

Contract Preparation Forms



EUROPEAN COMMISSION
6th Framework Programme on
Research, Technological
Development and Demonstration

Network of Excellence

A2b

Proposal Number	507728	Proposal Acronym	EURON	Participant Number	1
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INFORMATION ON PARTICIPANTS 2 OF 3 (ONE FORM PER PARTICIPANT)

Administrative official authorised to sign the contract					
Name			First name(s)		
Title	Position			Sex Female = F, Male = M	Male
Phone			Fax		
e-mail					
Second administrative official authorised to sign the contract					
Name			First name(s)		
Title	Position			Sex Female = F, Male = M	Male
Phone			Fax		
e-mail					

Main department/faculty/institute/laboratory carrying out the work					
Department/Faculty/Institute /Laboratory name					
Address (if different from legal address)					
PO Box		Postal Code		Cedex	
Street name and number					
Town			Country	Sweden	
Authorised contact person / Team Leader					
Name			First name(s)		
Title	Position			Sex Female = F, Male = M	Male
Phone			Fax		
e-mail	hic@nada.kth.se				

Other major department/faculty/institute/laboratory carrying out the work (if necessary)					
Department/Faculty/Institute /Laboratory name					
Address (if different from legal address)					
PO Box		Postal Code		Cedex	
Street name and number					
Town			Country		

Previously submitted similar proposals or signed contracts ? (YES/NO)	No
If yes, programme name(s) and year	
If yes, proposal or contract number(s)	

Optional section: If requested during negotiation, please complete the following table:

Does your project include socio-economic research activities ? (YES/NO)	
If yes, what is the estimated allocated total cost of resources and means that address these activities ? (in euro)	.00
Does your project include foresight methods ? (YES/NO)	
How many person months of the tasks in this project are allocated to scientists with a prevailing educational background in social, economic and/or human sciences ?	