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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-Use of the Proposal Preparation Tool is preferred by the Commission. However ROM. 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		anaging Benthic Ecosystems in relation to physical orcing and environmental constraints											
Proposal Acronym ⁵	MaBenE Proposal No ⁶												
Call Identifier ³	EESD-ESD-3												
Research Programme(s) ²	EESD-2000	EESD-2000	EESD-2000										
Thematic priorities ²	EESD-2000-3.1.1	EESD-2000-3.2.1	EESD-2000-3.3.1										

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			Shared Cost RTD Proposal Form – Form A1										
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Proposal Acronym ⁵	MaBenl	Ξ		Propos	al No ⁶								
A1.		Proposa	I Administ	rative Ov									
Thematic priorities ²	EESD-20	000-3.1.1 EH	ESD-2000-3.2	.1 EESD-2	000-3.3.1								
Type of Action ⁴	RS												
Proposal Full Name	forci	ing Benthiong and env				o phy:	sica	ıl					
Contact person for		sal(s) ′						L F	Х				
Title (Dr, Prof.,)	Dr.				Gender ⁸	F		M	<u></u>				
Family Name	Herman	-											
First Name	Peter	M.J.											
Organisation Legal Name ⁹	Neder	Mederlands Instituut voor Oecologisch Onderzoek											
Department / Institute Name ¹⁰		Centrum voor Estuariene en Mariene Oecologie											
PO Box ¹¹	140	40											
Street Name and Number	Korriı	Korringaweg 7											
Post Code ¹²	4400 2	AC	Cedex ¹	3									
Town/City	Yersel	ce	·										
Country Code ¹⁴	NL	Country Name	14 Nether	lands									
Telephone No ¹⁵	(31-12	13)577475	Fax No	15	(31-113)	57361	б						
E-mail	herman	n@cemo.nio	o.knaw.nl		1								
Proposal abstract	(maximum	1000 characters	s) ¹⁶										
MaBenE aims at the dynamics and large (cultivat physical-biolog (for Limfjorden descriptions for as a function o populations and flexible in str field measurements sites to demons	d biodive ed) popul ical coup , Oosters r the rel f forcing external ucture. I nts, and	rsity of est ations of sh ling, as wel chelde, Ria ation betwee by physical human press t will be te applied to w	uarine and o ellfish. Bas l as on comp de Vigo) it n physics, b conditions ure from eut sted in sma hole-system	coastal sy sed on ext prehensive will deve piogeochem , manageme crophicati ll-scale a simulatio	stems char ensive fie system de lop new mod istry and l nt of the on. The mod pplication ns at the	acteri: ld stud script del biodiv shellf del wi s agai: three	sed dies ions ersi ish ll b nst	by of ty e the					
Duration (in Months) ¹⁷		Total Eligible Cost (in euro) ¹⁸	3783306	reque	ontribution sted (in euro) ¹⁹	22465							
Keywords ²⁰	model	ling	ecosyst	em dynam	iic biod:	ivers	ιτγ		37				
Have you or any of y similar in content to	our partners any Commu	, previously or c nity Programme	urrently, submit ? If yes, please	ted this propo give details of	osal or one f the proposal	₂₁ Y		N	X				
Programme Name			Year	· ·	osal No								
Duly authorised by t of this proposal and partners and that the	the informat	tion on forms A1 collectively agr	, A2, A3 and A4	is accurate a	nd agreed to b	y the co			ion				
Date (DD/MM/YYYY)			-										
Signature of person proposal in the co-o													





A2.

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Proposal No⁶

Proposal Acronym ⁵ MaBenE

Proposal Summary 22

Objectives (maximum 1000 characters)

To develop biological, biogeochemical and physical model formulations at different levels of complexity, describing the dynamics of the coupled physical-biological system and the biodiversity in estuaries dominated by benthic filter feeders (shellfish).

To develop and verify the model formulations based on field and laboratory observations, especially aimed at physical-biological interactions To apply the modules in coupled models at small spatio-temporal scale for calibration, and at larger scales to simulate yearly cycles in Limfjorden, Oosterschelde and Ria de Vigo.

To devise (together with stakeholders) and run realistic management scenarios and to transfer by SME's this technology to water system managers.

Description of the work (maximum 2000 characters)

Seven partners will co-operate in the project. Work packages are multidisciplinary. All partners contribute by their work to the design, calibration and validation of the modelling tools, which serve as the overall integration instrument within the project.

WP1 deals with the relation with stakeholders for the respective systems, and with the implementation of a management-oriented version of the modelling tool for these systems in co-ordination with the stakeholders. This work package represents the main deliverable of the project.

WP2 is centred around benthic processes. It focuses on the link between mussel bed morphology, mussel physiology, turbulence, suspended matter dynamics and the biodiversity structure of the benthic community around mussel beds, and will compare these processes between bed and rope culture systems.

WP3 focuses on the link between turbulence in the water column, and the functioning and structure of the pelagic biologic community. It will measure turbulence statistics, and link these to the structure of the planktonic system under different levels of forcing from benthic grazing.

WP4 contains model development and integration. Development of all modules will be done in close co-ordination with the process studies. We distinguish model development from model application. Within WP4, only small-scale applications necessary for calibration and validation against field data will be made. Other applications will be made in WP's 1 and 2.

WP5 concentrates the organisation and co-ordination of the field campaigns, including the summary of their results. It also groups the compilation (and extension where needed) of the historical data bases on the three study sites, needed for application and validation of the management-oriented models.

Milestones and expected results (maximum 500 characters)

Month 6. Technical standards defined; first contacts with stakeholders finished. Month 12. Databases on three systems completed; first 2 field campaigns held; software environment for modular modelling finished Month 24. Field campaigns finished; modules coded Month 30. Field studies summarized, interpreted and database finished; modules calibrated with small-scale applications; scenario runs devised with stakeholders Month 36. System-wide runs with scenarios finished. Final report.

			Shared Cost RTD Proposal Form – Form A3								
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Proposal Acronym ⁵	MaBenF	2		Proposa	l No ⁶						
A3.	Parti	cipant Profile/Inf	ormatio	ON (1 fori	m per pa	rticipa	nt) ²³				
Legal information on	the parti	cipating organisation	1	1							
Participant Role 24	CO	Participant No ²⁵	1	Assistan	t to Contr	actor N	lo ²⁶				
Registration No with th	e Europea	n Commission's Researc	h Program	mes ²⁷							
Organisation Legal Name ²⁸	Nederl	lands Instituut	voor O	ecolog	isch C	nder	zoe	k			
Short Name 29	NIOO		Legal Re	gistration	No ³⁰						
Activity Type ³¹	HES	Legal Status 32	GOV	If 'PRC', S	Specify ³³						
Business Area ³⁴ (NACE)	73	User/Supplier ³⁵ (U / S)	S		5 is ³⁶ (FC / I	F / AC)			AC		
	37										
Annual turnover ³⁸	T1	Annual Balance Sheet T	otal 39	B1	Number	of emp	loyee	es ⁴⁰	S4		
Is Your Organisation in	dependen	t ⁴¹ ?		11			Y	Х	N		
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²											
Is Your Organisation af	filiated to	any other participant(s) i	n the propo	osal ⁴³ ?			Y		N	X	
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴									I I I		
	departme	ent carrying out the wo	r k 45								
Department/ Institute Name ¹⁰	Neder	lands Instituut um voor Estuarie	voor O					k-			
PO Box ¹¹	140										
Street Name and Number	Korrin	ngaweg 7									
Post Code ¹²	4400 4	AC (Cedex ¹³								
Town/City	Yerse	ce		1							
Country Code ¹⁴	NL	Country Name ¹⁴ N	etherlan	ds							
Authorised person ⁴⁶							1	1			
Title (Dr, Prof.,)	Prof.	Dr.			Gender	В	F		М	X	
Family Name	Heip										
First Name	Carlo										
Telephone No ¹⁵	-		ax No ¹⁵		(31-13	13)57	361	6			
E-mail	heip@d	cemo.nioo.knaw.r	ıl								
I certify that the above		on is accurate and that m	y organisat	ion has ag	reed to p	articipa	te in	this p	propo	osal.	
Date (DD/MM/YYYY)	12/10/	/2001									
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TOTAL ⁶⁶			BMD	CSIC-IIM	IST	GKSS	BBH	NERI	Total co-ordinator costs	Co-ordination	NIOO	Participant Short Name ⁵¹	Cost :	ym ⁵ MaBenE
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2113165			142268	258657	190312	594575	280000	333345	314008	58000	256008	Personnel Costs ⁵³	ary in euro	Pr
36250			26250	0	10000	0	0	0	0	0	0	Durable Equipment 54) ⁴⁷ (part 1/2)	Proposal No ⁶
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2499034			197569	334044	241112	629055	295150	390696	411408	65200	346208	Subtotal part 1/2 ⁵⁹		

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Shared Cost RTD Proposal Form – Form A4 (1/2)

EUROPEAN COMMISSION RESEARCH DIRECTORATES GENERAL SHARED COST RTD PROPOSAL FORMS

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2499034			197569	334044	241112	629055	295150	390696	411408	65200	346208	Subtotal of part 1/2 ⁵⁹	st Summary in		EN F 2 FP5RTD ProTool generated For commission use only		
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	 	 	 				C	ЛЯ	БР5	2	F	ЕИ					

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

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Proposal Acronym ⁵	MaBenH	E		Proposa	al No ⁶					
A3.	Parti	cipant Profile/Inf	ormatio	ON (1 for	m per par	ticipan	nt) ²³			
Legal information on	the parti	cipating organisation								
Participant Role ²⁴	CR	Participant No 25	2	Assistan	t to Contra	actor No	o ²⁶			
Registration No with th	e Europea	n Commission's Researc	h Program	mes 27						
Organisation Legal Name ²⁸	Nation	nal Environmenta	al Rese	arch I	nstitu	te				
Short Name 29	NERI		Legal Re	gistration	No ³⁰					
Activity Type ³¹	REC	Legal Status 32	GOV	If 'PRC',	Specify ³³					
Business Area ³⁴ (NACE)	73	User/Supplier ³⁵ (U / S)	S	Cost Bas	sis ³⁶ (FC / FI	F / AC)			FC	
Organisation details	37					/				
Annual turnover ³⁸	Т2	Annual Balance Sheet T	otal 39	NA	Number o	of empl	oyee	es ⁴⁰	S5	
Is Your Organisation in	dependen	t ⁴¹ ?		1	I		Y	Х	N	
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²										
Is Your Organisation af	filiated to	any other participant(s) i	n the prop	osal ⁴³ ?			Y		N	Х
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴									I I I	
	departme	ent carrying out the wo	'k ⁴⁵							
Department/ Institute Name ¹⁰	Nation	nal Environmenta cine Ecology		arch I	nstitu	te -	Dej	par	tme	nt
PO Box ¹¹	358									
Street Name and Number	Frede	riksborgvej 399								
Post Code ¹²	4000	c	edex ¹³							
Town/City	Roski				I					
Country Code ¹⁴	DK	Country Name ¹⁴ De	enmark							
Authorised person ⁴⁶	I									
Title (Dr, Prof.,)	Prof.				Gender ⁸		F		м	X
Family Name	Riemar	าท				I				<u> </u>
First Name	Во									
Telephone No ¹⁵	(45-46	5)301360 F	ax No ¹⁵		(45-46)301	360			
E-mail	bri@dr	I			L					
I certify that the above	informatio	on is accurate and that my	/ organisat	tion has ac	greed to pa	rticipat	e in	this r	propo	sal.
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Legal information on	the parti	cipating organisation								
Participant Role ²⁴	CR	Participant No ²⁵	3	Assistan	t to Contr	actor N	lo ²⁶			
Registration No with th	e Europea	n Commission's Resear	ch Program	mes ²⁷						
Organisation Legal Name ²⁸	Boldiı	ng and Burchard	Hydrod	ynamic	s GbR					
Short Name 29	BBH		Legal Re	gistration	No ³⁰					
Activity Type ³¹	REC	Legal Status ³²	PRC	If 'PRC',	Specify ³³					
Business Area ³⁴ (NACE)	73	User/Supplier ³⁵ (U / S)	S		sis ³⁶ (FC / F				FC	
Organisation details	37									
Annual turnover ³⁸	T1	Annual Balance Sheet	Fotal ³⁹	B1	Number	of emp	oloyee	es ⁴⁰	S2	
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	departme	ent carrying out the wo	rk ⁴⁵							
Department/ Institute Name ¹⁰	-	ng and Burchard		ynamic	s GbR					
PO Box ¹¹										
Street Name and Number	Uhlenł	norst 17								
Post Code ¹²	D-2252	29	Cedex ¹³							
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Authorised person ⁴⁶										
Title (Dr, Prof.,)	Dr.				Gender ⁸	3	F		м	X
Family Name	Burcha	ard								
First Name	Hans									
Telephone No ¹⁵	(49-42	151)897525	Fax No ¹⁵		(49-41	L51)8	3975	525		
E-mail	hans@g	gotm.net								
I certify that the above	informatio	on is accurate and that m	y organisat	ion has ag	reed to pa	articipa	te in	this p	oropo	sal.
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			Shared Cost RTD Proposal Form – Form A3								
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A3.	Parti	cipant Profile/Inf	ormatio	ON (1 fori	m per pa	rticipa	nt) 23				
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Organisation Legal Name ²⁸	GKSS I	Forschungszentru	um Gees	thacht	GmbH						
Short Name 29	GKSS		Legal Re	gistration	No ³⁰	HRB	285				
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²											
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(D/I) ⁴⁴ Address of the main	denartme	ent carrying out the wo	rk ⁴⁵								
Department/ Institute Name ¹⁰	GKSS H	Forschungszentru al Research		thacht	GmbH	- In	stit	ute	e fo	or	
PO Box ¹¹											
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Post Code ¹²	21502	(Cedex ¹³								
Town/City	Geestl	nacht		I							
Country Code ¹⁴	D	Country Name 14 G	ermany								
Authorised person ⁴⁶											
Title (Dr, Prof.,)		ing Director			Gender	8	F		М	X	
Family Name	Scherf	E									
First Name	Christ	tian									
Telephone No ¹⁵	(49-41	152)871669 F	ax No ¹⁵		(49-42	152)8	37163	18			
E-mail	christ	tian.scherf@gks	s.de	I							
I certify that the above	informatio	on is accurate and that m	y organisat	ion has ag	reed to p	articipa	ate in t	his p	oropo	sal.	
Date (DD/MM/YYYY)	02/10/	/2001									
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Proposal Acronym ⁵	MaBenF	 C		Proposa	al No ⁶					
A3.	Parti	icipant Profile/Inf	ormati	ON (1 for	m per pa	rticipa	nt) ²³			
Legal information on	the parti	cipating organisation								
Participant Role 24	CR	Participant No 25	5	Assistan	t to Contra	actor N	lo ²⁶			
Registration No with th	e Europea	n Commission's Researc	h Program	nmes ²⁷						
Organisation Legal Name ²⁸	Instit	tuto Superior Té	cnico							
Short Name 29	IST		Legal Re	gistration	No ³⁰					
Activity Type ³¹	HES	Legal Status ³²	GOV	If 'PRC',	Specify ³³					
Business Area ³⁴ (NACE)	80	User/Supplier ³⁵ (U / S)	S	Cost Bas	sis ³⁶ (FC / F	F / AC)			FC	
Organisation details	37									
Annual turnover ³⁸	NA	Annual Balance Sheet Te	otal ³⁹	NA	Number	of emp	loyee	es ⁴⁰	S6	
Is Your Organisation in	dependen	It ⁴¹ ?					Y	Х	N	
If No, please indicate							<u> </u>	<u> </u>	<u> </u>	
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Is Your Organisation af	filiated to	any other participant(s) in	n the prop	osal ⁴³ ?			Y		Ν	X
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Participant No, Short Name(s) and character									I	
of affiliations(s)									I	
(D/I) ⁴⁴	departme	ent carrying out the wor	• k ⁴⁵							
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PO Box ¹¹										
Street Name and Number	Av. Ro	ovisco Pais 1								
Post Code ¹²	1049-0	001 c	edex ¹³							
Town/City	Lisboa									
Country Code ¹⁴	P	Country Name ¹⁴ Po	ortugal							
Authorised person ⁴⁶			Jicugai							
Title (Dr, Prof.,)	Prof.				Gender ⁸	1	F		м	X
Family Name	Matos	Ferreira								
First Name	Carlos	5								
Telephone No ¹⁵	(351-2	218)417331 F	ax No ¹⁵		(351-2	218)4	992	42		
E-mail	luisa	.martins@ist.utl								
	informatic	on is accurate and that my	/ organisa	tion has ac	greed to pa	articipa	te in	this r	propo	osal.
Date (DD/MM/YYYY)	03/10/			·	· · ·	.			.	
Signature of authorised	berson									

			Shared Co	st RID Pro	posal Forn	n – Form A3					
	N EN D 2 ProTool genera FOR COMMISSIO										
Proposal Acronym ⁵	MaBenH	C		Proposa	I No ⁶						
A3. Participant Profile/Information (1 form per participant) ²³											
Legal information on the participating organisation											
Participant Role ²⁴	CR	Participant No ²⁵	6	Assistan	t to Contra	ctor No ²⁶					
Registration No with th	he European Commission's Research Programmes ²⁷										
Organisation Legal Name ²⁸	Consejo Superior de Investigaciones Cientificas										
Short Name 29	CSIC-	IIM	Legal Registration No ³⁰								
Activity Type ³¹	REC	Legal Status ³²	GOV	If 'PRC', Specify ³³							
Business Area ³⁴ (NACE)	73	User/Supplier ³⁵ (U / S)	S	Cost Basis ³⁶ (FC / FF / AC)			FC				
Organisation details	37			COSt Das							
Annual turnover ³⁸	Т3	Annual Balance Sheet T	otal 39	В3	Number o	of employees 40	S7				
Is Your Organisation in	dependen					Y X	N				
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legal name(s) of											
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Is Your Organisation af	filiated to	any other participant(s) i	n the propo	osal ⁴³ ?		Y	N X				
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Department/ Institute Name ¹⁰	Instituto de Investigaciones Marinas / Consejo Superior de Investigaciones Cientificas										
	Duper			Crenc	TITCUD						
PO Box ¹¹											
Street Name and Number	Eduard	do Cabello 6									
Post Code ¹²	36208	C	Cedex ¹³								
Town/City	Vigo										
Country Code 14	E	Country Name ¹⁴ S	pain								
Authorised person ⁴⁶											
Title (Dr, Prof.,)	Direct	tor Instituto			Gender ⁸	F	M X				
Family Name	Figueras Huerta										
First Name	Antonio										
Telephone No ¹⁵	(34-98	86)214451 F	Fax No ¹⁵ (34–986)292762								
E-mail	direccion@iim.csic.es										
I certify that the above		on is accurate and that my	y organisat	ion has ag	reed to par	rticipate in this p	proposal.				
Date (DD/MM/YYYY)	01/10,	/2001									
Signature of authorised	l person										

	Shared Cost RTD Proposal Form – Form A3									
* ** EUROPEAN * * RESEARCH DI * * GENERAL * * SHARED COS RTD PROPOS	N EN D 2 ProTool generation									
Proposal Acronym ⁵	MaBenE	 C		Proposa	al No ⁶					
A3.	Parti	cipant Profile/Inf	ormatio	ON (1 for	m per pa	rticipa	nt) ²³			
Legal information on	the parti	cipating organisation								
Participant Role 24	CR	Participant No 25	7	Assistan	t to Contr	actor N	lo ²⁶			
Registration No with th	e Europea	n Commission's Researc	h Program	mes ²⁷						
Organisation Legal University of Wales, Bangor Vales, Bangor										
Short Name 29	UWB		Legal Registration No ³⁰							
Activity Type ³¹	HES	Legal Status ³²	GOV	If 'PRC', Specify ³³						
Business Area ³⁴ (NACE)	80	User/Supplier ³⁵ (U / S)	S	Cost Basis ³⁶ (FC / FF / AC)				AC		
	37			Joool Bat		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Annual turnover ³⁸	NA	Annual Balance Sheet Total ³⁹ NA Number of			of emp	of employees ⁴⁰				
Is Your Organisation in	dependen	t ⁴¹ ?						Х	N	
If No, please indicate							<u> </u>	<u> </u>	<u> </u>	
legal name(s) of										
owner(s) who own 25 % or more ⁴²										
Is Your Organisation af	filiated to	any other participant(s) in	n the prop	osal ⁴³ ?			Y		N	Х
If Yes, please indicate							L	L	I	
Participant No, Short Name(s) and character	I									
of affiliations(s)									I	
(D / I) ⁴⁴			• 45						<u> </u>	
		ent carrying out the wor		- 1						
Department/ Institute Name ¹⁰	Univer	rsity of Wales,	Bangor	- Sch	ool of	0ce	an	Sci	enc	es
PO Box ¹¹	- 1	~								
Street Name and Number	Askew	Street								
Post Code 12	LL59 5	5EY C	edex ¹³							
Town/City	Menai	Bridge								
Country Code ¹⁴	UK	Country Name 14 Ui	nited Ki	.ngdom						
Authorised person ⁴⁶										
Title (Dr, Prof.,)					Gender ⁸	\$	F		М	X
Family Name	Haywar	rd								
First Name	Selwyn									
Telephone No ¹⁵	(44-1248)382053 Fax No ¹⁵ (44-1248)382042									
E-mail	s.hayward@bangor.ac.uk									
I certify that the above	1	on is accurate and that my	/ organisat	tion has ag	reed to pa	articipa	ite in	this p	oropc	osal.
Date (DD/MM/YYYY)	04/10/	/2001								
Signature of authorised	person									