



EUROPEAN COMMISSION
RESEARCH DIRECTORATES
GENERAL
SHARED COST
RTD PROPOSAL FORMS

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/protool> 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	OpenHeritage: enabling the European Culture Economy			
Proposal Acronym ⁵	OpenHeritage	Proposal No ⁶	IST-2000-25136	
Call Identifier ³	IST-00-3-1A			
Research Programme(s) ²	IST-2000	IST-2000	IST-2000	IST-2000
Thematic priorities ²	IST-2000-3.1.4	IST-2000-3.1.2	IST-2000-1.5.4	IST-2000-2.1.1

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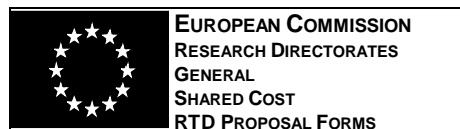
Post stamp

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Reception date

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Shared Cost RTD Proposal Form – Form A1



EN B 2 FP5RTD

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Proposal Acronym ⁵	OpenHeritage	Proposal No ⁶	IST-2000-25136
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A1.	Proposal Administrative Overview ¹
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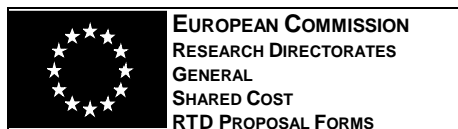
Thematic priorities ²	IST-2000-3.1.4	IST-2000-3.1.2	IST-2000-1.5.4	IST-2000-2.1.1
Type of Action ⁴	RS			
Proposal Full Name	OpenHeritage: enabling the European Culture Economy			
Contact person for the proposal(s) ⁷				
Title (Dr, Prof., ...)	Dott.		Gender ⁸	F <input type="checkbox"/> M <input checked="" type="checkbox"/>
Family Name	Tariffi			
First Name	Flavio			
Organisation Legal Name ⁹	Il Sestante S.p.A.			
Department / Institute Name ¹⁰	Il Sestante S.p.A.			
PO Box ¹¹				
Street Name and Number	Via Dorsale, 13			
Post Code ¹²	54100	Cedex ¹³		
Town/City	Massa (MS)			
Country Code ¹⁴	I	Country Name ¹⁴	Italy	
Telephone No ¹⁵	(39-0574)607929	Fax No ¹⁵	(39-0574)607929	
E-mail	ftariffi@texnet.it			

Proposal abstract (maximum 1000 characters) ¹⁶

The project will provide core building blocks to support the European digital cultural heritage and to enable the effective access of citizens, professionals and business operators. An analysis of the scenario of the "cultural economy" leads to a socio-economic model that will leverage technology in balanced and sustainable ways, with the goal of making CH economically self-sustainable and of increasing European competitiveness. By integrating the multimedia value chain, the project aims at the development and validation of: 1) dynamic models of territorial CH systems; 2) an innovative collections management solution to enhance smaller museums through modular access stations endowed with rich interactive media; 3) territorial infrastructures (Service Centres) for the management and valorisation of local networks of memory institutions; 4) a global portal mixing community areas with b2b services for the trading of rich media

Duration (in Months) ¹⁷	24	Total Eligible Cost (in euro) ¹⁸	4369000	EC Contribution requested (in euro) ¹⁹	2098584
Keywords ²⁰	Culture Economy	Museums	Service Centres		
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 <input type="checkbox"/>	N <input checked="" type="checkbox"/>
Programme Name		Year		Proposal No	
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)	09/05/2000
Signature of person authorised to submit a proposal in the co-ordinating organisation	



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Proposal Acronym ⁵ OpenHeritageProposal No ⁶ IST-2000-25136**A2.****Proposal Summary ²²****Objectives (maximum 1000 characters)**

- Development of dynamic, computable models of territorial CH systems aimed at assessing and valorising the qualities and strengths of each regional or local cultural system.
- Development through integration of an innovative solution for collections management and user access in memory institutions based on existing systems developed by two of the partners.
- Deployment of Territorial Service Centres supporting memory institutions through facilities management, customer relationship management, storage, promotion and transaction services (a new model of cultural Application Service Provider (ASP)).
- Validation of the model and related technologies and services in significant test beds, through a range of technological and territorial validation activities.

Description of the work (maximum 2000 characters)

The project plans to design, to verify, to implement through adequate enabling technologies and to validate a comprehensive model for the valorisation of the European Cultural Heritage by leveraging sustainable innovation and by exploiting the opportunities offered by the so-called "new economy" with its rapid shift towards the accessibility of user-driven cultural services and "experiential" entertainment values.

The application of technological solutions to memory institutions has failed to express substantive and sustainable results, mostly because of the lack of a self-supporting economic model for the promotion and exploitation of CH through ICT and because of an improper use of innovation, very often deployed in an auto-referential and "technology push" way.

The ongoing shift towards a new "cultural economy" based on intangible services and on accessible, on-demand "experiences" places memory institutions in the uncomfortable position of having to compete (in terms of entertainment and experience value) in a new, unusual horizon subject to market forces. This is a particularly severe problem for the multitude of "minor" memory institutions that represent up to 95% of the existing CH in most European countries.

The project addresses the above scenario by providing:

- dynamic models of territorial CH systems aimed at valorising the qualities and strengths of each regional or local cultural system;
- an innovative solution for collections management and user access in memory institutions based on existing systems developed by two of the partners;
- Territorial Service Centres supporting memory institutions through facilities management, customer relationship management, storage, promotion and transaction services (a new model of cultural Application Service Provider (ASP));

Milestones and expected results (maximum 500 characters)

M1.1 - Progress Report 1; M1.2 - Progress Report 2; M1.3 - Final Report; M1.4 - Consortium and exploitation agreement; M2.1 - Requirements analysis; M2.2 - Issue of contractual documents; M2.3 - Validation Report; M2.4 - Validation Report; M3.1 - Modelling software prototype; M3.2 - Collections Management software prototype; M3.3 - Territorial Service Centre prototypes; M3.4 - Portal prototype; M4.1 - Business plan; M4.2 - Start of the openheritage.com company; M4.3 - Major dissemination event



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Proposal Acronym ⁵

OpenHeritage

Proposal No ⁶

IST-2000-25136

A2.**Proposal Summary ²²****Objectives (maximum 1000 characters)**

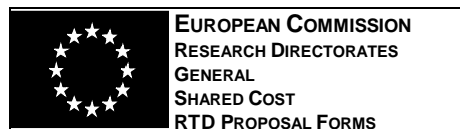
- Launch of a global "openheritage.com" enterprise for the exploitation of the European CH through an advanced portal encompassing both traditional "community" features and b2b areas for the trading of rich media assets

Description of the work (maximum 2000 characters)

- a global "openheritage.com" enterprise for the exploitation of the European CH through an advanced portal specialised in the b2b trading of rich media assets.

Milestones and expected results (maximum 500 characters)

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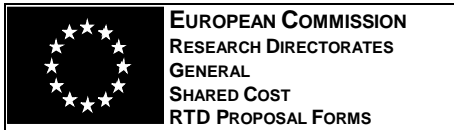
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Proposal Acronym ⁵	OpenHeritage	Proposal No ⁶	IST-2000-25136
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation									
Participant Role ²⁴	CO	Participant No ²⁵	1	Assistant to Contractor No ²⁶					
Registration No with the European Commission's Research Programmes ²⁷									
Organisation Legal Name ²⁸	Il Sestante S.p.A.								
Short Name ²⁹	SESTANTE			Legal Registration No ³⁰	MS-1994-6696				
Activity Type ³¹	IND	Legal Status ³²	PRC	If 'PRC', Specify ³³	SPA				
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	S2				
Is Your Organisation independent ⁴¹ ?					Y	X	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	X	
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	Il Sestante S.p.A.								
PO Box ¹¹									
Street Name and Number	Via Dorsale, 13								
Post Code ¹²	54100			Cedex ¹³					
Town/City	Massa (MS)								
Country Code ¹⁴	I	Country Name ¹⁴	Italy						
Authorised person ⁴⁶									
Title (Dr, Prof., ...)	Ing.			Gender ⁸	F		M	X	
Family Name	Grazzini								
First Name	Raffaello								
Telephone No ¹⁵	(39-0574) 607929			Fax No ¹⁵	(39-0574) 607929				
E-mail	ftariffi@texnet.it								
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.									
Date (DD/MM/YYYY)	09/05/2000								
Signature of authorised person									

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



EN E 2 FP5RTD

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Proposal Acronym ⁵

OpenHeritage

Proposal No ⁶

IST-2000-25136

A4.

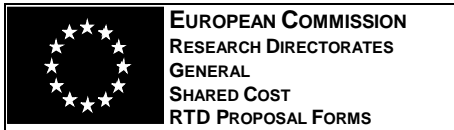
Cost Summary in euro ⁴⁷ (part 1/2)

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	SESTANTE	80	480000	0	0	25000	0	40000	545000
CO	1	⁴⁹	Co-ordination	24	164000	0	0	20000	0		184000
CO	1	⁵⁰	Total co-ordinator costs	104	644000	0	0	45000	0	40000	729000
CR	2		SSL	55	450000	0	0	20000	0	30000	500000
CR	3		NMS	24	120000	0	0	11000	0	20000	151000
CR	4		MHTL	24	120000	0	0	12000	0	19000	151000
CR	5		ARCHEOVF	24	120000	0	0	11000	0	20000	151000
CR	6		MUSEON	60	300000	0	0	12000	0	0	312000
CR	7		MOL	42	294000	0	10000	18000	0	35000	357000
CR	8		CIES	12	60000	0	0	15000	0	12000	87000
CR	9		CSCA	12	60000	0	0	15000	0	12000	87000
CR	10		DPJ	24	144000	30000	6000	25000	0	20000	225000
CR	11		ADIT	15	60000	15000	5000	15000	0	10000	105000
TOTAL ⁶⁶				396	2372000	45000	21000	199000	0	218000	2855000

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



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Proposal Acronym ⁵

OpenHeritage

Proposal No ⁶

IST-2000-25136

A4.

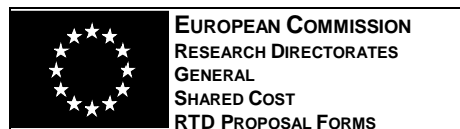
Cost Summary in euro ⁴⁷ (part 2/2)

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	SESTANTE	545000	0	20000	432000	997000			418740
CO	1	⁴⁹	Co-ordination	184000	0	0	0	184000			77280
CO	1	⁵⁰	Total co-ordinator costs	729000	0	20000	432000	1181000	FF	42	496020
CR	2		SSL	500000	0	0	450000	950000	FC	42	399000
CR	3		NMS	151000	0	0	24000	175000	AC	100	175000
CR	4		MHTL	151000	0	0	24000	175000	AC	100	175000
CR	5		ARCHEOVF	151000	0	0	24000	175000	AC	100	175000
CR	6		MUSEON	312000	0	0	240000	552000	FF	42	231840
CR	7		MOL	357000	0	0	235200	592200	FF	42	248724
CR	8		CIES	87000	0	0	12000	99000	AC	100	99000
CR	9		CSCA	87000	0	0	12000	99000	AC	100	99000
CR	10		DPJ	225000	0	0	28800	253800	AC	0	0
CR	11		ADIT	105000	0	0	12000	117000	AC	0	0
TOTAL ⁶⁶				2855000	0	20000	1494000	4369000			2098584

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Shared Cost RTD Proposal Form – Form A3



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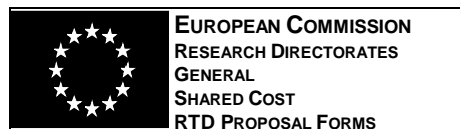
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Proposal Acronym ⁵	OpenHeritage	Proposal No ⁶	IST-2000-25136
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation									
Participant Role ²⁴	CR	Participant No ²⁵	2	Assistant to Contractor No ²⁶					
Registration No with the European Commission's Research Programmes ²⁷									
Organisation Legal Name ²⁸	System Simulation Ltd								
Short Name ²⁹	SSL			Legal Registration No ³⁰	985613				
Activity Type ³¹	IND	Legal Status ³²	PRC	If 'PRC', Specify ³³	Ltd				
Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FC				
Organisation details ³⁷									
Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S3				
Is Your Organisation independent ⁴¹ ?					Y	X	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	X	
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	System Simulation Ltd								
PO Box ¹¹									
Street Name and Number	250M Bedford Chambers, Covent Garden								
Post Code ¹²	WC2E 8HA			Cedex ¹³					
Town/City	London								
Country Code ¹⁴	UK	Country Name ¹⁴	United Kingdom						
Authorised person ⁴⁶									
Title (Dr, Prof., ...)	Dr			Gender ⁸	F		M	X	
Family Name	Mallen								
First Name	George								
Telephone No ¹⁵	(44-171)8367406			Fax No ¹⁵	(44-171)8367690				
E-mail	george@ssl.co.uk								
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.									
Date (DD/MM/YYYY)	09/05/2000								
Signature of authorised person									

Shared Cost RTD Proposal Form – Form A3



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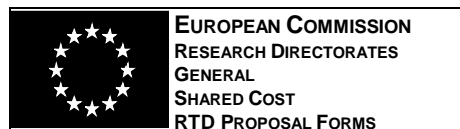
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Proposal Acronym ⁵	OpenHeritage	Proposal No ⁶	IST-2000-25136
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation									
Participant Role ²⁴	CR	Participant No ²⁵	3	Assistant to Contractor No ²⁶					
Registration No with the European Commission's Research Programmes ²⁷									
Organisation Legal Name ²⁸	National Museums of Scotland								
Short Name ²⁹	NMS			Legal Registration No ³⁰	SC 011130				
Activity Type ³¹	OTH	Legal Status ³²	GOV	If 'PRC', Specify ³³					
Business Area ³⁴ (NACE)	92	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)			AC		
Organisation details ³⁷									
Annual turnover ³⁸	NA	Annual Balance Sheet Total ³⁹	B2	Number of employees ⁴⁰		S5			
Is Your Organisation independent ⁴¹ ?						Y		N	X
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	Scottish Office, UK Government								
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?						Y		N	X
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	National Museums of Scotland								
PO Box ¹¹									
Street Name and Number	Chambers Street								
Post Code ¹²	EH1 1JF			Cedex ¹³					
Town/City	Edinburgh								
Country Code ¹⁴	UK	Country Name ¹⁴	United Kingdom						
Authorised person ⁴⁶									
Title (Dr, Prof., ...)	Dr.			Gender ⁸	F		M	X	
Family Name	Clarke								
First Name	David								
Telephone No ¹⁵	(44-131) 2474049			Fax No ¹⁵	(44-131) 2474060				
E-mail	grumpy@nms.ac.uk								
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.									
Date (DD/MM/YYYY)	09/05/2000								
Signature of authorised person									

Shared Cost RTD Proposal Form – Form A3



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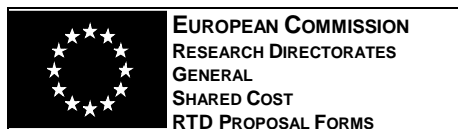
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Proposal Acronym ⁵	OpenHeritage	Proposal No ⁶	IST-2000-25136
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A3. Participant Profile/Information (1 form per participant) ²³

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	Musée Historique des Tissus de Lyon									
Short Name ²⁹	MHTL			Legal Registration No ³⁰	726625					
Activity Type ³¹	OTH	Legal Status ³²	GOV	If 'PRC', Specify ³³						
Business Area ³⁴ (NACE)	92	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		B1	Number of employees ⁴⁰		S2			
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										
Address of the main department carrying out the work ⁴⁵										
Department/ Institute Name ¹⁰	Musée Historique des Tissus de Lyon									
PO Box ¹¹										
Street Name and Number	34, rue de la Charité									
Post Code ¹²	69002			Cedex ¹³						
Town/City	Lyon									
Country Code ¹⁴	F	Country Name ¹⁴	France							
Authorised person ⁴⁶										
Title (Dr, Prof., ...)	Dr			Gender ⁸	F	<input checked="" type="checkbox"/>	M			
Family Name	Calba									
First Name	Catherine									
Telephone No ¹⁵	(33-4)78384200			Fax No ¹⁵	(33-4)72402512					
E-mail	tissus@imaginet.fr									
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.										
Date (DD/MM/YYYY)	09/05/2000									
Signature of authorised person										

Shared Cost RTD Proposal Form – Form A3



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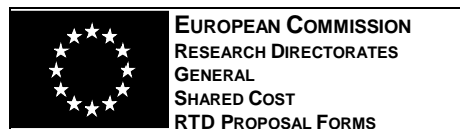
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Proposal Acronym ⁵	OpenHeritage	Proposal No ⁶	IST-2000-25136
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A3. Participant Profile/Information (1 form per participant) ²³

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	Museo Archeologico "Genna Maria"								
Short Name ²⁹	ARCHEOVF			Legal Registration No ³⁰	16622				
Activity Type ³¹	OTH	Legal Status ³²	GOV	If 'PRC', Specify ³³					
Business Area ³⁴ (NACE)	92	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	B1	Number of employees ⁴⁰	S2				
Is Your Organisation independent ⁴¹ ?					Y	X	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	X	
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	Museo Archeologico "Genna Maria"								
PO Box ¹¹									
Street Name and Number	Piazza Costituzione, 1								
Post Code ¹²	09020			Cedex ¹³					
Town/City	Villanovaforru (CA)								
Country Code ¹⁴	I	Country Name ¹⁴	Italy						
Authorised person ⁴⁶									
Title (Dr, Prof., ...)	Dr			Gender ⁸	F		M	X	
Family Name	Badas								
First Name	Ubaldo								
Telephone No ¹⁵	(39-070)9300048			Fax No ¹⁵	(39-070)9300048				
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)	09/05/2000								
Signature of authorised person									

Shared Cost RTD Proposal Form – Form A3



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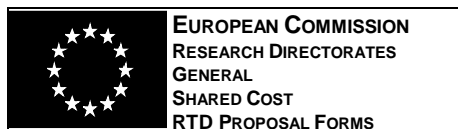
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Proposal Acronym ⁵	OpenHeritage	Proposal No ⁶	IST-2000-25136
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation									
Participant Role ²⁴	CR	Participant No ²⁵	6	Assistant to Contractor No ²⁶					
Registration No with the European Commission's Research Programmes ²⁷									
Organisation Legal Name ²⁸	Stichting Museon								
Short Name ²⁹	MUSEON			Legal Registration No ³⁰	KvK 41160112				
Activity Type ³¹	OTH	Legal Status ³²	PNP	If 'PRC', Specify ³³					
Business Area ³⁴ (NACE)	92	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	S4				
Is Your Organisation independent ⁴¹ ?					Y	X	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	X	
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	Stichting Museon								
PO Box ¹¹									
Street Name and Number	Stadhouderslaan 41								
Post Code ¹²	2501CB			Cedex ¹³					
Town/City	Den Haag								
Country Code ¹⁴	NL	Country Name ¹⁴	Netherlands						
Authorised person ⁴⁶									
Title (Dr, Prof., ...)	Dr			Gender ⁸	F		M	X	
Family Name	Molsbergen								
First Name	Bert								
Telephone No ¹⁵	(31-70) 3381386			Fax No ¹⁵	(31-70) 3381339				
E-mail	bmolsbergen@museon.nl								
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.									
Date (DD/MM/YYYY)	09/05/2000								
Signature of authorised person									

Shared Cost RTD Proposal Form – Form A3



EN D 2 FP5RTD

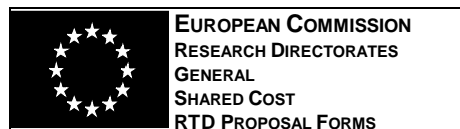
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Proposal Acronym ⁵	OpenHeritage	Proposal No ⁶	IST-2000-25136
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation											
Participant Role ²⁴	CR	Participant No ²⁵	7	Assistant to Contractor No ²⁶							
Registration No with the European Commission's Research Programmes ²⁷											
Organisation Legal Name ²⁸	Museums On Line S.A.										
Short Name ²⁹	MOL			Legal Registration No ³⁰	Lux B-52388						
Activity Type ³¹	OTH	Legal Status ³²	PRC	If 'PRC', Specify ³³	S.A.						
Business Area ³⁴ (NACE)	22	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	X	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	X
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	Museums On Line										
PO Box ¹¹											
Street Name and Number	Rue Pierre Werner 13										
Post Code ¹²	6832			Cedex ¹³							
Town/City	Betzdorf										
Country Code ¹⁴	L	Country Name ¹⁴	Luxembourg								
Authorised person ⁴⁶											
Title (Dr, Prof., ...)	Mr.			Gender ⁸	F		M	X			
Family Name	Delouis										
First Name	Dominique										
Telephone No ¹⁵	(33-1)48033079			Fax No ¹⁵	(33-1)48033072						
E-mail	ddelouis@easynet.fr										
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.											
Date (DD/MM/YYYY)	09/05/2000										
Signature of authorised person											

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EN D 2 FP5RTD

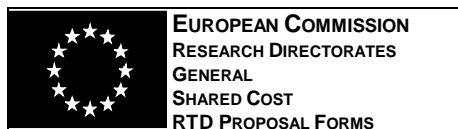
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Proposal Acronym ⁵	OpenHeritage	Proposal No ⁶	IST-2000-25136
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation									
Participant Role ²⁴	CR	Participant No ²⁵	8	Assistant to Contractor No ²⁶					
Registration No with the European Commission's Research Programmes ²⁷									
Organisation Legal Name ²⁸	CIES - Centro di Ingegneria Economica e Sociale								
Short Name ²⁹	CIES			Legal Registration No ³⁰	772662				
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	NA	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰		S3			
Is Your Organisation independent ⁴¹ ?						Y		N	X
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²	Regione Calabria								
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?						Y		N	X
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	CIES								
PO Box ¹¹									
Street Name and Number	Contrada Vermicelli								
Post Code ¹²	87036			Cedex ¹³					
Town/City	Rende (CS)								
Country Code ¹⁴	I	Country Name ¹⁴	Italy						
Authorised person ⁴⁶									
Title (Dr, Prof., ...)	Prof.			Gender ⁸	F		M	X	
Family Name	Del Monte								
First Name	Francesco								
Telephone No ¹⁵	(39-0984)8314217			Fax No ¹⁵	(39-0984)8314217				
E-mail	g.miglionico@katamail.com								
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.									
Date (DD/MM/YYYY)	09/05/2000								
Signature of authorised person									

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EN D 2 FP5RTD

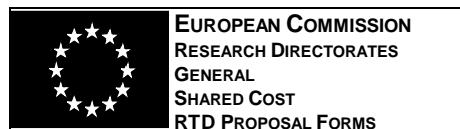
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Proposal Acronym ⁵	OpenHeritage	Proposal No ⁶	IST-2000-25136
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation									
Participant Role ²⁴	CR	Participant No ²⁵	9	Assistant to Contractor No ²⁶					
Registration No with the European Commission's Research Programmes ²⁷									
Organisation Legal Name ²⁸	Cultural Service Centre Austria								
Short Name ²⁹	CSC-A			Legal Registration No ³⁰					
Activity Type ³¹	OTH	Legal Status ³²	PNP	If 'PRC', Specify ³³					
Business Area ³⁴ (NACE)	73	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		B1	Number of employees ⁴⁰		S2		
Is Your Organisation independent ⁴¹ ?							Y	X	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 X
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	Cultural Service Centre Austria								
PO Box ¹¹									
Street Name and Number	Hans-Sachs-Gasse, 14/III								
Post Code ¹²	A-8010			Cedex ¹³					
Town/City	Graz								
Country Code ¹⁴	A	Country Name ¹⁴		Austria					
Authorised person ⁴⁶									
Title (Dr, Prof., ...)	Dr			Gender ⁸		F		M	X
Family Name	Koch								
First Name	Walter								
Telephone No ¹⁵	(43-316)8112100			Fax No ¹⁵		(43-316)81121030			
E-mail	kochw@cscaustria.at								
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.									
Date (DD/MM/YYYY)	09/05/2000								
Signature of authorised person									

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Proposal Acronym ⁵	OpenHeritage	Proposal No ⁶	IST-2000-25136
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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	10	Assistant to Contractor No ²⁶	
Registration No with the European Commission's Research Programmes ²⁷					
Organisation Legal Name ²⁸	Digital Publishing Japan				
Short Name ²⁹	DPJ	Legal Registration No ³⁰		N. a .	
Activity Type ³¹	IND	Legal Status ³²	PRC	If 'PRC', Specify ³³	CORP
Business Area ³⁴ (NACE)	22	User/Supplier ³⁵ (U / S)	S	Cost Basis ³⁶ (FC / FF / AC)	AC

Organisation details ³⁷

Annual turnover ³⁸	T2	Annual Balance Sheet Total ³⁹	B2	Number of employees ⁴⁰	S3
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	Digital Publishing Japan		
PO Box ¹¹			
Street Name and Number			
Post Code ¹²		Cedex ¹³	
Town/City			
Country Code ¹⁴	JP	Country Name ¹⁴	Japan

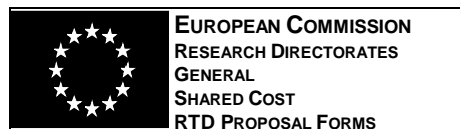
Authorised person ⁴⁶

Title (Dr, Prof., ...)	Dr.	Gender ⁸	F <input type="checkbox"/> M <input checked="" type="checkbox"/>
Family Name	Shindo		
First Name	Jiro		
Telephone No ¹⁵	(81-75) 7125161	Fax No ¹⁵	(81-75) 71251610
E-mail	shindo@dp-j.com		

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

Date (DD/MM/YYYY)	09/05/2000
Signature of authorised person	

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Proposal Acronym ⁵	OpenHeritage	Proposal No ⁶	IST-2000-25136
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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	11	Assistant to Contractor No ²⁶					
Registration No with the European Commission's Research Programmes ²⁷									
Organisation Legal Name ²⁸	ADIT Association for Documentation and new Information Technologies								
Short Name ²⁹	ADIT			Legal Registration No ³⁰		N.a.			
Activity Type ³¹	OTH	Legal Status ³²	GOV	If 'PRC', Specify ³³					
Business Area ³⁴ (NACE)	92	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)			AC		
Organisation details ³⁷									
Annual turnover ³⁸	NA	Annual Balance Sheet Total ³⁹		B2	Number of employees ⁴⁰		S3		
Is Your Organisation independent ⁴¹ ?							Y	X	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 X
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	Museum-Preserve "Moscow Kremlin"								
PO Box ¹¹									
Street Name and Number	Kremlin								
Post Code ¹²	103073			Cedex ¹³					
Town/City	Moscow								
Country Code ¹⁴	RU	Country Name ¹⁴		Russia					
Authorised person ⁴⁶									
Title (Dr, Prof., ...)	Dr.			Gender ⁸		F		M	X
Family Name	Dremaylov								
First Name	Alexander								
Telephone No ¹⁵	(07-095) 2020052			Fax No ¹⁵		(07-095) 2021624			
E-mail	dream@kremlin.museum.ru								
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.									
Date (DD/MM/YYYY)	09/05/2000								
Signature of authorised person									