

EN A 2 FP5RTD	<input type="text"/>	<input type="text"/>
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FOR COMMISSION USE ONLY	<input type="text"/>	<input type="text"/>

**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.

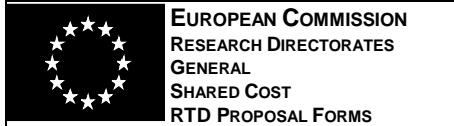
Information on the Proposal <sup>1</sup>				
<b>Proposal Full Name</b>	Managing Benthic Ecosystems in relation to physical forcing and environmental constraints			
<b>Proposal Acronym <sup>5</sup></b>	MaBenE	<b>Proposal No <sup>6</sup></b>	<input type="text"/>	
<b>Call Identifier <sup>3</sup></b>	EESD-ESD-3			
<b>Research Programme(s) <sup>2</sup></b>	EESD-2000	EESD-2000	EESD-2000	<input type="text"/>
<b>Thematic priorities <sup>2</sup></b>	EESD-2000-3.1.1	EESD-2000-3.2.1	EESD-2000-3.3.1	<input type="text"/>

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Post stamp  /  /

Reception date  /  /

## Shared Cost RTD Proposal Form – Form A1



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Proposal Acronym <sup>5</sup>	MaBenE	Proposal No <sup>6</sup>	
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<b>A1.</b>	<b>Proposal Administrative Overview <sup>1</sup></b>		
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Thematic priorities <sup>2</sup>	EESD-2000-3.1.1	EESD-2000-3.2.1	EESD-2000-3.3.1
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Type of Action <sup>4</sup>	RS
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Proposal Full Name	Managing Benthic Ecosystems in relation to physical forcing and environmental constraints
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<b>Contact person for the proposal(s) <sup>7</sup></b>			
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Title (Dr, Prof., ...)	Dr.	Gender <sup>8</sup>	F	M	<input checked="" type="checkbox"/>
------------------------	-----	---------------------	---	---	-------------------------------------

Family Name	Herman
-------------	--------

First Name	Peter M.J.
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Organisation Legal Name <sup>9</sup>	Nederlands Instituut voor Oecologisch Onderzoek
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Department / Institute Name <sup>10</sup>	Centrum voor Estuariene en Mariene Oecologie
---	--

PO Box <sup>11</sup>	140
----------------------	-----

Street Name and Number	Korringaweg 7
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Post Code <sup>12</sup>	4400 AC	Cedex <sup>13</sup>	
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Town/City	Yerseke
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Country Code <sup>14</sup>	NL	Country Name <sup>14</sup>	Netherlands
----------------------------	----	----------------------------	-------------

Telephone No <sup>15</sup>	(31-113)577475	Fax No <sup>15</sup>	(31-113)573616
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E-mail	herman@cemo.nioo.knaw.nl
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<b>Proposal abstract (maximum 1000 characters) <sup>16</sup></b>
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MaBenE aims at developing a modular, coupled physical-biological model describing the dynamics and biodiversity of estuarine and coastal systems characterised by large (cultivated) populations of shellfish. Based on extensive field studies of physical-biological coupling, as well as on comprehensive system descriptions (for Limfjorden, Oosterschelde, Ria de Vigo) it will develop new model descriptions for the relation between physics, biogeochemistry and biodiversity as a function of forcing by physical conditions, management of the shellfish populations and external human pressure from eutrophication. The model will be flexible in structure. It will be tested in small-scale applications against the field measurements, and applied to whole-system simulations at the three study sites to demonstrate its use in management to relevant stakeholders.

Duration (in Months) <sup>17</sup>	36	Total Eligible Cost (in euro) <sup>18</sup>	3783306	EC Contribution requested (in euro) <sup>19</sup>	2246518
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Keywords <sup>20</sup>	modelling	ecosystem dynamic	biodiversity
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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 <sup>21</sup>	Y	N	<input checked="" type="checkbox"/>
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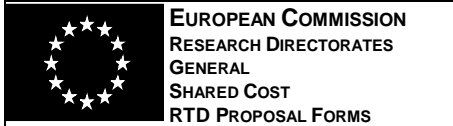
Programme Name	Year	Proposal No
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**Duly authorised by the consortium partners to send this proposal to the Commission, I certify that the description of this proposal and the information on forms A1, A2, A3 and A4 is accurate and agreed to by the consortium 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	
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## Shared Cost RTD Proposal Form – Form A2



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Proposal Acronym<sup>5</sup> MaBenEProposal No<sup>6</sup>

A2.

Proposal Summary<sup>22</sup>**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 <sup>5</sup>	MaBenE	Proposal No <sup>6</sup>	
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### A3. Participant Profile/Information (1 form per participant) <sup>23</sup>

#### Legal information on the participating organisation

Participant Role <sup>24</sup>	CO	Participant No <sup>25</sup>	1	Assistant to Contractor No <sup>26</sup>	
Registration No with the European Commission's Research Programmes <sup>27</sup>					
Organisation Legal Name <sup>28</sup>	Nederlands Instituut voor Oecologisch Onderzoek				
Short Name <sup>29</sup>	NIOO	Legal Registration No <sup>30</sup>			
Activity Type <sup>31</sup>	HES	Legal Status <sup>32</sup>	GOV	If 'PRC', Specify <sup>33</sup>	
Business Area <sup>34</sup> (NACE)	73	User/Supplier <sup>35</sup> (U/S)	S	Cost Basis <sup>36</sup> (FC / FF / AC)	AC

#### Organisation details <sup>37</sup>

Annual turnover <sup>38</sup>	T1	Annual Balance Sheet Total <sup>39</sup>	B1	Number of employees <sup>40</sup>	S4
Is Your Organisation independent <sup>41</sup> ?					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 <sup>42</sup>					
Is Your Organisation affiliated to any other participant(s) in the proposal <sup>43</sup> ?					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) <sup>44</sup>					I
					I
					I

#### Address of the main department carrying out the work <sup>45</sup>

Department/ Institute Name <sup>10</sup>	Nederlands Instituut voor Oecologisch Onderzoek-Centrum voor Estuariene en Mariene Oecologie				
PO Box <sup>11</sup>	140				
Street Name and Number	Korringaweg 7				
Post Code <sup>12</sup>	4400 AC	Cedex <sup>13</sup>			
Town/City	Yerseke				
Country Code <sup>14</sup>	NL	Country Name <sup>14</sup>	Netherlands		

#### Authorised person <sup>46</sup>

Title (Dr, Prof., ...)	Prof. Dr.	Gender <sup>8</sup>	F <input type="checkbox"/>	M <input checked="" type="checkbox"/>
Family Name	Heip			
First Name	Carlo			
Telephone No <sup>15</sup>	(31-113)577445	Fax No <sup>15</sup>	(31-113)573616	
E-mail	heip@cemo.nioo.knaw.nl			

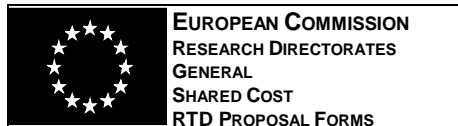
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	12/10/2001
Signature of authorised person	





## Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym <sup>5</sup>	MaBenE	Proposal No <sup>6</sup>	
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### A3. Participant Profile/Information (1 form per participant) <sup>23</sup>

#### Legal information on the participating organisation

Participant Role <sup>24</sup>	CR	Participant No <sup>25</sup>	2	Assistant to Contractor No <sup>26</sup>	
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Registration No with the European Commission's Research Programmes <sup>27</sup>	
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Organisation Legal Name <sup>28</sup>	National Environmental Research Institute
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Short Name <sup>29</sup>	NERI	Legal Registration No <sup>30</sup>	
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Activity Type <sup>31</sup>	REC	Legal Status <sup>32</sup>	GOV	If 'PRC', Specify <sup>33</sup>	
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Business Area <sup>34</sup> (NACE)	73	User/Supplier <sup>35</sup> (U/S)	S	Cost Basis <sup>36</sup> (FC / FF / AC)	FC
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#### Organisation details <sup>37</sup>

Annual turnover <sup>38</sup>	T2	Annual Balance Sheet Total <sup>39</sup>	NA	Number of employees <sup>40</sup>	S5
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Is Your Organisation independent <sup>41</sup> ?	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 <sup>42</sup>	

Is Your Organisation affiliated to any other participant(s) in the proposal <sup>43</sup> ?	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) <sup>44</sup>		I
		I
		I

#### Address of the main department carrying out the work <sup>45</sup>

Department/ Institute Name <sup>10</sup>	National Environmental Research Institute - Department of Marine Ecology		
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PO Box <sup>11</sup>	358
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Street Name and Number	Frederiksborgvej 399
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Post Code <sup>12</sup>	4000	Cedex <sup>13</sup>	
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Town/City	Roskilde
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Country Code <sup>14</sup>	DK	Country Name <sup>14</sup>	Denmark
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#### Authorised person <sup>46</sup>

Title (Dr, Prof., ...)	Prof.	Gender <sup>8</sup>	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
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Family Name	Riemann
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First Name	Bo
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Telephone No <sup>15</sup>	(45-46) 301360	Fax No <sup>15</sup>	(45-46) 301360
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E-mail	bri@dmu.dk
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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)	03/10/2001
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Signature of authorised person	
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Proposal Acronym <sup>5</sup>	MaBenE	Proposal No <sup>6</sup>	
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### A3. Participant Profile/Information (1 form per participant) <sup>23</sup>

Legal information on the participating organisation										
Participant Role <sup>24</sup>	CR	Participant No <sup>25</sup>	3	Assistant to Contractor No <sup>26</sup>						
Registration No with the European Commission's Research Programmes <sup>27</sup>										
Organisation Legal Name <sup>28</sup>	Bolding and Burchard Hydrodynamics GbR									
Short Name <sup>29</sup>	BBH	Legal Registration No <sup>30</sup>								
Activity Type <sup>31</sup>	REC	Legal Status <sup>32</sup>	PRC	If 'PRC', Specify <sup>33</sup>						
Business Area <sup>34</sup> (NACE)	73	User/Supplier <sup>35</sup> (U/S)	S	Cost Basis <sup>36</sup> (FC / FF / AC)					FC	
Organisation details <sup>37</sup>										
Annual turnover <sup>38</sup>	T1	Annual Balance Sheet Total <sup>39</sup>	B1	Number of employees <sup>40</sup>		S2				
Is Your Organisation independent <sup>41</sup> ?							Y	<input checked="" type="checkbox"/>	N	
If No, please indicate legal name(s) of owner(s) who own 25 % or more <sup>42</sup>										
Is Your Organisation affiliated to any other participant(s) in the proposal <sup>43</sup> ?							Y		N	<input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) <sup>44</sup>										
Address of the main department carrying out the work <sup>45</sup>										
Department/ Institute Name <sup>10</sup>	Bolding and Burchard Hydrodynamics GbR									
PO Box <sup>11</sup>										
Street Name and Number	Uhlenhorst 17									
Post Code <sup>12</sup>	D-22529	Cedex <sup>13</sup>								
Town/City	Schwarzenbek									
Country Code <sup>14</sup>	D	Country Name <sup>14</sup>			Germany					
Authorised person <sup>46</sup>										
Title (Dr, Prof., ...)	Dr .	Gender <sup>8</sup>			F		M	<input checked="" type="checkbox"/>		
Family Name	Burchard									
First Name	Hans									
Telephone No <sup>15</sup>	(49-4151)897525	Fax No <sup>15</sup>			(49-4151)897525					
E-mail	hans@gotm.net									
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.										
Date (DD/MM/YYYY)	02/10/2001									
Signature of authorised person										



## Shared Cost RTD Proposal Form – Form A3



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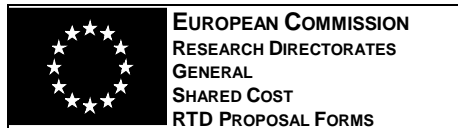

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Proposal Acronym <sup>5</sup>	MaBenE	Proposal No <sup>6</sup>	
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### A3. Participant Profile/Information (1 form per participant) <sup>23</sup>

Legal information on the participating organisation											
Participant Role <sup>24</sup>	CR	Participant No <sup>25</sup>	4	Assistant to Contractor No <sup>26</sup>							
Registration No with the European Commission's Research Programmes <sup>27</sup>											
Organisation Legal Name <sup>28</sup>	GKSS Forschungszentrum Geesthacht GmbH										
Short Name <sup>29</sup>	GKSS	Legal Registration No <sup>30</sup>	HRB 285								
Activity Type <sup>31</sup>	REC	Legal Status <sup>32</sup>	PNP	If 'PRC', Specify <sup>33</sup>							
Business Area <sup>34</sup> (NACE)	73	User/Supplier <sup>35</sup> (U/S)	S	Cost Basis <sup>36</sup> (FC / FF / AC)					FC		
Organisation details <sup>37</sup>											
Annual turnover <sup>38</sup>	T3	Annual Balance Sheet Total <sup>39</sup>	B3	Number of employees <sup>40</sup>		S6					
Is Your Organisation independent <sup>41</sup> ?								Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
If No, please indicate legal name(s) of owner(s) who own 25 % or more <sup>42</sup>											
Is Your Organisation affiliated to any other participant(s) in the proposal <sup>43</sup> ?								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) <sup>44</sup>											
Address of the main department carrying out the work <sup>45</sup>											
Department/ Institute Name <sup>10</sup>	GKSS Forschungszentrum Geesthacht GmbH - Institute for Coastal Research										
PO Box <sup>11</sup>											
Street Name and Number	Max-Planck-Strasse										
Post Code <sup>12</sup>	21502	Cedex <sup>13</sup>									
Town/City	Geesthacht										
Country Code <sup>14</sup>	D	Country Name <sup>14</sup>	Germany								
Authorised person <sup>46</sup>											
Title (Dr, Prof., ...)	Managing Director				Gender <sup>8</sup>	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>		
Family Name	Scherf										
First Name	Christian										
Telephone No <sup>15</sup>	(49-4152)871669	Fax No <sup>15</sup>	(49-4152)871618								
E-mail	christian.scherf@gkss.de										
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.											
Date (DD/MM/YYYY)	02/10/2001										
Signature of authorised person											

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Proposal Acronym <sup>5</sup>	MaBenE	Proposal No <sup>6</sup>	
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### A3. Participant Profile/Information (1 form per participant) <sup>23</sup>

#### Legal information on the participating organisation

Participant Role <sup>24</sup>	CR	Participant No <sup>25</sup>	5	Assistant to Contractor No <sup>26</sup>	
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Registration No with the European Commission's Research Programmes <sup>27</sup>	
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Organisation Legal Name <sup>28</sup>	Instituto Superior Técnico
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Short Name <sup>29</sup>	IST	Legal Registration No <sup>30</sup>	
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Activity Type <sup>31</sup>	HES	Legal Status <sup>32</sup>	GOV	If 'PRC', Specify <sup>33</sup>	
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Business Area <sup>34</sup> (NACE)	80	User/Supplier <sup>35</sup> (U/S)	S	Cost Basis <sup>36</sup> (FC / FF / AC)	FC
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#### Organisation details <sup>37</sup>

Annual turnover <sup>38</sup>	NA	Annual Balance Sheet Total <sup>39</sup>	NA	Number of employees <sup>40</sup>	S6
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Is Your Organisation independent <sup>41</sup> ?	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 <sup>42</sup>	

Is Your Organisation affiliated to any other participant(s) in the proposal <sup>43</sup> ?	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) <sup>44</sup>		I
		I
		I

#### Address of the main department carrying out the work <sup>45</sup>

Department/ Institute Name <sup>10</sup>	Instituto Superior Técnico - MARETEC		
--	--------------------------------------	--	--

PO Box <sup>11</sup>	
----------------------	--

Street Name and Number	Av. Rovisco Pais 1		
------------------------	--------------------	--	--

Post Code <sup>12</sup>	1049-001	Cedex <sup>13</sup>	
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Town/City	Lisboa		
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Country Code <sup>14</sup>	P	Country Name <sup>14</sup>	Portugal
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#### Authorised person <sup>46</sup>

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

Family Name	Matos Ferreira		
-------------	----------------	--	--

First Name	Carlos		
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Telephone No <sup>15</sup>	(351-218)417331	Fax No <sup>15</sup>	(351-218)499242
----------------------------	-----------------	----------------------	-----------------

E-mail	luisa.martins@ist.utl.pt		
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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)	03/10/2001
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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 <sup>5</sup>	MaBenE	Proposal No <sup>6</sup>	
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### A3. Participant Profile/Information (1 form per participant) <sup>23</sup>

#### Legal information on the participating organisation

Participant Role <sup>24</sup>	CR	Participant No <sup>25</sup>	6	Assistant to Contractor No <sup>26</sup>	
Registration No with the European Commission's Research Programmes <sup>27</sup>					
Organisation Legal Name <sup>28</sup>	Consejo Superior de Investigaciones Cientificas				
Short Name <sup>29</sup>	CSIC-IIM	Legal Registration No <sup>30</sup>			
Activity Type <sup>31</sup>	REC	Legal Status <sup>32</sup>	GOV	If 'PRC', Specify <sup>33</sup>	
Business Area <sup>34</sup> (NACE)	73	User/Supplier <sup>35</sup> (U/S)	S	Cost Basis <sup>36</sup> (FC / FF / AC)	FC

#### Organisation details <sup>37</sup>

Annual turnover <sup>38</sup>	T3	Annual Balance Sheet Total <sup>39</sup>	B3	Number of employees <sup>40</sup>	S7			
Is Your Organisation independent <sup>41</sup> ?					Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
If No, please indicate legal name(s) of owner(s) who own 25 % or more <sup>42</sup>								
Is Your Organisation affiliated to any other participant(s) in the proposal <sup>43</sup> ?					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) <sup>44</sup>							I	
							I	
							I	

#### Address of the main department carrying out the work <sup>45</sup>

Department/ Institute Name <sup>10</sup>	Instituto de Investigaciones Marinas / Consejo Superior de Investigaciones Cientificas						
PO Box <sup>11</sup>							
Street Name and Number	Eduardo Cabello 6						
Post Code <sup>12</sup>	36208	Cedex <sup>13</sup>					
Town/City	Vigo						
Country Code <sup>14</sup>	E	Country Name <sup>14</sup>	Spain				

#### Authorised person <sup>46</sup>

Title (Dr, Prof., ...)	Director Instituto	Gender <sup>8</sup>	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
Family Name	Figueras Huerta					
First Name	Antonio					
Telephone No <sup>15</sup>	(34-986)214451	Fax No <sup>15</sup>	(34-986)292762			
E-mail	direccion@iim.csic.es					

I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	01/10/2001
Signature of authorised person	

## Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym <sup>5</sup>	MaBenE	Proposal No <sup>6</sup>	
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### A3. Participant Profile/Information (1 form per participant) <sup>23</sup>

#### Legal information on the participating organisation

Participant Role <sup>24</sup>	CR	Participant No <sup>25</sup>	7	Assistant to Contractor No <sup>26</sup>	
Registration No with the European Commission's Research Programmes <sup>27</sup>					
Organisation Legal Name <sup>28</sup>	University of Wales, Bangor				
Short Name <sup>29</sup>	UWB	Legal Registration No <sup>30</sup>			
Activity Type <sup>31</sup>	HES	Legal Status <sup>32</sup>	GOV	If 'PRC', Specify <sup>33</sup>	
Business Area <sup>34</sup> (NACE)	80	User/Supplier <sup>35</sup> (U/S)	S	Cost Basis <sup>36</sup> (FC / FF / AC)	AC

#### Organisation details <sup>37</sup>

Annual turnover <sup>38</sup>	NA	Annual Balance Sheet Total <sup>39</sup>	NA	Number of employees <sup>40</sup>	S6
Is Your Organisation independent <sup>41</sup> ?					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 <sup>42</sup>					
Is Your Organisation affiliated to any other participant(s) in the proposal <sup>43</sup> ?					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) <sup>44</sup>					I
					I
					I

#### Address of the main department carrying out the work <sup>45</sup>

Department/ Institute Name <sup>10</sup>	University of Wales, Bangor - School of Ocean Sciences				
PO Box <sup>11</sup>					
Street Name and Number	Askew Street				
Post Code <sup>12</sup>	LL59 5EY	Cedex <sup>13</sup>			
Town/City	Menai Bridge				
Country Code <sup>14</sup>	UK	Country Name <sup>14</sup>	United Kingdom		

#### Authorised person <sup>46</sup>

Title (Dr, Prof., ...)		Gender <sup>8</sup>	F <input type="checkbox"/>	M <input checked="" type="checkbox"/>
Family Name	Hayward			
First Name	Selwyn			
Telephone No <sup>15</sup>	(44-1248) 382053	Fax No <sup>15</sup>	(44-1248) 382042	
E-mail	s.hayward@bangor.ac.uk			

I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	04/10/2001
Signature of authorised person	