Proposal Submission Form



Integrating Activities/ E-Infrastructures/ Preparatory Phase A2.1: Participants

Proposal Number 000000		000000		Proposal Acronym	SLHC-PP		Participant Number				
If your organisa enter your Pa		-	_	or FP7,	Not in use						
Organisation L	egal na	ame	Rheinische Friedrich-Wilhelms-Universität Bonn								
Organisation short name			UBONN								
				Administrativ	e Data						
Legal address											
						_					
Street name	Regii	na-Pacis We	∍g			Number	30				
_					1	<u> </u>					
Town	Bonn				Postal C	ode/Cedex	53113				
Country	Germ	nany									
nternet homepa	age	http://w	www.uni-bonn	ı.de							
			Stat	us of your Orga	nisation						
Certain types of	organi	sations be	nefit from sp	pecial conditions under the	he FP7 participa	ation rules.					
The Commission	n also	collects da	ta for statist	ical purposes.							
The guidance no	otes wi	ll help you	complete th	nis section.							
	_		-	roposal coordinator. If yo							
o modify this inf	formati	on, the cod	ordinator mu	ust modify it in the propos	sal set-up page						
Non-profit organisation						yes					
Public body						yes					
Research organ	isation			yes	yes						
Higher or secondary education establishment						yes					
			N	Main area of activity (NA	CE code)						
not applicable											

Proposal Submission Form



Integrating Activities/ E-Infrastructures/ Preparatory Phase A2.2: Participants

			Page 2 out of 2	
	no			
	no			
	no			
	yes			
		no		
ar	nt(s)			
os	al?			
	no			
pe	ndence			
М	larkus			
	Se	ex	Male	

s. Is your annual balance sheet total smaller than € 43 million?								no					
4. Are you an autonomous legal entity?									yes				
You are NOT an and/or your answ and other cases Please check the	ver to b , you r e additi	ooth questi night confo onal condi	ons 2 and orm to the tions giver	3 is "NO" Commiss n in the gu	ion's definitio uidance notes	to the f	orms			no			
		_			/ >				- 1/	,			
		Depei	naenc	ies w	ith (an)	otne	r par	ticipa	int(s)			
Are there depend	dencies	s between	your orgar	nisation a	nd (an)other	participa	ant(s) in t	this prop	osal?				
										no			
f Yes:													
Participant Numb	er	_	Organisati		Charact	er of dep	pendence						
C			-	None									
С			-				None						
C		-			None								
				С	ontact P	oint							
Person in charge s the one who th	(For t	he co-ordii nmission w	nator (parti ill contact	icipant nu in the firs	ımber 1) this _l t instance)	person							
Family name Cristinziani		Cristinziani		First name(s)			Markus						
Title	Dr.					-		!		Sex	Male		
Position in the or	ganisa	ition	Junio	or Researc	h Group Leade	er							
Department/Facu	ılty/Ins	titute/Labo	oratory nan	ne/		Physik	alisches I	nstitut					
Address (if differe			l address)					_					
Street name	Nussallee							Nu	Number 12				
Town	Bonn						Postal Code/Cedex 53115						
Country	Germany						Phone 1 +49-228-73-5762						
Phone 2	+49-228-73-3225 Fax +49-228-				+49-228-73	73-3220 E-mail cristinz@uni-bonn.de					nn.de		

1. Is your number of employees smaller than 250? (full time equivalent)

2. Is your annual turnover smaller than € 50 million?