

EN A 2 FP5RTD	<input type="checkbox"/>	<input type="checkbox"/>
ProTool generated	<input type="checkbox"/>	<input type="checkbox"/>
FOR COMMISSION USE ONLY		

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.

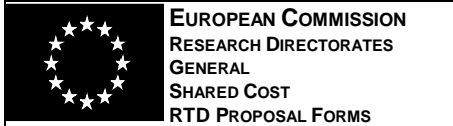
Information on the Proposal ¹			
Proposal Full Name	BRIDGE - Enabling Multimedia in the Semantic Web		
Proposal Acronym ⁵	BRIDGE	Proposal No ⁶	IST-2001-34085
Call Identifier ³	IST-01-7-1A		
Research Programme(s) ²	IST-2001		
Thematic priorities ²	IST-2001-3.4.1		

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Post stamp / /

Reception date / /

Shared Cost RTD Proposal Form – Form A1



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Proposal Acronym ⁵	BRIDGE	Proposal No ⁶	IST-2001-34085
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A1.	Proposal Administrative Overview¹		
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Thematic priorities ²	IST-2001-3.4.1		
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Type of Action ⁴	RS
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Proposal Full Name	BRIDGE - Enabling Multimedia in the Semantic Web
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Contact person for the proposal(s)⁷			
---	--	--	--

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

Family Name	Nack
-------------	------

First Name	Frank
------------	-------

Organisation Legal Name ⁹	Stichting Centrum voor Wiskunde en Informatica (CWI)
--------------------------------------	--

Department / Institute Name ¹⁰	Multimedia and human-computer interaction (INS 2)
---	---

PO Box ¹¹	94079
----------------------	-------

Street Name and Number	Kruislaan 413
------------------------	---------------

Post Code ¹²	1090 GB	Cedex ¹³	
-------------------------	---------	---------------------	--

Town/City	Amsterdam
-----------	-----------

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

Telephone No ¹⁵	(31-20)5924223	Fax No ¹⁵	(31-20)5924312
----------------------------	----------------	----------------------	----------------

E-mail	Frank.Nack@cw.nl
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Proposal abstract (maximum 1000 characters)¹⁶			
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BRIDGE aims to develop an ontology-based multimedia infrastructure that provides a user-friendly system supporting the creation, maintenance of and access to complex digital information spaces. BRIDGE focuses on researching and providing new methods and tools that allow the easy realization of innovative, multimedia applications using ontologies, thus realizing the full potential of the Multimedia Semantic Web. Such an interactive, open and multimodal system sustains the activation of adaptive discourses using intelligent dynamic user interfaces to provide an immediate way of increasing accessibility of knowledge. Special emphasis will be placed on the scalability of the BRIDGE system and the development of generic tools and portability of the project results (models and software) for different types of applications in the area of digital multimedia information spaces.

Duration (in Months) ¹⁷	36	Total Eligible Cost (in euro) ¹⁸	3039364	EC Contribution requested (in euro) ¹⁹	1784042
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Keywords ²⁰	
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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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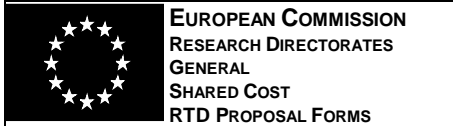
Programme Name		Year		Proposal No	
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Duly authorised by the consortium partners to send this proposal to the Commission, I certify that the description of this proposal and the information on forms A1, A2, A3 and A4 is accurate and agreed to by the consortium partners and that the consortium collectively agrees to carry out a project as described herein.

Date (DD/MM/YYYY)	11/10/2001
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Signature of person authorised to submit a proposal in the co-ordinating organisation	
---	--

Shared Cost RTD Proposal Form – Form A2



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Proposal Acronym ⁵ BRIDGEProposal No ⁶ IST-2001-34085

A2.

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

BRIDGE aims to develop an ontology-based multimedia infrastructure that provides a user-friendly system supporting the creation, maintenance of and access to complex digital information spaces (IS). BRIDGE focuses on research on/provision of new methods and tools allowing easy realization of innovative, multimedia applications using ontologies, thus realizing the full potential of a Multimedia Semantic Web. Such an interactive, open and multimodal system sustains the activation of adaptive discourses using intelligent dynamic user interfaces to provide an immediate accessibility to knowledge. Special emphasis will be placed on the scalability of the BRIDGE system and the development of generic tools and portability of the project results (models and software) for different types of applications in the area of digital multimedia IS.

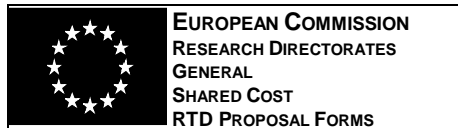
Description of the work (maximum 2000 characters)

BRIDGE will have 3 iterations of tool development and validation. The idea is to make a fast start and achieve good cohesion between the non-technical user groups and the technical tool developers and to make both groups acquainted with the basic terminology used in each field. The first iteration will provide a first demonstrator realising some crucial parts of the requirements capture, design, and implementation/adaptation. The results of this phase, i.e. the ontology for fine arts and the final demonstrator, will serve as input for the second iteration of tool development and validation. The second iteration will cover the design of the BRIDGE system architecture, simultaneously influence and be influenced by the work on the BRIDGE Semantic services, the necessary BRIDGE Authoring and Management Tool Suite and the BRIDGE Access and Presentation Tool Suite. The second iteration phase comes to an end with the integration phase, where the various tools are gathered to form the first BRIDGE prototype. At this stage the prototype will be made fully available to the museum and the first web-based museum space will be released to the general public. The second iteration phase will be finished off with the evaluation of the prototype and the information spaces. This evaluation will provide an objective assessment of the current status of the project on a technical as well as on a usability level, i.e. an assessment of the system's effectivity and user satisfaction with the interfaces provided. The third iteration of tool development and validation is entirely devoted to the improvement of the BRIDGE prototype and constant testing of tools and system design by experts from the museum partners and the established information spaces through users accessing the museum web environments. The final release of tools is handed over to the last integration phase, where last changes on tools can be performed.

Milestones and expected results (maximum 500 characters)

BRIDGE centres around 3 milestones: (1) system specification of the interfaces, structures and functions in the form of a demonstrator including the ontology for the fine arts, (2) Alpha version of the first system prototype including of the pilot web-based museums space. (3) The final BRIDGE prototype including revised pilot web-based museums space and a list of suggestions of further improvements and propositions for economical and social issues.

Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	BRIDGE	Proposal No ⁶	IST-2001-34085
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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	
--	--

Organisation Legal Name ²⁸	Stichting Centrum voor Wiskunde en Informatica
---------------------------------------	--

Short Name ²⁹	CWI	Legal Registration No ³⁰	41198731
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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	T2	Annual Balance Sheet Total ³⁹	B2	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	Multimedia and human-computer interaction (INS-2)		
--	---	--	--

PO Box ¹¹	94079
----------------------	-------

Street Name and Number	Kruislaan 413
------------------------	---------------

Post Code ¹²	1090 GB	Cedex ¹³	
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Town/City	Amsterdam
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Country Code ¹⁴	NL	Country Name ¹⁴	Netherlands
----------------------------	----	----------------------------	-------------

Authorised person ⁴⁶

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

Family Name	van Oortmerssen
-------------	-----------------

First Name	Gerard
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Telephone No ¹⁵	(31-20)5929333	Fax No ¹⁵	(31-20)5924199
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E-mail	gvo@cwil.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)	11/10/2001
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Signature of authorised person	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proposal Acronym ⁵	BRIDGE	Proposal No ⁶	IST-2001-34085
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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	CWI	63	230870	0	0	50000	0	0	280870
CO	1	49	Co-ordination	9	35141	0	0	0	0		35141
CO	1	50	Total co-ordinator costs	72	266011	0	0	50000	0	0	316011
CR	2		UniVie	73	383120	5378	3052	32703	0	19621	443874
CR	3		FZI	72	356112	0	0	36000	18498	0	410610
CR	4		i-views	64	687148	0	0	27500	7669	0	722317
CR	5		Albertina	26	82329	5000	2000	10200	0	0	99529
CR	6		KHM	26	82329	5000	2000	10200	0	0	99529
			TOTAL ⁵⁶	333	1857049	15378	7052	166603	26167	19621	2091870

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



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<input type="text"/>	<input type="text"/>
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Proposal Acronym ⁵ BRIDGE

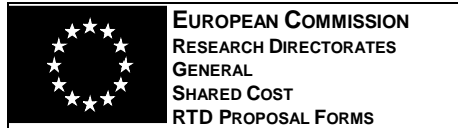
Proposal No ⁶ IST-2001-34085

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	CWI	280870	0	0	295865	576735			288367
CO	1	49	Co-ordination	35141	0	0	42487	77628			38814
CO	1	50	Total co-ordinator costs	316011	0	0	338352	654363	FC	50	327181
CR	2		UniVie	443874	0	0	84850	528724	AC	100	528724
CR	3		FZI	410610	0	0	269735	680345	FC	50	340172
CR	4		i-views	722317	0	0	165537	887854	FF	50	443927
CR	5		Albertina	99529	3000	0	41510	144039	FF	50	72019
CR	6		KHM	99529	3000	0	41510	144039	FF	50	72019
TOTAL ⁶⁶				2091870	6000	0	941494	3039364			1784042

YOU MAY DUPLICATE THIS PAGE IF NECESSARY

Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	BRIDGE	Proposal No ⁶	IST-2001-34085
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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	
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	University of Vienna
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Short Name ²⁹	Univie	Legal Registration No ³⁰	
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Activity Type ³¹	HES	Legal Status ³²	GOV	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)	AC
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Organisation details ³⁷

Annual turnover ³⁸	NA	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰	S7
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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"/>
---	---	--------------------------	---	-------------------------------------

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 for Computer Science and Business Informatics		
--	---	--	--

PO Box ¹¹	
----------------------	--

Street Name and Number	Liebiggasse 4/3-4		
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Post Code ¹²	1010	Cedex ¹³	
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Town/City	Vienna		
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Country Code ¹⁴	A	Country Name ¹⁴	Austria
----------------------------	---	----------------------------	---------

Authorised person ⁴⁶

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

Family Name	Mueck				
-------------	-------	--	--	--	--

First Name	Thomas				
------------	--------	--	--	--	--

Telephone No ¹⁵	(43-1)427738412	Fax No ¹⁵	(43-1)427738428		
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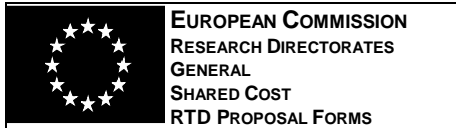
E-mail	thomas.mueck@univie.ac.at				
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I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	10/09/2001				
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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	BRIDGE	Proposal No ⁶	IST-2001-34085
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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	
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Registration No with the European Commission's Research Programmes ²⁷	
--	--

Organisation Legal Name ²⁸	Forschungszentrum Informatik an der Universitaet Karlsruhe
---------------------------------------	--

Short Name ²⁹	FZI	Legal Registration No ³⁰	12-21/9567.24
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Activity Type ³¹	REC	Legal Status ³²	PNP	If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FC
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Organisation details ³⁷

Annual turnover ³⁸	T2	Annual Balance Sheet Total ³⁹	B2	Number of employees ⁴⁰	S4
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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"/>
---	---	--------------------------	---	-------------------------------------

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	Forschungsbereich Wissensmanagement (WIM)
--	---

PO Box ¹¹	
----------------------	--

Street Name and Number	Haid-und-Neu-Str. 10-14
------------------------	-------------------------

Post Code ¹²	76131	Cedex ¹³	
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Town/City	Karlsruhe
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Country Code ¹⁴	D	Country Name ¹⁴	Germany
----------------------------	---	----------------------------	---------

Authorised person ⁴⁶

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

Family Name	Flor
-------------	------

First Name	Michael
------------	---------

Telephone No ¹⁵	(49-721)9654910	Fax No ¹⁵	(49-721)9654911
----------------------------	-----------------	----------------------	-----------------

E-mail	flor@fzi.de
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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)	27/07/2001
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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	BRIDGE	Proposal No ⁶	IST-2001-34085
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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	Intelligent views										
Short Name ²⁹	i-views			Legal Registration No ³⁰	1543						
Activity Type ³¹	IND	Legal Status ³²	PRC	If 'PRC', Specify ³³	GmbH						
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"/>
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	intelligent views										
PO Box ¹¹											
Street Name and Number	Julius-Reiber Strasse 17										
Post Code ¹²	64293			Cedex ¹³							
Town/City	Darmstadt										
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	Kamps										
First Name	Thomas										
Telephone No ¹⁵	(49-6151)50060			Fax No ¹⁵	(49-6151)500629						
E-mail	t.kamps@i-views.de										
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.											
Date (DD/MM/YYYY)	28/09/2001										
Signature of authorised person											

Shared Cost RTD Proposal Form – Form A3



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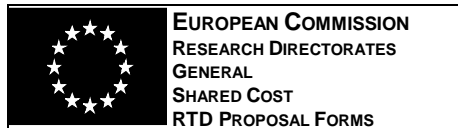
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Proposal Acronym ⁵	BRIDGE	Proposal No ⁶	IST-2001-34085
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A3. Participant Profile/Information (1 form per participant) ²³

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	Albertina										
Short Name ²⁹	Albertina	Legal Registration No ³⁰	FN 193651g								
Activity Type ³¹	OTH	Legal Status ³²	PUC	If 'PRC', Specify ³³							
Business Area ³⁴ (NACE)	80	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	S5						
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	Albertina										
PO Box ¹¹											
Street Name and Number	Augustinerstrasse 1										
Post Code ¹²	1010	Cedex ¹³									
Town/City	Vienna										
Country Code ¹⁴	A	Country Name ¹⁴	Austria								
Authorised person ⁴⁶											
Title (Dr, Prof., ...)	Mag. Dr.	Gender ⁸	F		M	<input checked="" type="checkbox"/>					
Family Name	Weidinger										
First Name	Alfred										
Telephone No ¹⁵	(43-1)5348365	Fax No ¹⁵	(43-1)5337697								
E-mail	a.weidinger@albertina.at										
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.											
Date (DD/MM/YYYY)	25/09/2001										
Signature of authorised person											

Shared Cost RTD Proposal Form – Form A3



EN D 2 FP5RTD

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Proposal Acronym ⁵	BRIDGE	Proposal No ⁶	IST-2001-34085
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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	
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Registration No with the European Commission's Research Programmes ²⁷	
--	--

Organisation Legal Name ²⁸	Kunsthistorisches Museum mit MVK und OTM wissenschaftliche Anstalt öffentlichen Rechts
---------------------------------------	---

Short Name ²⁹	KHM	Legal Registration No ³⁰	FN 182081 t
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Activity Type ³¹	REC	Legal Status ³²	PUC	If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)	80	User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)	FF
------------------------------------	----	-----------------------------------	---	---	----

Organisation details ³⁷

Annual turnover ³⁸	T2	Annual Balance Sheet Total ³⁹	B2	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	Kunsthistorisches Museum		
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PO Box ¹¹	
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Street Name and Number	Burgring 5		
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Post Code ¹²	1010	Cedex ¹³	
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Town/City	Vienna		
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Country Code ¹⁴	A	Country Name ¹⁴	Austria
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Authorised person ⁴⁶

Title (Dr, Prof., ...)	Prof. Dr.	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
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Family Name	Seipel				
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First Name	Wilfried				
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Telephone No ¹⁵	(43-1)52524403	Fax No ¹⁵	(43-1)52524371		
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E-mail	wilfried.seipel@khm.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)	27/09/2001				
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Signature of authorised person					
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