

Proposal Submission Forms



EUROPEAN COMMISSION

6th Framework Programme for
Research, Technological
Development and Demonstration

Integrated Project

A2


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 charge ²²											
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 join 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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6th Framework Programme for
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Development and Demonstration

Integrated Project

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Proposal Number ¹		Proposal Acrony	M-CHANGE
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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		

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	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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Proposal Number ¹		Proposal Acronym ²	M-CHANGE
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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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EUROPEAN COMMISSION

6th Framework Programme for
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Development and Demonstration

IP Integrated Project


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Proposal Number ¹		Proposal Acronym ²	M-CHANGE
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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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	EUROPEAN COMMISSION 6 th Framework Programme for Research, Technological Development and Demonstration	Integrated Project	A2
	Proposal Number ¹	-	Proposal Acronym ²

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		-		Cedex 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 charge ²²											
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		-		Cedex 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	-	

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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Proposal Number ¹		Proposal Acronym ²	M-CHANGE
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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	-	

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

Proposal Submission Forms


	EUROPEAN COMMISSION 6 th Framework Programme for Research, Technological Development and Demonstration	Integrated Project	A2
	Proposal Number ¹	Proposal Acronym ²	M-CHANGE

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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	Proposal Number ¹	Proposal Acronym ²	M-CHANGE

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 charge ²²											
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 -.

Proposal Submission Forms



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Integrated Project

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Proposal Number ¹		Proposal Acronym ²	M-CHANGE
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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	-		

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

Proposal Submission Forms

	EUROPEAN COMMISSION 6 th Framework Programme for Research, Technological Development and Demonstration	Integrated Project	A2
	Proposal Number ¹	Proposal Acronym ²	M-CHANGE

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	-	

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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EUROPEAN COMMISSION

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IP Integrated Project


A2

Proposal Number ¹		Proposal Acronym ²	M-CHANGE
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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 Boulevard			
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		

Proposal Submission Forms

	EUROPEAN COMMISSION 6 th Framework Programme for Research, Technological Development and Demonstration	Integrated Project	A2
	Proposal Number ¹	Proposal Acronym ²	M-CHANGE

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	-	

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

Proposal Submission Forms



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Proposal Number ¹		Proposal Acronym ²	M-CHANGE
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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	-	

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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Proposal Number ¹		Proposal Acronym	M-CHANGE
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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	-	Cedex 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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	Proposal Number ¹	Proposal Acronym ²	M-CHANGE

INFORMATION ON PARTICIPANTS									
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	

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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	Proposal Number ¹ -	Proposal Acronym ² M-CHANGE	

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 -.