

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	Dynamic WWW-publishing Environments for large Multimedia Information Spaces		
Proposal Acronym ⁵	DEMUS	Proposal No ⁶	IST-2000-28153
Call Identifier ³	IST-00-4-1A		
Research Programme(s) ²	IST-2000		
Thematic priorities ²	IST-2000-3.1.1		

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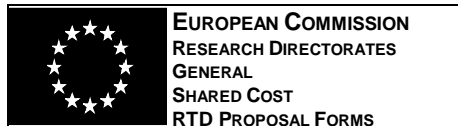
Post stamp

 / /

Reception date

 / /

Shared Cost RTD Proposal Form – Form A1



EN B 2 FP5RTD

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Proposal Acronym ⁵	DEMUS	Proposal No ⁶	IST-2000-28153
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A1.	Proposal Administrative Overview¹		
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Thematic priorities ²	IST-2000-3.1.1		
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Type of Action ⁴	RS
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Proposal Full Name	Dynamic WWW-publishing Environments for large Multimedia Information Spaces
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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	Nack
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First Name	Frank
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Organisation Legal Name ⁹	Stichting Mathematisch Centrum (SMC)
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Department / Institute Name ¹⁰	Centrum voor Wiskunde en Informatica (CWI) / INS-2
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PO Box ¹¹	94079
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Street Name and Number	Kruislaan 413
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Post Code ¹²	1090 GB	Cedex ¹³	
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Town/City	Amsterdam
-----------	-----------

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

Telephone No ¹⁵	(31-20)5924141	Fax No ¹⁵	(31-20)5924199
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E-mail	Frank.Nack@cwil.nl
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Proposal abstract (maximum 1000 characters)¹⁶			
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DEMUS will design, implement and test a dynamic WWW-based publishing environment that supports domain specialists in establishing complex information spaces (IS) in the form of semantic nets, focussing on the development of content and knowledge management tools supporting the technical and creative aspects of media information generation. These IS supply dynamic user interfaces which provide instant access to search results for colleagues and the general public, allowing information retrieval without querying based on hybrid search/browsing techniques that obtain relevance information from users based on their recent search history and media preferences. Emphasis will be placed on the scalability of the system, the development of generic tools, and portability of the project results (models and software) to other domains beyond that of film theory, history and anthropology.

Duration (in Months) ¹⁷	24	Total Eligible Cost (in euro) ¹⁸	2734106	EC Contribution requested (in euro) ¹⁹	1492992
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Keywords ²⁰	
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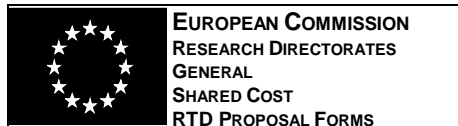
Have you or any of your partners, previously or currently, submitted this proposal or one similar in content to any Community Programme? If yes, please give details of the proposal ²¹	Y	N	<input checked="" type="checkbox"/>
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Programme Name		Year		Proposal 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)	25/10/2000
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Signature of person authorised to submit a proposal in the co-ordinating organisation



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Proposal Acronym ⁵ DEMUSProposal No ⁶ IST-2000-28153**A2.****Proposal Summary ²²****Objectives (maximum 1000 characters)**

DEMUS will design, implement and test a dynamic WWW-based publishing environment that supports domain specialists in establishing complex information spaces (IS) in the form of semantic nets, focussing on the development of content and knowledge management tools supporting the technical and creative aspects of media information generation. These IS supply dynamic user interfaces which provide instant access to search results for colleagues and the general public, allowing information retrieval without querying based on hybrid search/browsing techniques that obtain relevance information from users based on their recent search history and media preferences. Emphasis will be placed on the scalability of the system, the development of generic tools, and portability of the project results to other domains beyond that of film theory, history and anthropology.

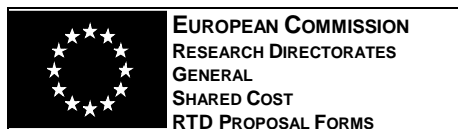
Description of the work (maximum 2000 characters)

As DEMUS addresses novel technology for web content production and consumption, a careful assessment of the different user requirements is a prerequisite to most other tasks. Thus, a knowledge elicitation is performed under working conditions to derive the expert requirements, and sophisticated user studies will be performed to derive access requirements. The 'Information Space Editing Environment (ISEE)' will be established initially since it forms the basis on which the functionality of the 'Retrieval and Presentation Environment (RPE)' can be applied. Based on ISEE specifications, the definition and set up of the task models can be performed and the relevant tools for the ISEE (ontology, annotation, and semantic net editor) can be developed and applied to the information space generation, enabling the test of data base structures and expert GUIs under real working conditions. Once parts of the information space are available, the structures and techniques for the ostensive retrieval model in the RPE can be analysed, specified and then applied to the presentation tools (constraint editor, query and presentation generator) and required system support. Tests will be performed on a technical and usability level throughout the project. The communication between the partners (electronic or face to face meetings on a quarterly basis) guarantees constant quality on a technical and usability level, and the execution of the exploitation requirements. A detailed evaluation from third parties on a technical and usability level is performed twice during the project, to assure an objective evaluation procedure. The outcome of the first evaluation will stimulate further improvements to the system functionality during the second half of the project. The concluding evaluation will reflect the final status mainly with respect to the economic exploitation of the established results.

Milestones and expected results (maximum 500 characters)

DEMUS centers around 3 milestones: (1) system specification for expert and user tools (2) First prototype with a basic domain expert interface, ostensive interface, core data models/structures, retrieval mechanisms, set of BIFS and related XML transformation. (3) Final system, providing improved version of expert and user tools, database structures. The test information space is useable in form of an advanced web information service. A commercial model is proposed that covers economical and social issues.

Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	DEMUS	Proposal No ⁶	IST-2000-28153
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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	Stichting Mathematisch Centrum (SMC)
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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	Stichting Mathematisch Centrum Dept. Information Systems		
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PO Box ¹¹	94079
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Street Name and Number	Kruislaan 413
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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
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Authorised person ⁴⁶

Title (Dr, Prof., ...)	Dr.	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
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Family Name	van Oortmerssen
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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)	25/10/2000
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Signature of authorised person	
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Shared Cost RTD Proposal Form – Form A4 (2/2)

EN F 2 FP5RTD

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Proposal Acronym ⁵ DEMUS Proposal No ⁶ IST-2000-28153

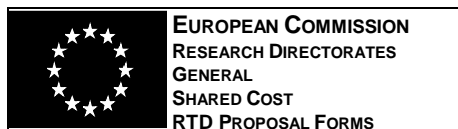
A4. Cost Summary in euro ⁴⁷ (part 2/2)

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	268640	0	0	237120	505760			252880
CO	1	49	Co-ordination	54000	0	0	52800	106800			53400
CO	1	50	Total co-ordinator costs	322640	0	0	289920	612560	FC	50	306280
CR	2		GMD	295512	2000	0	219774	517286	FC	50	258643
CR	3		GET - ENST	287850	0	0	174280	462130	FF	50	231065
CR	4		U Glasgow	209900	0	0	41980	251880	AC	100	251880
CR	5		DIF	111934	2000	0	78747	192681	FF	50	96340
CR	6		BFI	76050	0	0	13685	89735	FF	50	44867
CR	7		StarLab	269352	0	0	203482	472834	FF	50	236417
CR	8		GMM	82200	0	0	52800	135000	FF	50	67500
TOTAL ⁶⁶				1655438	4000	0	1074668	2734106			1492992

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YOU MAY DUPLICATE THIS PAGE IF NECESSARY

Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	DEMUS	Proposal No ⁶	IST-2000-28153
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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	GMD - Forschungszentrum Informationstechnik GmbH
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Short Name ²⁹	GMD	Legal Registration No ³⁰	
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Activity Type ³¹		Legal Status ³²		If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)		User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FC
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Organisation details ³⁷

Annual turnover ³⁸	NA	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	
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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	Ecole Nationale Superieure des Telecommunications		
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PO Box ¹¹	
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Street Name and Number	
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Post Code ¹²		Cedex ¹³	
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Town/City	
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Country Code ¹⁴		Country Name ¹⁴	
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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	
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First Name	
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Telephone No ¹⁵		Fax No ¹⁵	
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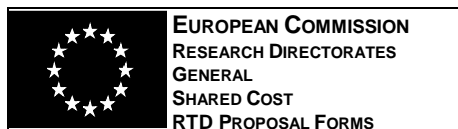
E-mail	
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I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	06/10/2000
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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	DEMUS	Proposal No ⁶	IST-2000-28153
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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	
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Organisation Legal Name ²⁸	Ecole Nationale Superieure des Telecommunications
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Short Name ²⁹	GET - ENST	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)		User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

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

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

Post Code ¹²		Cedex ¹³	
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Town/City	
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Country Code ¹⁴		Country Name ¹⁴	
----------------------------	--	----------------------------	--

Authorised person ⁴⁶

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

Telephone No ¹⁵		Fax No ¹⁵	
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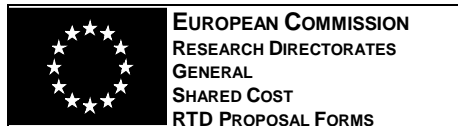
E-mail	
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I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	06/10/2000
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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	DEMUS	Proposal No ⁶	IST-2000-28153
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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	
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Registration No with the European Commission's Research Programmes ²⁷	
--	--

Organisation Legal Name ²⁸	University of Glasgow
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Short Name ²⁹	U Glasgow	Legal Registration No ³⁰	
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Activity Type ³¹		Legal Status ³²		If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)		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	B1	Number of employees ⁴⁰	
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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	Glasgow University		
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PO Box ¹¹	
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Street Name and Number	
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Post Code ¹²		Cedex ¹³	
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Town/City	
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Country Code ¹⁴		Country Name ¹⁴	
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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	
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First Name	
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Telephone No ¹⁵		Fax No ¹⁵	
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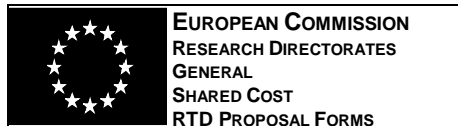
E-mail	
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I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	06/10/2000
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Signature of authorised person	
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Proposal Acronym ⁵	DEMUS	Proposal No ⁶	IST-2000-28153
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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	
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Registration No with the European Commission's Research Programmes ²⁷	
--	--

Organisation Legal Name ²⁸	Deutsches Filminstitut e.V.
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Short Name ²⁹	DIF	Legal Registration No ³⁰	
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Activity Type ³¹		Legal Status ³²		If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)		User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF
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Organisation details ³⁷

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

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	Deutsches Filminstitut
--	------------------------

PO Box ¹¹	
----------------------	--

Street Name and Number	
------------------------	--

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

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

Country Code ¹⁴		Country Name ¹⁴	
----------------------------	--	----------------------------	--

Authorised person ⁴⁶

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

Family Name	
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First Name	
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Telephone No ¹⁵		Fax No ¹⁵	
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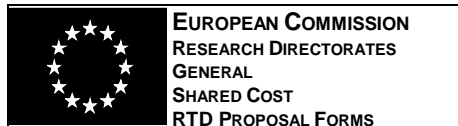
E-mail	
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I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	06/10/2000
-------------------	------------

Signature of authorised person	
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Shared Cost RTD Proposal Form – Form A3



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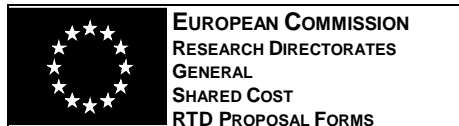
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Proposal Acronym ⁵	DEMUS	Proposal No ⁶	IST-2000-28153
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A3. Participant Profile/Information (1 form per participant) ²³

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	British Film Institute									
Short Name ²⁹	BFI	Legal Registration No ³⁰								
Activity Type ³¹	OTH	Legal Status ³²	GOV	If 'PRC', Specify ³³						
Business Area ³⁴ (NACE)	92	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)			FF			
Organisation details ³⁷										
Annual turnover ³⁸	T3	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰		S6				
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	British Film Institute									
PO Box ¹¹										
Street Name and Number										
Post Code ¹²				Cedex ¹³						
Town/City										
Country Code ¹⁴			Country Name ¹⁴							
Authorised person ⁴⁶										
Title (Dr, Prof., ...)				Gender ⁸	F	<input checked="" type="checkbox"/>	M			
Family Name										
First Name										
Telephone No ¹⁵				Fax No ¹⁵						
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)	06/10/2000									
Signature of authorised person										

Shared Cost RTD Proposal Form – Form A3



EN D 2 FP5RTD

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Proposal Acronym ⁵	DEMUS	Proposal No ⁶	IST-2000-28153
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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	Starlab NV				
Short Name ²⁹	Starlab	Legal Registration No ³⁰			
Activity Type ³¹		Legal Status ³²		If 'PRC', Specify ³³	
Business Area ³⁴ (NACE)		User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF

Organisation details ³⁷

Annual turnover ³⁸	NA	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	
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

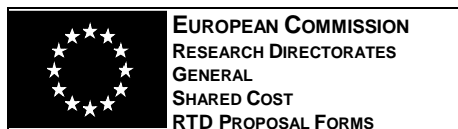
Department/ Institute Name ¹⁰	Starlab NV				
PO Box ¹¹					
Street Name and Number					
Post Code ¹²		Cedex ¹³			
Town/City					
Country Code ¹⁴		Country Name ¹⁴			

Authorised person ⁴⁶

Title (Dr, Prof., ...)		Gender ⁸	F <input type="checkbox"/> X <input checked="" type="checkbox"/> M <input type="checkbox"/>
Family Name			
First Name			
Telephone No ¹⁵		Fax No ¹⁵	
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)	06/10/2000
Signature of authorised person	

Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	DEMUS	Proposal No ⁶	IST-2000-28153
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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	
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Giunti Multimedia SRL		
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Short Name ²⁹	GMM	Legal Registration No ³⁰	60900
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Activity Type ³¹	REC	Legal Status ³²	PRC	If 'PRC', Specify ³³	SRL
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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	T2	Annual Balance Sheet Total ³⁹	B2	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	Giunti Gruppo Editoriale Spa		
	Via Bolognese, 165		
	50136 Firenze - Italy		

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	Giunti Multimedia SRL - Marketing & EU Projects Direction		
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PO Box ¹¹	
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Street Name and Number	Ripa di Porta Ticinese, 91		
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Post Code ¹²	20143	Cedex ¹³	
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Town/City	Milano		
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Country Code ¹⁴	I	Country Name ¹⁴	Italy
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Authorised person ⁴⁶

Title (Dr, Prof., ...)	Dr.	Gender ⁸	F	M	<input checked="" type="checkbox"/>
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Family Name	Bergometti			
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First Name	Marco			
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Telephone No ¹⁵	(39-02)8392274	Fax No ¹⁵	(39-02)58103485	
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E-mail	bergometti.gmm@interbusiness.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)	22/10/2000			
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Signature of authorised person				
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