Proposal Submission Form

EUROPEAN COMMISSION
7th Framework Programme on Research, Technological Development and Demonstration

Collaborative project
Large-scale
Integrating Project

A2.1: Participants

Proposal Number	000000	Proposal Acronym	ConnectME	Participant Number	5

If your organisation has already registered for FP7, enter your Participant Identification Code: 999606147

Organisation Legal name	INSTITUT EURECOM
Organisation short name	Eurecom

Administrative Data

Legal address

Street name	2229 ROUTE DES CRETES - SOPHIA ANTIPOLIS	Number	-
Town	VALBONNE	Postal Code/Cedex	06560
Country	FR		
Internet homepage	-		

Status of your Organisation

Certain types of organisations benefit from special conditions under the FP7 participation rules.

The Commission also collects data for statistical purposes.

The guidance notes will help you complete this section.

The status of the organisation is set by the proposal coordinator. If you would like to modify this information, the coordinator must modify it in the proposal set-up page

Non-profit organisation	yes
Public body	no
Research organisation	yes
Higher or secondary education establishment	yes

Main area of activity (NACE code)

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A2.2: Participants

1. Is your number of employees smaller than 250? (full time equivalent)	yes
2. Is your annual turnover smaller than € 50 million?	yes
3. Is your annual balance sheet total smaller than € 43 million?	yes
4. Are you an autonomous legal entity?	yes

You are NOT an SME if your answer to question 1 is "NO"
and/or your answer to both questions 2 and 3 is "NO".
In all other cases, you might conform to the Commission's definition of an SME.
Please check the additional conditions given in the guidance notes to the forms

Following this check, do you conform to the Commission's definition of an SME: no

Dependencies with (an)other participant(s)

Are there dependencies between your organisation and (an)other participant(s) in this proposal?

no

if Yes:

Participant Number	Organisation Short Name	Character of dependence
0	-	None
0	-	None
0	-	None

Contact Point

Person in charge (For the co-ordinator (participant number 1) this person is the one who the Commission will contact in the first instance)

Family name	HUET	First name(s)	Benoit
Title	Prof.	Sex	Male
Position in the organisation	Professor Assistant		
Department/Faculty/Institute/Laboratory name/...	Multimedia Department		

Address (if different from the legal address)

Street name	-	Number	-
Town	-	Postal Code/Cedex	-
Country	-	Phone 1	(33) 4 93 00 81 79
Phone 2	-(33) 4 93 00 81 00	Fax	-(33) 4 93 00 82 00
E-mail	benoit.huet@eurecom.fr		