



EN A 2 FP5RTD

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For guidelines see in relevant "Guide for Proposers"

**Proposal submission forms for
financial support from the EC for
shared-cost RTD actions:
research and technological development projects,
demonstration projects,
and
combined projects**

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	Cultural Heritage in Regional Networks		
Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
Call Identifier ³	IST-00-3-1A		
Research Programme(s) ²	IST-2000		
Thematic priorities ²	IST-2000-3.1.4		

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Post stamp

 / /

Reception date

 / /

Shared Cost RTD Proposal Form – Form A1



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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A1.	Proposal Administrative Overview ¹		
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Thematic priorities ²	IST-2000-3.1.4		
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Type of Action ⁴	CM
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Proposal Full Name	Cultural Heritage in Regional Networks
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Contact person for the proposal(s) ⁷			
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Title (Dr, Prof., ...)	Dr.	Gender ⁸	F	M	<input checked="" type="checkbox"/>
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Family Name	Koch
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First Name	Walter
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Organisation Legal Name ⁹	Angewandte Informationstechnik Ges.m.b.H.
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Department / Institute Name ¹⁰	
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PO Box ¹¹	
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Street Name and Number	Hans-Sachsgasse 14/3
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Post Code ¹²	8010	Cedex ¹³	
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Town/City	Graz
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Country Code ¹⁴	A	Country Name ¹⁴	Austria
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Telephone No ¹⁵	(43-316)8353590	Fax No ¹⁵	(43-316)83535975
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E-mail	kochw@ait.co.at
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Proposal abstract (maximum 1000 characters) ¹⁶			
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The REGNET Project will deliver a system which provides a service infrastructure (technical & legal framework) to service centres supporting cultural institutions and industries. The REGNET system offers a portal to different services like data entry, search and retrieval, and e-business. It can be accessed via mobile telephones via wireless application protocol (WAP). The project is divided in an implementation and a demonstration phase. Technical work is related to: content engineering, platform engineering and business engineering and based on emerging technologies like XML, and distributed search mechanism based on Dublin Core meta data. Business processes involved in the area of electronic publishing will be the basis for the implementation of a publishing system which enables small and medium organisations the generation of electronic publications. The demonstration phase is performed in 6 European regions spanning 12 states.

Duration (in Months) ¹⁷	24	Total Eligible Cost (in euro) ¹⁸	5464800	EC Contribution requested (in euro) ¹⁹	2686610
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Keywords ²⁰	metadata	distribut. search	e-business
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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	<input checked="" type="checkbox"/>
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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)	08/05/2000
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Signature of person authorised to submit a proposal in the co-ordinating organisation	
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Shared Cost RTD Proposal Form – Form A2



EN C 2 FP5RTD	<input type="text"/>	<input type="text"/>
FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A2.	Proposal Summary ²²
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Objectives (maximum 1000 characters)

Development of a service infrastructure for business to business (B2B) as well as business to consumer (B2C) transactions. Development/use of existing electronic catalogues referring to cultural&scientific objects in libraries, museums, archives, galleries, and goods and services. Integration of distributed search&retrieval system to get a 'virtual union' catalogue of all OPACS and product/service catalogues held locally. Definition of Information Products/Services including 'supply chains' and the connected business processes and functions to deliver digital and physical goods. Development of a legal framework for business transaction on the B2B/B2C level. Integration and testing of existing components, standards, methods for distributed research&retrieval and e-commerce. WAP Access. Exploitation of next generation mobile networks.

Description of the work (maximum 2000 characters)

Content Engineering: Digitization of 2- and 3-dimensional objects using data capturing systems already on the market; Use of Dublin Core Metadata to enable Cross Domain searches within the 'virtual union' catalogue; Use of documentation standards in the different domains (UNIMARC, CIDOC, ISAD(G)..); Use/modification of existing Document Type Definitions (XML-DTDs) for CH-objects (eg. AMICO, or CIMI-based) and products; Storage of XML (Extensible Markup Language) structured data in data bases at the content provider's site; Development of Stylesheets (XSL) for data presentation in online or printed form (eg. dedicated and personalized catalogues)

Platform Engineering: Implementation of a B2B-commerce system based on XML-data transfer (ebXML standards). Implementation of a B2C-commerce system ('internet auction') system; Integration of a distributed search and retrieval (S&R) component based on Z39.50 standard or similar methodologies based on XML and http protocol to access distributed CH-related catalogues as well as product /Service catalogues in the eBusiness environment. Integration of a customer management system based on relational data base management supporting customer relationships. Use of an appropriate integration environment for middleware components (B2B, B2C, S&R, RDBMS. Metadata Management, -) Open Software Standards (LINUX...), low cost hardware. Integration of WAP.

Enterprise Engineering: Definition of Core Processes (access and data entry, shopping cart system, personalized catalogue, auction system, delivery system). XML/EDI for exchange of business data. Workflow definition for electr. publication, and definition of appropriate business profiles for the involved personnel.

Milestones and expected results (maximum 500 characters)

M1: State of the Art, Results: documentation plans (preparation of content);infrastructure to run the trial service;legal framework
M2: System implementation, Results: Content and products ready;System is tested; contracts and agreements are signed; start of market activities; Training of REGNET system administrators
M3: End of system validation, Results: infrastructure at service centres ready
M4: Trial Service ends, Results: Regular service network M5: REGNET established

Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CO	Participant No ²⁵	1	Assistant to Contractor No ²⁶	
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Angewandte Informationstechnik Ges.m.b.H.
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Short Name ²⁹	AIT	Legal Registration No ³⁰	FN 51812w
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Activity Type ³¹	IND	Legal Status ³²	PRC	If 'PRC', Specify ³³	Ges.m.b.H.
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Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S2
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Angewandte Informationstechnik Ges.m.b.H.
--	---

PO Box ¹¹	
----------------------	--

Street Name and Number	Hans-Sachsgasse 14/3
------------------------	----------------------

Post Code ¹²	8010	Cedex ¹³	
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Town/City	Graz
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Country Code ¹⁴	A	Country Name ¹⁴	Austria
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Authorised person ⁴⁶

Title (Dr, Prof., ...)	Dr.	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
------------------------	-----	---------------------	---	--------------------------	---	-------------------------------------

Family Name	Koch
-------------	------

First Name	Walter
------------	--------

Telephone No ¹⁵	(43-316)8353590	Fax No ¹⁵	(43-316)83535975
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E-mail	kochw@ait.co.at
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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)	08/05/2000
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Signature of authorised person



EUROPEAN COMMISSION
RESEARCH DIRECTORATES
GENERAL
SHARED COST
RTD PROPOSAL FORMS

Shared Cost RTD Proposal Form – Form A4 (1/2)

EN E 2 FP5RTD

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Proposal Acronym ⁵ REGNET

Proposal No ⁶ IST-2000-25011

A4. Cost Summary in euro ⁴⁷ (part 1/2)

Participant Role ²⁴	Participant No ²⁵	Assistant to Contractor No ²⁶	Participant Short Name ⁵¹	Number of person/months ⁵²	Personnel Costs ⁵³	Durable Equipment ⁵⁴	Consumables ⁵⁵	Travel and Subsistence ⁵⁶	Computing ⁵⁷	Subcontracting ⁵⁸	Subtotal part 1/2 ⁵⁹
CO	1	48	AIT	0	0	0	0	0	0	0	0
CO	1	49	Co-ordination	0	0	0	0	0	0	0	0
CO	1	50	Total co-ordinator costs	0	0	0	0	0	0	0	0
AC	2	1	ONB	0	0	0	0	0	0	0	0
AC	3	1	TZ	0	0	0	0	0	0	0	0
CR	4		IMAC	0	0	0	0	0	0	0	0
CR	5		STL	0	0	0	0	0	0	0	0
AC	6	5	LMG	0	0	0	0	0	0	0	0
AC	7	5	NRM	0	0	0	0	0	0	0	0
AC	8	5	KVA	0	0	0	0	0	0	0	0
CR	9		TARX	0	0	0	0	0	0	0	0
AC	10	9	MECH	0	0	0	0	0	0	0	0
AC	11	9	Museon	0	0	0	0	0	0	0	0
AC	12	9	RCM	0	0	0	0	0	0	0	0
TOTAL ⁵⁶				0	0	0	0	0	0	0	0

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EUROPEAN COMMISSION
RESEARCH DIRECTORATES
GENERAL
SHARED COST
RTD PROPOSAL FORMS

Shared Cost RTD Proposal Form – Form A4 (2/2)

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

Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A4. Cost Summary in euro ⁴⁷ (part 2/2)

Participant Role ²⁴	Participant No ²⁵	Assistant to Contractor No ²⁶	Participant Short Name ⁵¹	Subtotal of part 1/2 ⁵⁹	Other Specific project Costs ⁶⁰	Protection of knowledge ⁶¹	Overhead Costs ⁶²	Total Costs ⁶³	Costs Basis : FC/FF/AC ³⁷	% Requested from the Community ⁶⁴	Requested Contribution from the Community ⁶⁵
CO	1	48	AIT	0	0	0	0	0	FF	50	0
CO	1	49	Co-ordination	0	0	0	0	0	FF	50	0
CO	1	50	Total co-ordinator costs	0	0	0	0	0	FF	50	0
AC	2	1	ONB	0	0	0	0	0	AC	50	0
AC	3	1	TZ	0	0	0	0	0	FF	50	0
CR	4		IMAC	0	0	0	0	0	FF	50	0
CR	5		STL	0	0	0	0	0	AC	50	0
AC	6	5	LMG	0	0	0	0	0	FF	50	0
AC	7	5	NRM	0	0	0	0	0	AC	50	0
AC	8	5	KVA	0	0	0	0	0	FF	50	0
CR	9		TARX	0	0	0	0	0	FF	50	0
AC	10	9	MECH	0	0	0	0	0	FF	50	0
AC	11	9	Museon	0	0	0	0	0	FF	50	0
AC	12	9	RCM	0	0	0	0	0	FF	50	0
TOTAL ⁶⁶				0	0	0	0	0			0

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GENERAL
SHARED COST
RTD PROPOSAL FORMS

Shared Cost RTD Proposal Form – Form A4 (1/2)

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

Proposal Acronym ⁵ REGNET

Proposal No ⁶ IST-2000-25011

A4.

Cost Summary in euro ⁴⁷ (part 1/2)

Participant Role ²⁴	Participant No ²⁵	Assistant to Contractor No ²⁶	Participant Short Name ⁵¹	Number of person/months ⁵²	Personnel Costs ⁵³	Durable Equipment ⁵⁴	Consumables ⁵⁵	Travel and Subsistence ⁵⁶	Computing ⁵⁷	Subcontracting ⁵⁸	Subtotal part 1/2 ⁵⁹
CO	1	48	AIT	53	318000	0	3000	16000	0	0	337000
CO	1	49	Co-ordination	6	36000	0	0	0	0		36000
CO	1	50	Total co-ordinator costs	59	354000	0	3000	16000	0	0	373000
AC	2	1	ONB	8	28000	0	3000	6000	0	0	37000
AC	3	1	TZ	28	168000	0	3000	6000	0	0	177000
CR	4		IMAC	36	216000	0	3000	6000	0	0	225000
CR	5		STL	13	52000	0	3000	2000	0	0	57000
AC	6	5	LMG	8	32000	0	3000	2000	0	0	37000
AC	7	5	NRM	8	32000	0	3000	2000	0	0	37000
AC	8	5	KVA	8	32000	0	3000	2000	0	0	37000
CR	9		TARX	29	145000	0	3000	6000	10000	0	164000
AC	10	9	MECH	8	32000	0	3000	2000	0	0	37000
AC	11	9	Museon	8	32000	0	3000	2000	0	0	37000
AC	12	9	RCM	8	32000	0	3000	2000	0	0	37000
TOTAL ⁵⁶				221	1155000	0	36000	54000	10000	0	1255000



EUROPEAN COMMISSION
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GENERAL
SHARED COST
RTD PROPOSAL FORWMS

Shared Cost RTD Proposal Form – Form A4 (2/2)

EN F 2 FP5RTD
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Proposal Acronym ⁵ REGNET

Proposal No ⁶ IST-2000-25011

A4.

Cost Summary in euro ⁴⁷ (part 2/2)

Participant Role ²⁴	Participant No ²⁵	Assistant to Contractor No ²⁶	Participant Short Name ⁵¹	Subtotal of part 1/2 ⁵⁹	Other Specific project Costs ⁶⁰	Protection of knowledge ⁶¹	Overhead Costs ⁶²	Total Costs ⁶³	Costs Basis : FC/FF/AC ³⁷	% Requested from the Community ⁶⁴	Requested Contribution from the Community ⁶⁵
CO	1	48	AITT	337000	0	0	254400	591400			289786
CO	1	49	Co-ordination	36000	0	0	28800	64800			31752
CO	1	50	Total co-ordinator costs	373000	0	0	283200	656200	FF	49	321538
AC	2	1	ONB	37000	0	0	5600	42600	AC	46	19596
AC	3	1	TZ	177000	0	0	134400	311400	FF	50	155700
CR	4		IMAC	225000	0	0	172800	397800	FF	49	198900
CR	5		STUL	57000	0	0	10400	67400	AC	46	31004
AC	6	5	LMG	37000	0	0	25600	62600	FF	47	29422
AC	7	5	NRM	37000	0	0	6400	43400	AC	46	19964
AC	8	5	KVA	37000	0	0	25600	62600	FF	47	29422
CR	9		TARX	164000	0	0	116000	280000	FF	49	137200
AC	10	9	MECH	37000	0	0	25600	62600	FF	47	29422
AC	11	9	Museon	37000	0	0	25600	62600	FF	47	29422
AC	12	9	RCM	37000	0	0	25600	62600	FF	47	29422
TOTAL ⁶⁶				1255000	0	0	856800	2111800			1031012

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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	AC	Participant No ²⁵	2	Assistant to Contractor No ²⁶	1
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Österreichische Nationalbibliothek
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Short Name ²⁹	ONB	Legal Registration No ³⁰	
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Activity Type ³¹	OTH	Legal Status ³²	GOV	If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)	75	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)	AC
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰	S5
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D/I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Portraitsammlung, Bildarchiv und Fideikommißbibliothek		
--	--	--	--

PO Box ¹¹	
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Street Name and Number	Josefsplatz 1
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Post Code ¹²	1015	Cedex ¹³	
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Town/City	Wien
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Country Code ¹⁴	A	Country Name ¹⁴	Austria
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Authorised person ⁴⁶

Title (Dr, Prof., ...)	Dr.	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
------------------------	-----	---------------------	---	--------------------------	---	-------------------------------------

Family Name	Petschar
-------------	----------

First Name	Hans
------------	------

Telephone No ¹⁵	(43-1)53410459	Fax No ¹⁵	(43-1)53410331
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E-mail	
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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)	11/04/2000
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Signature of authorised person	
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Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	AC	Participant No ²⁵	3	Assistant to Contractor No ²⁶	1
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Techno-Z Forschung & Entwicklung GmbH
---------------------------------------	---------------------------------------

Short Name ²⁹	TZ	Legal Registration No ³⁰	FN 149016t
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Activity Type ³¹	REC	Legal Status ³²	PNP	If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)	73	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S3
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Is Your Organisation independent ⁴¹ ?	Y	N	<input checked="" type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	Land Salzburg (State of Salzburg, 100%)

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴			I
			I
			I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Techno-Z Forschung & Entwicklung GmbH
--	---------------------------------------

PO Box ¹¹	
----------------------	--

Street Name and Number	Jakob Haringer Strasse 5/III
------------------------	------------------------------

Post Code ¹²	5020	Cedex ¹³	
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Town/City	Salzburg
-----------	----------

Country Code ¹⁴	A	Country Name ¹⁴	Austria
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Authorised person ⁴⁶

Title (Dr, Prof., ...)	Prof. Dr.	Gender ⁸	F	M	<input checked="" type="checkbox"/>
------------------------	-----------	---------------------	---	---	-------------------------------------

Family Name	Bruck
-------------	-------

First Name	Peter A.
------------	----------

Telephone No ¹⁵	(43-662) 22880	Fax No ¹⁵	(43-662) 2288222
----------------------------	----------------	----------------------	------------------

E-mail	info@newmedia.at
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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)	11/04/2000
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Signature of authorised person	
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Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CR	Participant No ²⁵	4	Assistant to Contractor No ²⁶	
Registration No with the European Commission's Research Programmes ²⁷					
Organisation Legal Name ²⁸	Information & Management Consulting				
Short Name ²⁹	IMAC	Legal Registration No ³⁰	973 AG Konstanz		
Activity Type ³¹	IND	Legal Status ³²	PRC	If 'PRC', Specify ³³	Ind. Partnersh.
Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF

Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S3
-------------------------------	----	--	----	-----------------------------------	----

Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²				

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
---	---	--------------------------	---	-------------------------------------

If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴				I
				I
				I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	IMAC - Information & Management Consulting				
PO Box ¹¹					
Street Name and Number	Weidenweg 60				
Post Code ¹²	10247	Cedex ¹³			
Town/City	Berlin				
Country Code ¹⁴	D	Country Name ¹⁴	Germany		

Authorised person ⁴⁶

Title (Dr, Prof., ...)	Dr.	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
Family Name	Herget					
First Name	Josef					
Telephone No ¹⁵	(49-30)42018684	Fax No ¹⁵	(49-30)420186845			
E-mail	josef.herget@imac.de					

I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	11/04/2000
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Signature of authorised person	
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Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation											
Participant Role ²⁴	CR	Participant No ²⁵	5	Assistant to Contractor No ²⁶							
Registration No with the European Commission's Research Programmes ²⁷											
Organisation Legal Name ²⁸	Stockholms universitet										
Short Name ²⁹	SUL	Legal Registration No ³⁰									
Activity Type ³¹	HES	Legal Status ³²	GOV	If 'PRC', Specify ³³							
Business Area ³⁴ (NACE)	80	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)					AC		
Organisation details ³⁷											
Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰	S7						
Is Your Organisation independent ⁴¹ ?								Y	<input checked="" type="checkbox"/>	N	
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²											
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?								Y		N	<input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴									I		
									I		
									I		
Address of the main department carrying out the work ⁴⁵											
Department/ Institute Name ¹⁰	Stockholms universitetsbibliotek										
PO Box ¹¹											
Street Name and Number	Universitetsvägen 10										
Post Code ¹²	10691	Cedex ¹³									
Town/City	Stockholm										
Country Code ¹⁴	S	Country Name ¹⁴	Sweden								
Authorised person ⁴⁶											
Title (Dr, Prof., ...)	Chief librarian			Gender ⁸	F		M	<input checked="" type="checkbox"/>			
Family Name	Sahlin										
First Name	Gunnar										
Telephone No ¹⁵	(46-8)162819	Fax No ¹⁵	(46-8)157776								
E-mail	gunnar.sahlin@sub.su.se										
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.											
Date (DD/MM/YYYY)	11/04/2000										
Signature of authorised person											

Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	AC	Participant No ²⁵	6	Assistant to Contractor No ²⁶	5
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Lansmuseet pa Gotland
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Short Name ²⁹	LMG	Legal Registration No ³⁰	834000-1042
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Activity Type ³¹	OTH	Legal Status ³²	GOV	If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)	93	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰	S4
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Lansmuseet pa Gotland
--	-----------------------

PO Box ¹¹	
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Street Name and Number	Mellangatan 19
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Post Code ¹²	S-62156	Cedex ¹³	
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Town/City	Visby
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Country Code ¹⁴	S	Country Name ¹⁴	Sweden
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Authorised person ⁴⁶

Title (Dr, Prof., ...)	Deputy Director	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
------------------------	-----------------	---------------------	---	--------------------------	---	-------------------------------------

Family Name	Westholm
-------------	----------

First Name	Gun
------------	-----

Telephone No ¹⁵	(49-8) 292705	Fax No ¹⁵	(49-8) 292729
----------------------------	---------------	----------------------	---------------

E-mail	gun.westholm@gotmus-i.se
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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)	27/04/2000
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Signature of authorised person	
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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	AC	Participant No ²⁵	7	Assistant to Contractor No ²⁶	5
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Naturhistorika riksmuseet
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Short Name ²⁹	NRM	Legal Registration No ³⁰	SE202100112401
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Activity Type ³¹	OTH	Legal Status ³²	GOV	If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)	93	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	AC
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Organisation details ³⁷

Annual turnover ³⁸	T2	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰	S5
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Museum Shop
--	-------------

PO Box ¹¹	50007
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Street Name and Number	Frescativägen 40
------------------------	------------------

Post Code ¹²	10405	Cedex ¹³	
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Town/City	Stockholm
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Country Code ¹⁴	S	Country Name ¹⁴	Sweden
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Authorised person ⁴⁶

Title (Dr, Prof., ...)	Director	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
------------------------	----------	---------------------	---	--------------------------	---	-------------------------------------

Family Name	Lindahl
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First Name	Per
------------	-----

Telephone No ¹⁵	(46-8)51955188	Fax No ¹⁵	(46-8)51955141
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E-mail	susanne.wadeborn@nrm.se
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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)	05/05/2000
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Signature of authorised person	
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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation											
Participant Role ²⁴	AC	Participant No ²⁵	8	Assistant to Contractor No ²⁶	5						
Registration No with the European Commission's Research Programmes ²⁷											
Organisation Legal Name ²⁸	Kungl. Vetenskapsakademien										
Short Name ²⁹	KVA	Legal Registration No ³⁰	262000-1129								
Activity Type ³¹	HES	Legal Status ³²		If 'PRC', Specify ³³							
Business Area ³⁴ (NACE)	93	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF						
Organisation details ³⁷											
Annual turnover ³⁸	T2	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰	S4						
Is Your Organisation independent ⁴¹ ?								Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²											
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?								Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴									I		
								I			
								I			
Address of the main department carrying out the work ⁴⁵											
Department/ Institute Name ¹⁰	Royal Swedish Academy of Science, Centre for History of Science										
PO Box ¹¹	50005										
Street Name and Number	Lilla Frescativägen 4										
Post Code ¹²	10405	Cedex ¹³									
Town/City	Stockholm										
Country Code ¹⁴	S	Country Name ¹⁴	Sweden								
Authorised person ⁴⁶											
Title (Dr, Prof., ...)	Dr.	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>					
Family Name	Grandin										
First Name	Karl										
Telephone No ¹⁵	(46-8)6739616	Fax No ¹⁵	(46-8)6739598								
E-mail	karlg@kva.se										
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.											
Date (DD/MM/YYYY)	08/05/2000										
Signature of authorised person											

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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CR	Participant No ²⁵	9	Assistant to Contractor No ²⁶	
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	TARX N.V.
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Short Name ²⁹	TARX	Legal Registration No ³⁰	450770183
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Activity Type ³¹	IND	Legal Status ³²	PRC	If 'PRC', Specify ³³	N.V.
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Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S2
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	TARX N.V.
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PO Box ¹¹	
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Street Name and Number	Bordekensstraat 30
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Post Code ¹²	1981	Cedex ¹³	
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Town/City	Hofstade
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Country Code ¹⁴	B	Country Name ¹⁴	Belgium
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Authorised person ⁴⁶

Title (Dr, Prof., ...)	Ing.	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
------------------------	------	---------------------	---	--------------------------	---	-------------------------------------

Family Name	Haesaerts
-------------	-----------

First Name	Vic
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Telephone No ¹⁵	(32-015)621405	Fax No ¹⁵	(32-015)620335
----------------------------	----------------	----------------------	----------------

E-mail	vh@tarx.be
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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)	11/04/2000
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Signature of authorised person

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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	AC	Participant No ²⁵	10	Assistant to Contractor No ²⁶	9
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Stedelijke Musea Mechelen
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Short Name ²⁹	MECH	Legal Registration No ³⁰	
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Activity Type ³¹	OTH	Legal Status ³²	GOV	If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)	93	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

Annual turnover ³⁸	NA	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰	S3
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Is Your Organisation independent ⁴¹ ?	Y		N	<input checked="" type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	City of Mechlin (Mechelen)

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y		N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴			I
			I
			I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Stedelijke Musea Mechelen
--	---------------------------

PO Box ¹¹	
----------------------	--

Street Name and Number	Minderbroedersgang 5
------------------------	----------------------

Post Code ¹²	2800	Cedex ¹³	
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Town/City	Mechelen
-----------	----------

Country Code ¹⁴	B	Country Name ¹⁴	Belgium
----------------------------	---	----------------------------	---------

Authorised person ⁴⁶

Title (Dr, Prof., ...)	Director - Curator	Gender ⁸	F	<input checked="" type="checkbox"/>	M	
------------------------	--------------------	---------------------	---	-------------------------------------	---	--

Family Name	De Nijn
-------------	---------

First Name	Heidi
------------	-------

Telephone No ¹⁵	(32-015)294036	Fax No ¹⁵	(32-015)294031
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E-mail	heidi.de.nijn@pandora.be
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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)	11/04/2000
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Signature of authorised person	
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Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	AC	Participant No ²⁵	11	Assistant to Contractor No ²⁶	9
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Stichting Museon
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Short Name ²⁹	Museon	Legal Registration No ³⁰	
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Activity Type ³¹	OTH	Legal Status ³²	PNP	If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)	92	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S4
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Stichting Museon
--	------------------

PO Box ¹¹	72
----------------------	----

Street Name and Number	Stadhouderslaan 41
------------------------	--------------------

Post Code ¹²	2517 CB	Cedex ¹³	
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Town/City	Den Haag
-----------	----------

Country Code ¹⁴	NL	Country Name ¹⁴	Netherlands
----------------------------	----	----------------------------	-------------

Authorised person ⁴⁶

Title (Dr, Prof., ...)		Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
------------------------	--	---------------------	---	--------------------------	---	-------------------------------------

Family Name	Molsbergen
-------------	------------

First Name	Bert
------------	------

Telephone No ¹⁵	(31-70) 3381386	Fax No ¹⁵	(31-70) 3381339
----------------------------	-----------------	----------------------	-----------------

E-mail	bmolsbergen@museon.nl
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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)	13/04/2000
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Signature of authorised person	
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Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	AC	Participant No ²⁵	12	Assistant to Contractor No ²⁶	9
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Royal Institution of Cornwall, Royal Cornwall Museum
---------------------------------------	--

Short Name ²⁹	RCM	Legal Registration No ³⁰	221958
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Activity Type ³¹	OTH	Legal Status ³²	PNP	If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)	93	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰	S3
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
--	---	-------------------------------------	---	--------------------------

If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Royal Institution of Cornwall, Royal Cornwall Museum		
--	--	--	--

PO Box ¹¹	
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Street Name and Number	River Street
------------------------	--------------

Post Code ¹²	TR1 2SJ	Cedex ¹³	
-------------------------	---------	---------------------	--

Town/City	Truro
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Country Code ¹⁴	UK	Country Name ¹⁴	United Kingdom
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Authorised person ⁴⁶

Title (Dr, Prof., ...)		Gender ⁸	F	<input checked="" type="checkbox"/>	M	<input type="checkbox"/>
------------------------	--	---------------------	---	-------------------------------------	---	--------------------------

Family Name	Daniel
-------------	--------

First Name	Tamsin
------------	--------

Telephone No ¹⁵	(44-1872)272205	Fax No ¹⁵	(44-1872)240514
----------------------------	-----------------	----------------------	-----------------

E-mail	t.daniel@royal-cornwall-museumk.freemove.co.uk
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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)	08/05/2000
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Signature of authorised person

Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CR	Participant No ²⁵	13	Assistant to Contractor No ²⁶	
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	SPACE S.r.l.
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Short Name ²⁹	SPACE	Legal Registration No ³⁰	PO-1997-4496
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Activity Type ³¹	IND	Legal Status ³²	PRC	If 'PRC', Specify ³³	S.r.l.
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Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S2
-------------------------------	----	--	----	-----------------------------------	----

Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
--	---	-------------------------------------	---	--------------------------

If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
---	---	--------------------------	---	-------------------------------------

If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D/I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	SPACE S.r.l.
--	--------------

PO Box ¹¹	
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Street Name and Number	Viale Vittorio Veneto, 31
------------------------	---------------------------

Post Code ¹²	59100	Cedex ¹³	
-------------------------	-------	---------------------	--

Town/City	Prato
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Country Code ¹⁴	I	Country Name ¹⁴	Italy
----------------------------	---	----------------------------	-------

Authorised person ⁴⁶

Title (Dr, Prof., ...)	Dott.	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
------------------------	-------	---------------------	---	--------------------------	---	-------------------------------------

Family Name	Tariffi
-------------	---------

First Name	Flavio
------------	--------

Telephone No ¹⁵	(39-0574)607929	Fax No ¹⁵	(39-0574)609297
----------------------------	-----------------	----------------------	-----------------

E-mail	ftariffi@texnet.it
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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)	04/05/2000
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Signature of authorised person

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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CR	Participant No ²⁵	14	Assistant to Contractor No ²⁶	
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Fratelli Alinari Idea Spa
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Short Name ²⁹	ALINARI	Legal Registration No ³⁰	11771
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Activity Type ³¹	OTH	Legal Status ³²	PRC	If 'PRC', Specify ³³	SPA
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Business Area ³⁴ (NACE)	22	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S3
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Fratelli Alinari Idea Spa
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PO Box ¹¹	
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Street Name and Number	Largo Alinari 15
------------------------	------------------

Post Code ¹²	50123	Cedex ¹³	
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Town/City	Florence
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Country Code ¹⁴	I	Country Name ¹⁴	Italy
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Authorised person ⁴⁶

Title (Dr, Prof., ...)		Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
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Family Name	De Polo
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First Name	Andrea
------------	--------

Telephone No ¹⁵	(39-055)2395201	Fax No ¹⁵	(39-055)2382857
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E-mail	Andrea@alinari.it
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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)	04/05/2000
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Signature of authorised person

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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CR	Participant No ²⁵	15	Assistant to Contractor No ²⁶	
Registration No with the European Commission's Research Programmes ²⁷					
Organisation Legal Name ²⁸	CONSORCIO CIVITA				
Short Name ²⁹	CC	Legal Registration No ³⁰	8744/90		
Activity Type ³¹	REC	Legal Status ³²	PNP	If 'PRC', Specify ³³	
Business Area ³⁴ (NACE)	74	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)	FF

Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S3
Is Your Organisation independent ⁴¹ ?					Y <input type="checkbox"/> X <input checked="" type="checkbox"/> N <input type="checkbox"/>
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²					
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?					Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D/I) ⁴⁴					I
					I
					I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	CONSORZIO CIVITA				
PO Box ¹¹					
Street Name and Number	Via del Corso 300				
Post Code ¹²	00186	Cedex ¹³			
Town/City	Rome				
Country Code ¹⁴	I	Country Name ¹⁴	Italy		

Authorised person ⁴⁶

Title (Dr, Prof., ...)		Gender ⁸	F <input type="checkbox"/>	M <input checked="" type="checkbox"/>
Family Name	Savarese			
First Name	Nicolò			
Telephone No ¹⁵	(39-06)69203211	Fax No ¹⁵	(39-06)6796467	
E-mail	savarese@civita.it			

I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	11/04/2000
Signature of authorised person	

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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CR	Participant No ²⁵	16	Assistant to Contractor No ²⁶	
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	SISTEMAS EXPERTOS, SA
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Short Name ²⁹	SIE	Legal Registration No ³⁰	A/78756013
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Activity Type ³¹	OTH	Legal Status ³²	PRC	If 'PRC', Specify ³³	SA
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Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S1
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	R & D Department		
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PO Box ¹¹	
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Street Name and Number	Tomillar, 13		
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Post Code ¹²	28250	Cedex ¹³	
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Town/City	Madrid		
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Country Code ¹⁴	E	Country Name ¹⁴	Spain
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Authorised person ⁴⁶

Title (Dr, Prof., ...)		Gender ⁸	F	<input checked="" type="checkbox"/>	M	<input type="checkbox"/>
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Family Name	Belen		
-------------	-------	--	--

First Name	Martinez		
------------	----------	--	--

Telephone No ¹⁵	(34-91)8599860	Fax No ¹⁵	(34-91)8599868
----------------------------	----------------	----------------------	----------------

E-mail	MMARTINEZSA@NEXO.ES		
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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)	11/04/2000
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Signature of authorised person

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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation											
Participant Role ²⁴	AC	Participant No ²⁵	17	Assistant to Contractor No ²⁶	16						
Registration No with the European Commission's Research Programmes ²⁷											
Organisation Legal Name ²⁸	Ajuntament de Granollers - Pla Estratègic de Granollers										
Short Name ²⁹	GRAN	Legal Registration No ³⁰	P-0809500-B								
Activity Type ³¹	OTH	Legal Status ³²	GOV	If 'PRC', Specify ³³							
Business Area ³⁴ (NACE)	75	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)					FC		
Organisation details ³⁷											
Annual turnover ³⁸	T3	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰					S6		
Is Your Organisation independent ⁴¹ ?								Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²											
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?								Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴											
Address of the main department carrying out the work ⁴⁵											
Department/ Institute Name ¹⁰	Department of Culture (DOC) - Pla Estratègic de Granollers (PEG)										
PO Box ¹¹											
Street Name and Number	Placa Porxada, 30, 2n.										
Post Code ¹²	08400	Cedex ¹³									
Town/City	Granollers										
Country Code ¹⁴	E	Country Name ¹⁴	Spain								
Authorised person ⁴⁶											
Title (Dr, Prof., ...)	Major					Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>	
Family Name	Pujadas										
First Name	Josep										
Telephone No ¹⁵	(34-938)426733			Fax No ¹⁵	(34-938)426732						
E-mail	rmaspons@ajuntament.granollers.org										
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.											
Date (DD/MM/YYYY)	11/04/2000										
Signature of authorised person											

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Proposal Acronym ⁵ REGNET	Proposal No ⁶ IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	AC	Participant No ²⁵	18	Assistant to Contractor No ²⁶	16
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Instituto Andaluz de Tecnologia
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Short Name ²⁹	IAT	Legal Registration No ³⁰	G-41389248
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Activity Type ³¹	OTH	Legal Status ³²	PNP	If 'PRC', Specify ³³
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Business Area ³⁴ (NACE)	74	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S3
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y		N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Information Technology Department				
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PO Box ¹¹					
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Street Name and Number	Johann G. Gutenberg, S/N				
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Post Code ¹²	41092	Cedex ¹³			
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Town/City	Sevilla				
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Country Code ¹⁴	E	Country Name ¹⁴	Spain		
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Authorised person ⁴⁶

Title (Dr, Prof., ...)		Gender ⁸	F		M	<input checked="" type="checkbox"/>
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Family Name	Iglesias				
-------------	----------	--	--	--	--

First Name	Javier				
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Telephone No ¹⁵	(34-95)4468010	Fax No ¹⁵	(34-95)4460407		
----------------------------	----------------	----------------------	----------------	--	--

E-mail	iglesias@iat.es				
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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)	11/04/2000				
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Signature of authorised person					
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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CR	Participant No ²⁵	19	Assistant to Contractor No ²⁶	
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Zeus Consulting S.A.				
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Short Name ²⁹	ZEUS	Legal Registration No ³⁰	094348366		
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Activity Type ³¹	OTH	Legal Status ³²	PRC	If 'PRC', Specify ³³	S.A.
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Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)	FC
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S3
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴			I
			I
			I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Zeus Consulting S.A.				
--	----------------------	--	--	--	--

PO Box ¹¹					
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Street Name and Number	Trade Centre Georgiou Square and Riga Feraiou 93 Street				
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Post Code ¹²	26221	Cedex ¹³			
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Town/City	Patras				
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Country Code ¹⁴	EL	Country Name ¹⁴	Greece		
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Authorised person ⁴⁶

Title (Dr, Prof., ...)		Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
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Family Name	Bogonikolos				
-------------	-------------	--	--	--	--

First Name	Nikos				
------------	-------	--	--	--	--

Telephone No ¹⁵	(30-61)623483	Fax No ¹⁵	(30-61)272425		
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E-mail	zeus@zeus.pat.forthnet.gr				
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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)	11/04/2000				
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Signature of authorised person					
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Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	AC	Participant No ²⁵	20	Assistant to Contractor No ²⁶	19
Registration No with the European Commission's Research Programmes ²⁷					
Organisation Legal Name ²⁸	Systema Informatics SA				
Short Name ²⁹	SI	Legal Registration No ³⁰	EL095573125		
Activity Type ³¹	OTH	Legal Status ³²	PRC	If 'PRC', Specify ³³	SA
Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF

Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S3
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
--	---	-------------------------------------	---	--------------------------

If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²				

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D/I) ⁴⁴				I
				I
				I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Systema Informatics SA				
PO Box ¹¹					
Street Name and Number	215 Mesogion Av.				
Post Code ¹²	11525	Cedex ¹³	N/A		
Town/City	Athens				
Country Code ¹⁴	EL	Country Name ¹⁴	Greece		

Authorised person ⁴⁶

Title (Dr, Prof., ...)	Dr.	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
Family Name	Davarakis					
First Name	Constantinos					
Telephone No ¹⁵	(30-1)6743243	Fax No ¹⁵	(30-1)6755649			
E-mail	costas@systema.gr					

I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	11/04/2000
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Signature of authorised person	
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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	AC	Participant No ²⁵	21	Assistant to Contractor No ²⁶	19
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Centre for Research and Technology Hellas / Informatics and Telematics Institute
---------------------------------------	--

Short Name ²⁹	ITI	Legal Registration No ³⁰	
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Activity Type ³¹	REC	Legal Status ³²	PNP	If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)	73	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FC
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S3
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
--	---	-------------------------------------	---	--------------------------

If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Informatics and Telematics Institute (I.T.I.)		
--	---	--	--

PO Box ¹¹	361
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Street Name and Number	6th km Chariloau-Thermi Road
------------------------	------------------------------

Post Code ¹²	57001	Cedex ¹³	
-------------------------	-------	---------------------	--

Town/City	Thermi-Thessaloniki
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Country Code ¹⁴	EL	Country Name ¹⁴	Greece
----------------------------	----	----------------------------	--------

Authorised person ⁴⁶

Title (Dr, Prof., ...)	Professor	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
------------------------	-----------	---------------------	---	--------------------------	---	-------------------------------------

Family Name	Vasalos
-------------	---------

First Name	Iacovos
------------	---------

Telephone No ¹⁵	(30-31)498100	Fax No ¹⁵	(30-31)498180
----------------------------	---------------	----------------------	---------------

E-mail	certh@filippos.techpath.gr
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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)	11/04/2000
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Signature of authorised person	
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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CR	Participant No ²⁵	22	Assistant to Contractor No ²⁶	
Registration No with the European Commission's Research Programmes ²⁷				IST-2000-25011	
Organisation Legal Name ²⁸	Institute of Computer and Communication System - Bulgarian Academy of Sciences				
Short Name ²⁹	ICCS	Legal Registration No ³⁰	U833560332		
Activity Type ³¹	HES	Legal Status ³²	GOV	If 'PRC', Specify ³³	
Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	AC

Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S4
Is Your Organisation independent ⁴¹ ?					Y <input type="checkbox"/> X <input checked="" type="checkbox"/> N <input type="checkbox"/>
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²					
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?					Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴					I
					I
					I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Institute of Computer and Communication System				
PO Box ¹¹					
Street Name and Number	Acad. G.Bonchev str. bl.2				
Post Code ¹²	1113	Cedex ¹³			
Town/City	Sofia				
Country Code ¹⁴	BG	Country Name ¹⁴	Bulgaria		

Authorised person ⁴⁶

Title (Dr, Prof., ...)	Assoc.prof.Ph.D., D.Sc.	Gender ⁸	F <input type="checkbox"/>	M <input checked="" type="checkbox"/>
Family Name	Stoilov			
First Name	Todor			
Telephone No ¹⁵	(359-2)716852	Fax No ¹⁵	(359-2)723905	
E-mail				

I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	11/04/2000
Signature of authorised person	

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EN D 2 FP5RTD	<input type="text"/>	<input type="text"/>
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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	AC	Participant No ²⁵	23	Assistant to Contractor No ²⁶	22
Registration No with the European Commission's Research Programmes ²⁷					
Organisation Legal Name ²⁸	Southern Ural State University				
Short Name ²⁹	SUSU	Legal Registration No ³⁰	0336Ser.UP-TSA		
Activity Type ³¹	HES	Legal Status ³²	GOV	If 'PRC', Specify ³³	
Business Area ³⁴ (NACE)	80	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	AC

Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S6
Is Your Organisation independent ⁴¹ ?					Y <input type="checkbox"/> X <input checked="" type="checkbox"/> N <input type="checkbox"/>
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²					

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?					Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴					I
					I
					I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Division of Wan Technologies / Region Centre of Freenet				
PO Box ¹¹					
Street Name and Number	Lenin Prospekt 76				
Post Code ¹²	454080	Cedex ¹³			
Town/City	Chelyabinsk				
Country Code ¹⁴	RU	Country Name ¹⁴	Russia		

Authorised person ⁴⁶

Title (Dr, Prof., ...)	Dr.	Gender ⁸	F <input type="checkbox"/>	M <input checked="" type="checkbox"/>
Family Name	Latukhin			
First Name	Dmitry			
Telephone No ¹⁵	(7-351)2654992	Fax No ¹⁵	(7-351)2347408	
E-mail	DL@URC.AC.RU			

I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.	
Date (DD/MM/YYYY)	11/04/2000
Signature of authorised person	

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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³**Legal information on the participating organisation**

Participant Role ²⁴	CR	Participant No ²⁵	24	Assistant to Contractor No ²⁶	
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Valtech
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Short Name ²⁹	VALT	Legal Registration No ³⁰	389 665 167
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Activity Type ³¹	IND	Legal Status ³²	PRC	If 'PRC', Specify ³³	SA
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Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

Annual turnover ³⁸	T2	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S5
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Valtech
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PO Box ¹¹	
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Street Name and Number	Tersud, 5 Avenue Marcel Dassault
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Post Code ¹²	31500	Cedex ¹³	
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Town/City	Toulouse
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Country Code ¹⁴	F	Country Name ¹⁴	France
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Authorised person ⁴⁶

Title (Dr, Prof., ...)		Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
------------------------	--	---------------------	---	--------------------------	---	-------------------------------------

Family Name	Lorre
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First Name	Jean-Pierre
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Telephone No ¹⁵	(33-562)475200	Fax No ¹⁵	(33-562)475201
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E-mail	jean-pierre.lorre@valtech.fr
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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)	11/04/2000
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Signature of authorised person	
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Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	AC	Participant No ²⁵	25	Assistant to Contractor No ²⁶	24
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Terra Incognita Ltd
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Short Name ²⁹	TINC	Legal Registration No ³⁰	3770091
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Activity Type ³¹	OTH	Legal Status ³²	PRC	If 'PRC', Specify ³³	Ltd
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Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S2
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
--	---	-------------------------------------	---	--------------------------

If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴		I
		I
		I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Terra Incognita
--	-----------------

PO Box ¹¹	
----------------------	--

Street Name and Number	Alameda House, 90-100 Sydney Street
------------------------	-------------------------------------

Post Code ¹²	SW3 SNJ	Cedex ¹³	
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Town/City	London
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Country Code ¹⁴	UK	Country Name ¹⁴	United Kingdom
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Authorised person ⁴⁶

Title (Dr, Prof., ...)		Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
------------------------	--	---------------------	---	--------------------------	---	-------------------------------------

Family Name	Donzella
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First Name	Carlo
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Telephone No ¹⁵	(44-468)172096	Fax No ¹⁵	(44-870)2841098
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E-mail	donzella@abrltd.co.uk
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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)	11/04/2000
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Signature of authorised person	
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CR	Participant No ²⁵	26	Assistant to Contractor No ²⁶	
Registration No with the European Commission's Research Programmes ²⁷					
Organisation Legal Name ²⁸	Motorola Technology Center Italy				
Short Name ²⁹	MOT	Legal Registration No ³⁰	720307		
Activity Type ³¹	OTH	Legal Status ³²	PRC	If 'PRC', Specify ³³	S.A.
Business Area ³⁴ (NACE)	32	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FC

Organisation details ³⁷

Annual turnover ³⁸	T3	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰	S4
Is Your Organisation independent ⁴¹ ?					Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	MOTOROLA, INC				
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?					Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴					I
					I
					I

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Motorola Technology Center Italy				
PO Box ¹¹					
Street Name and Number	Via P.C. Boggio, 65/A				
Post Code ¹²	10138	Cedex ¹³			
Town/City	Turin				
Country Code ¹⁴	I	Country Name ¹⁴	Italy		

Authorised person ⁴⁶

Title (Dr, Prof., ...)	Director	Gender ⁸	F <input checked="" type="checkbox"/>	M <input type="checkbox"/>
Family Name	Tavakoli			
First Name	Nassrin			
Telephone No ¹⁵	(39-011)4405311	Fax No ¹⁵	(39-011)4405343	
E-mail	Nassrin_Tavaloki-A39AA0@email.mot.com			

I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.	
Date (DD/MM/YYYY)	11/04/2000
Signature of authorised person	



EUROPEAN COMMISSION
RESEARCH DIRECTORATES
GENERAL
SHARED COST
RTD PROPOSAL FORMS

Shared Cost RTD Proposal Form – Form A4 (1/2)

EN E 2 FP5RTD

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Proposal Acronym ⁵ REGNET Proposal No ⁶ IST-2000-25011

A4. Cost Summary in euro ⁴⁷ (part 1/2)

Participant Role ²⁴	Participant No ²⁵	Assistant to Contractor No ²⁶	Participant Short Name ⁵¹	Number of person/months ⁵²	Personnel Costs ⁵³	Durable Equipment ⁵⁴	Consumables ⁵⁵	Travel and Subsistence ⁵⁶	Computing ⁵⁷	Subcontracting ⁵⁸	Subtotal part 1/2 ⁵⁹
CO	1	48									
CO	1	49	Co-ordination								
CO	1	50	Total co-ordinator costs								
ST			SubTotal	0	0	0	0	0	0	0	0
CR	13		SPACE	0	0	0	0	0	0	0	0
CR	14		ALINARI	0	0	0	0	0	0	0	0
CR	15		CC	0	0	0	0	0	0	0	0
CR	16		SIE	0	0	0	0	0	0	0	0
AC	17	16	GRAN	0	0	0	0	0	0	0	0
AC	18	16	IAT	0	0	0	0	0	0	0	0
CR	19		ZEUS	0	0	0	0	0	0	0	0
AC	20	19	SI	0	0	0	0	0	0	0	0
AC	21	19	ITI	0	0	0	0	0	0	0	0
CR	22		ICCS	0	0	0	0	0	0	0	0
TOTAL ⁵⁶				0	0	0	0	0	0	0	0

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SHARED COST
RTD PROPOSAL FORMS

Shared Cost RTD Proposal Form – Form A4 (2/2)

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

Proposal Acronym ⁵	REGNET	Proposal No ⁶	IST-2000-25011
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A4. Cost Summary in euro ⁴⁷ (part 2/2)

Participant Role ²⁴	Participant No ²⁵	Assistant to Contractor No ²⁶	Participant Short Name ⁵¹	Subtotal of part 1/2 ⁵⁹	Other Specific project Costs ⁶⁰	Protection of knowledge ⁶¹	Overhead Costs ⁶²	Total Costs ⁶³	Costs Basis : FC/FF/AC ³⁷	% Requested from the Community ⁶⁴	Requested Contribution from the Community ⁶⁵
CO	1	48									
CO	1	49	Co-ordination								
CO	1	50	Total co-ordinator costs								
ST			SubTotal	0	0	0	0	0			0
CR	13		SPACE	0	0	0	0	0	FF	50	0
CR	14		ALINARI	0	0	0	0	0	FF	50	0
CR	15		CC	0	0	0	0	0	FF	50	0
CR	16		SIE	0	0	0	0	0	FF	50	0
AC	17	16	GRAN	0	0	0	0	0	FC	50	0
AC	18	16	IAT	0	0	0	0	0	FF	50	0
CR	19		ZEUS	0	0	0	0	0	FC	50	0
AC	20	19	SI	0	0	0	0	0	FF	50	0
AC	21	19	ITI	0	0	0	0	0	FC	50	0
CR	22		ICCS	0	0	0	0	0	AC	50	0
TOTAL ⁶⁶				0	0	0	0	0			0

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GENERAL
SHARED COST
RTD PROPOSAL FORMS

Shared Cost RTD Proposal Form – Form A4 (1/2)

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

Proposal Acronym ⁵ REGNET

Proposal No ⁶ IST-2000-25011

A4.

Cost Summary in euro ⁴⁷ (part 1/2)

Participant Role ²⁴	Participant No ²⁵	Assistant to Contractor No ²⁶	Participant Short Name ⁵¹	Number of person/months ⁵²	Personnel Costs ⁵³	Durable Equipment ⁵⁴	Consumables ⁵⁵	Travel and Subsistence ⁵⁶	Computing ⁵⁷	Subcontracting ⁵⁸	Subtotal part 1/2 ⁵⁹
CO	1	48									
CO	1	49	Co-ordination								
CO	1	50	Total co-ordinator costs								
ST			SubTotal	221	1155000	0	36000	54000	10000	0	1255000
CR	13		SPACE	35	210000	0	3000	6000	0	0	219000
CR	14		ALINARI	8	40000	0	3000	2000	0	0	45000
CR	15		CC	15	75000	0	3000	2000	0	0	80000
CR	16		SIE	24	144000	0	3000	10000	0	0	157000
AC	17	16	GRAN	10	40000	0	3000	2000	0	0	45000
AC	18	16	IAT	22	110000	0	3000	2000	0	0	115000
CR	19		ZETUS	48	288000	0	3000	6000	0	0	297000
AC	20	19	SI	20	100000	0	3000	2000	0	0	105000
AC	21	19	ITI	18	90000	0	3000	2000	0	0	95000
CR	22		ICCS	32	64000	0	3000	6000	0	0	73000
TOTAL ⁵⁶				453	2316000	0	66000	94000	10000	0	2486000



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RTD PROPOSAL FORWMS

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Proposal Acronym ⁵ REGNET Proposal No ⁶ IST-2000-25011

A4. Cost Summary in euro ⁴⁷ (part 2/2)

Participant Role ²⁴	Participant No ²⁵	Assistant to Contractor No ²⁶	Participant Short Name ⁵¹	Subtotal of part 1/2 ⁵⁹	Other Specific project Costs ⁶⁰	Protection of knowledge ⁶¹	Overhead Costs ⁶²	Total Costs ⁶³	Costs Basis : FC/FF/AC ³⁷	% Requested from the Community ⁶⁴	Requested Contribution from the Community ⁶⁵
CO	1	48									
CO	1	49	Co-ordination								
CO	1	50	Total co-ordinator costs								
ST			SubTotal	1255000	0	0	856800	2111800			1031012
CR	13		SPACE	219000	0	0	168000	387000	FF	49	189630
CR	14		ALINARI	45000	0	0	32000	77000	FF	47	36190
CR	15		CC	80000	0	0	60000	140000	FF	47	65800
CR	16		SIE	157000	0	0	115200	272200	FF	50	136100
AC	17	16	GRAN	45000	0	0	32000	77000	FC	48	36960
AC	18	16	IAT	115000	0	0	88000	203000	FF	49	99470
CR	19		ZEUS	297000	0	0	230400	527400	FC	49	258426
AC	20	19	SI	105000	0	0	80000	185000	FF	50	92500
AC	21	19	ITI	95000	0	0	72000	167000	FC	50	83500
CR	22		ICCS	73000	0	0	12800	85800	AC	49	42042
TOTAL ⁶⁶				2486000	0	0	1747200	4233200			2071630

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