CLB ²¹	-			
If yes, participant number	-	If yes, participant short name	-	
Character of dependence SG, CLS, CLB ²¹	-			
Person in charge²²				
Name	Frick	First name(s)	Jan	
Title ²³	Prof.	Sex: Female=F, Male=M ²⁴	M	
Department/Faculty/Institute/ Laboratory name	Department of Business Administration			
Address (if different from above)				
PO Box ¹³	-	Postal Code ¹³	-	Cedex ¹³ -
Street name and number ¹³ -				
Town ¹³	-	Country ¹⁴	-	
Phone 1 ²⁵	+47-51831560	Phone 2 ²⁵	+4751831000	
e-mail	jan@frick.biz	Fax ²⁵	+4751831550	

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year	-	
If yes, proposal number(s) or contract number	-	

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INFORMATION ON PARTICIPANTS

Participant number ²⁶	12				
Participant organisation					
Organisation legal name ¹¹	Rogaland Kurs -og kompetansesenter (Rogaland Training and Education Centre)				
Organisation short name ¹²	RKK				
Legal address					
PO Box ¹³	130	Postal Code ¹³	N-4001	Cedex ¹³	-
Street name and number ¹³		Arkitekt Eckhoffs gate 1			
Town ¹³	Stavanger	Country ¹⁴	Norway		
Internet homepage	www.ist.utl.pt				
Activity Type HE, RES, IND, OTH ¹⁵	OTH	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶		PUC	
If Legal Status "PRC", specify ¹⁸	-				
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹				YES/NO	YES
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰				YES/NO	NO
If yes, participant number	-	If yes, participant short name	-		
Character of dependence SG, CLS, CLB ²¹		-			
If yes, participant number	-	If yes, participant short name	-		
Character of dependence SG, CLS, CLB ²¹		-			
If yes, participant number	-	If yes, participant short name	-		
Character of dependence SG, CLS, CLB ²¹		-			
Person in charge²²					
Name	Imsland	First name(s)	Ole		
Title ²³	Prof.	Sex: Female=F, Male=M ²⁴	M		
Department/Faculty/Institute/ Laboratory name		-			
Address (if different from above)					
PO Box ¹³	-	Postal Code ¹³	-	Cedex ¹³	-
Street name and number ¹³		-			
Town ¹³	-	Country ¹⁴	-		
Phone 1 ²⁵	+47 51 51 67 37	Phone 2 ²⁵	-		
e-mail	imsland@rkk.no	Fax ²⁵	+47 51 52 38 60		

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year	-	
If yes, proposal number(s) or contract number	-	

For a proposal to be considered as complete, all questions must be answered. If a field is not applicable to you, please enter -.

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INFORMATION ON PARTICIPANTS

Participant number ²⁶	13				
Participant organisation					
Organisation legal name ¹¹	Politechnika Wroclawska				
Organisation short name ¹²	PWR				
Legal address					
PO Box ¹³	-	Postal Code ¹³	50-370	Cedex ¹³	-
Street name and number ¹³ Ul. Wybrzeze Wyspianskiego					
Town ¹³	Wroclaw	Country ¹⁴	Poland		
Internet homepage					
Activity Type HE, RES, IND, OTH ¹⁵	HE	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶		GOV	
If Legal Status "PRC", specify ¹⁸ -					
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹				YES/NO	NO
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰				YES/NO	NO
If yes, participant number	-	If yes, participant short name	-		
Character of dependence SG, CLS, CLB ²¹ -					
If yes, participant number	-	If yes, participant short name	-		
Character of dependence SG, CLS, CLB ²¹ -					
If yes, participant number		If yes, participant short name	-		
Character of dependence SG, CLS, CLB ²¹ -					
Person in charge²²					
Name	Lubicka	First name(s)	Beata		
Title ²³	Ms	Sex: Female=F, Male=M ²⁴		F	
Department/Faculty/Institute/ Laboratory name WCTT - Wroclawskie Centrum Transferu Technologii					
Address (if different from above)					
PO Box ¹³	-	Postal Code ¹³	-	Cedex ¹³	-
Street name and number ¹³ Ul. Smoluchowskiego 48					
Town ¹³	Wroclaw	Country ¹⁴	Poland		
Phone 1 ²⁵	+48 71 3202189	Phone 2 ²⁵	+4871 -3203318		
e-mail	b.lubicka@pwr.wroc.pl	Fax ²⁵	+4871 -3203948		

Previously submitted similar proposals or signed contracts? ¹⁰				YES/NO	NO
If yes, programme name(s) and year		-			
If yes, proposal number(s) or contract number		-			

For a proposal to be considered as complete, all questions must be answered. If a field is not applicable to you, please enter -.

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Information on Participants			
Participant number ²⁶	14		
Participant organisation			
Organisation legal name ¹¹	Byweb 2 Formação e Informática Unipessoal, Lda		
Organisation short name ¹²	Byweb		
Legal address			
PO Box ¹³	-	Postal Code ¹³	4505-011
		Cedex ¹³	Lourosa
Street name and number ¹³	Av. das Cruzes, 718		
Town ¹³	Santa Maria da Feira	Country ¹⁴	Portugal
Internet homepage	www.byweb.pt		
Activity Type HE, RES, IND, OTH ¹⁵	OTHER	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	PRC
If Legal Status "PRC", specify ¹⁸	LTD		
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO	YES	
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰	YES/NO	NO	
If yes, participant number		If yes, participant short name	
Character of dependence SG, CLS, CLB ²¹			
If yes, participant number		If yes, participant short name	
Character of dependence SG, CLS, CLB ²¹			
If yes, participant number		If yes, participant short name	
Character of dependence SG, CLS, CLB ²¹			
Person in charge²²			
Name	Almeida Pinto	First name(s)	Teresa
Title ²³	Dr.	Sex: Female=F, Male=M ²⁴	F
Department/Faculty/Institute/ Laboratory name	Administration		
Address (if different from above)			
PO Box ¹³	-	Postal Code ¹³	-
		Cedex ¹³	-
Street name and number ¹³			
Town ¹³	-	Country ¹⁴	-
Phone 1 ²⁵	+ 351 + 22 7410133	Phone 2 ²⁵	
e-mail	tpinto@byweb.pt	Fax ²⁵	+ 351 + 22 7410134

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO	
If yes, programme name(s) and year	-		
If yes, proposal number(s) or contract number	-		

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INFORMATION ON PARTICIPANTS

Participant number ²⁶	15			
Participant organisation				
Organisation legal name ¹¹	Instituto Superiore Tecnico			
Organisation short name ¹²	IST			
Legal address				
PO Box ¹³	-	Postal Code ¹³	1049-001	Cedex ¹³
Street name and number ¹³	Avenida Rovisco Pais			
Town ¹³	Lisbon	Country ¹⁴	Portugal	
Internet homepage	www.ist.utl.pt			
Activity Type HE, RES, IND, OTH ¹⁵	HE	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	GOV	
If Legal Status "PRC", specify ¹⁸	-			
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO			NO
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰	YES/NO			NO
If yes, participant number	-	If yes, participant short name	-	
Character of dependence SG, CLS, CLB ²¹	-			
If yes, participant number	-	If yes, participant short name	-	
Character of dependence SG, CLS, CLB ²¹				
If yes, participant number	-	If yes, participant short name	-	
Character of dependence SG, CLS, CLB ²¹				
Person in charge²²				
Name	Quintino	First name(s)	Luisa	
Title ²³	Prof.	Sex: Female=F, Male=M ²⁴	F	
Department/Faculty/Institute/ Laboratory name	Departamento de Engenharia Mecanica, STM			
Address (if different from above)				
PO Box ¹³	-	Postal Code ¹³	-	Cedex ¹³
Street name and number ¹³	-			
Town ¹³	-	Country ¹⁴	-	
Phone 1 ²⁵	+35 1 218417316	Phone 2 ²⁵	+35 1962738962	
e-mail	lquintino@ist.utl.pt	Fax ²⁵	+35 1218419058	

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year	-	
If yes, proposal number(s) or contract number	-	

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INFORMATION ON PARTICIPANTS					
Participant number ²⁶	16				
Participant organisation					
Organisation legal name ¹¹	IPA Automation Engineering				
Organisation short name ¹²	IPA				
Legal address					
PO Box ¹³	-	Postal Code ¹³	712951	Cedex ¹³	-
Street name and number ¹³ No 18, Mircea Eliade Bulevard					
Town ¹³	Bucarest	Country ¹⁴	Romania		
Internet homepage	http://www.ipa.ro				
Activity Type HE, RES, IND, OTH ¹⁵	RES	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶			PRC
If Legal Status "PRC", specify ¹⁸	SA				
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹				YES/NO	YES
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰				YES/NO	NO
If yes, participant number	-	If yes, participant short name	-		
Character of dependence SG, CLS, CLB ²¹					
If yes, participant number	-	If yes, participant short name	-		
Character of dependence SG, CLS, CLB ²¹					
If yes, participant number	-	If yes, participant short name	-		
Character of dependence SG, CLS, CLB ²¹					
Person in charge²²					
Name	Vladut	First name(s)	Gabriel		
Title ²³	Eng	Sex: Female=F, Male=M ²⁴	M		
Department/Faculty/Institute/ Laboratory name		IPA CIFATT, Regional Network Centre, Centre of Excellence			
Address (if different from above)					
PO Box ¹³	-	Postal Code ¹³	1100	Cedex ¹³	-
Street name and number ¹³ No 2, Electroputere street					
Town ¹³	Craiova	Country ¹⁴	Romania		
Phone 1 ²⁵	+40-251-418882	Phone 2 ²⁵	+40-251-163368		
e-mail	office@ipacv.ro	Fax ²⁵	+40-251-162900		

Previously submitted similar proposals or signed contracts? ¹⁰		YES/NO	NO
If yes, programme name(s) and year			
If yes, proposal number(s) or contract number			

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INFORMATION ON PARTICIPANTS

Participant number ²⁶	17		
Participant organisation			
Organisation legal name ¹¹	Universitatea Dunarea de Jos din Galati		
Organisation short name ¹²	UDJG		
Legal address			
PO Box ¹³	-	Postal Code ¹³	800008 Cedex ¹³ -
Street name and number ¹³ Domneasca 47			
Town ¹³	Galati	Country ¹⁴	Romania
Internet homepage -			
Activity Type HE, RES, IND, OTH ¹⁵	HE	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	GOV
If Legal Status "PRC", specify ¹⁸ -			
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹			YES/NO NO
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰			YES/NO NO
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹ -			
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹ -			
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹ -			
Person in charge²²			
Name	JORDACHESCU	First name(s)	Danut
Title ²³	Prof.	Sex: Female=F, Male=M ²⁴	M
Department/Faculty/Institute/ Laboratory name International Projects - Mechanical Engineering Faculty			
Address (if different from above)			
PO Box ¹³	-	Postal Code ¹³	- Cedex ¹³ -
Street name and number ¹³ -			
Town ¹³	-	Country ¹⁴	-
Phone 1 ²⁵	+35 19611137899	Phone 2 ²⁵	+40 236413602
e-mail	dan_iord@yahoo.com	Fax ²⁵	+40236461353

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year	-	
If yes, proposal number(s) or contract number	-	

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Information on Participants			
Participant number ²⁶	18		
Participant organisation			
Organisation legal name ¹¹	ASOCIATIA pentru DEZVOLTAREA CREATIVITATII		
Organisation short name ¹²	ADC		
Legal address			
PO Box ¹³	-	Postal Code ¹³	2200 Cedex ¹³ -
Street name and number ¹³	Independentei 17		
Town ¹³	Brasov	Country ¹⁴	Romania
Internet homepage	-		
Activity Type HE, RES, IND, OTH ¹⁵	OTHER	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	GOV
If Legal Status "PRC", specify ¹⁸	-		
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO	NO	
Are there dependencies between the organisation and (an)other participant(s)? ²⁰	YES/NO	YES	
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹			
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹			
Person in charge²²			
Name	ENACHE	First name(s)	Vasile
Title ²³	Dr.	Sex: Female=F, Male=M ²⁴	M
Department/Faculty/Institute/Laboratory name	Projects		
Address (if different from above)			
PO Box ¹³	-	Postal Code ¹³	2200 Cedex ¹³ -
Street name and number ¹³	Independentei 17		
Town ¹³	Brasov	Country ¹⁴	Romania
Phone 1 ²⁵	+40268424496	Phone 2 ²⁵	-
e-mail	enachevasile@hotmail.com	Fax ²⁵	-

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year	-	
If yes, proposal number(s) or contract number	-	

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Information on Participants						
Participant number ²⁶	19					
Participant organisation						
Organisation legal name ¹¹	BIC Group s. r. o.					
Organisation short name ¹²	BIC Group					
Legal address						
PO Box ¹³	-	Postal Code ¹³	811 03	Cedex ¹³	-	
Street name and number ¹³						
Zochova 5						
Town ¹³	Bratislava			Country ¹⁴	Slovakia	
Internet homepage						
www.bicba.sk/bicgroup						
Activity Type HE, RES, IND, OTH ¹⁵	OTHER	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶			PRC	
If Legal Status "PRC", specify ¹⁸						
Ltd.						
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹					YES/NO	YES
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰					YES/NO	NO
If yes, participant number		-		If yes, participant short name		-
Character of dependence SG, CLS, CLB ²¹						
If yes, participant number		-		If yes, participant short name		-
Character of dependence SG, CLS, CLB ²¹						
If yes, participant number		-		If yes, participant short name		-
Character of dependence SG, CLS, CLB ²¹						
Person in charge²²						
Name	Streleck_		First name(s)	Ján		
Title ²³	Mr.	Sex: Female=F, Male=M ²⁴			M	
Department/Faculty/Institute/ Laboratory name		BIC Group				
Address (if different from above)						
PO Box ¹³	-		Postal Code ¹³	-		
Street name and number ¹³						
-						
Town ¹³	-		Country ¹⁴	-		
Phone 1 ²⁵	+421-2-5441 7515		Phone 2 ²⁵	-		
e-mail	strelecky@bicba.sk		Fax ²⁵	+421-2-5441 7522		

Previously submitted similar proposals or signed contracts? ¹⁰		YES/NO	NO
If yes, programme name(s) and year		-	
If yes, proposal number(s) or contract number		-	

For a proposal to be considered as complete, all questions must be answered. If a field is not applicable to you, please enter -.

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Participant number ²⁶		20	
Participant organisation			
Organisation legal name ¹¹		Amnim d.o.o., center za znanstveno vizualizacijo	
Organisation short name ¹²		CSV	
Legal address			
PO Box ¹³	-	Postal Code ¹³	SLO-1000 Cedex ¹³ -
Street name and number ¹³		Trzaska 11	
Town ¹³	Ljubljana	Country ¹⁴	Slovenia
Internet homepage	www.bioanim.com		
Activity Type HE, RES, IND, OTH ¹⁵	IND	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	PRC
If Legal Status "PRC", specify ¹⁸	D.O.O		
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO	YES	
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰	YES/NO	NO	
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹			
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹			
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹			
Person in charge²²			
Name	Amon	First name(s)	Tomaz
Title ²³	Dr.	Sex: Female=F, Male=M ²⁴	M
Department/Faculty/Institute/ Laboratory name		Amnim, Center for scientific visualization	
Address (if different from above)			
PO Box ¹³		Postal Code ¹³	Cedex ¹³
Street name and number ¹³			
Town ¹³	Ljubljana	Country ¹⁴	Slovenia
Phone 1 ²⁵	+38614261791	Phone 2 ²⁵	+38641896715
e-mail	tomaz.amon@bioanim.com	Fax ²⁵	+38614261791

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	YES
If yes, programme name(s) and year	School LABORatory anticipating FUTURE needs of European Youth (LAB@FUTURE): 2002	
If yes, proposal number(s) or contract number	IST-2001-34204	

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INFORMATION ON PARTICIPANTS

Participant number ²⁶	21		
Participant organisation			
Organisation legal name ¹¹	Jozef Stefan Institute		
Organisation short name ¹²	JSI		
Legal address			
PO Box ¹³	3000	Postal Code ¹³	1001 Cedex ¹³ -
Street name and number ¹³ Jamova			
Town ¹³	Ljubljana	Country ¹⁴	Slovenia
Internet homepage	http://www.ijs.si		
Activity Type HE, RES, IND, OTH ¹⁵	RES	Legal Status GOV, INO, JRC, PUC, PRC, EEIG ¹⁷ , PNP ¹⁶	GOV
If Legal Status "PRC", specify ¹⁸	-		
Is the organisation a Small or Medium-Sized Enterprise (SME)? ¹⁹	YES/NO	NO	
Are there dependencies between the organisation and (an)other participant(s) ? ²⁰	YES/NO	NO	
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
If yes, participant number	-	If yes, participant short name	-
Character of dependence SG, CLS, CLB ²¹	-		
If yes, participant number	-	If yes, participant short name	
Character of dependence SG, CLS, CLB ²¹	-		
Person in charge²²			
Name	Borka	First name(s)	Jerman Blazic
Title ²³	Prof.	Sex: Female=F, Male=M ²⁴	M
Department/Faculty/Institute/ Laboratory name	JSI		
Address (if different from above)			
PO Box ¹³	-	Postal Code ¹³	- Cedex ¹³ -
Street name and number ¹³ -			
Town ¹³	-	Country ¹⁴	-
Phone 1 ²⁵	+386 1 4773408	Phone 2 ²⁵	-
e-mail	borka@e5.ijs.si	Fax ²⁵	+386 1 4232118

Previously submitted similar proposals or signed contracts? ¹⁰	YES/NO	NO
If yes, programme name(s) and year	-	
If yes, proposal number(s) or contract number	-	

For a proposal to be considered as complete, all questions must be answered. If a field is not applicable to you, please enter -.