## **Proposal Submission Form**



## **EUROPEAN COMMISSION**

7th Framework Programme on Research, Technological Development and Demonstration Coordination and support action Support actions

A2.1:

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Га	ruc	ipa	11122

Proposal Number 000000		Proposal Acronym				Participant Number			
If your organisat		-	_	r FP7,	99	9974844			
Organisation Le	ga! name	•	UNIVERSID	AD POLITECNICA DI	E MADRI	D			
Organisation short name UPM									
		•							
				Administra	tive D	ata			
Legal address						The second secon			and the state of t
Street name	Calle Ra	Calle Ramiro de Maeztu  Number					7		
Town	MADRID	).				Postal Cod	de/Cedex	28040	
Country	ES								
Internet homepage www.upm.es									
Paulinia area Arra	GV SVSVIII SVEGOS	2.Ghodachanhan	a militar and a significant of the significant of t						
			Statu	s of your Or	ganis	ation			
Certain types of o	rganisati	ons bene	efit from spe	ecial conditions unde	er the FF	7 participati	on rules.		
The Commission	also colle	ects data	for statistic	al purposes.					
The guidance not	es will he	elp you co	omplete this	s section.					
				posal coordinator. If t modify it in the pro					
Non-profit organis	ation						yes		
Public body							yes		
Research organis	ation						no		-
Higher or secondary education establishment yes					yes				
			Ma	ain area of activity (I	VACE co	ode)			
80.3									

## **Proposal Submission Form**



**EUROPEAN COMMISSION** 7th Framework Programme on

Research, Technological Development and Demonstration Coordination and support action Support actions

A2.2: **Participants** 

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no

2. Is your annual tur	2. Is your annual turnover smaller than € 50 million?				no					
3. Is your annual bal	ual balance sheet total smaller than € 43 million?				no					
4. Are you an autono	autonomous legal entity?					yes				
You are NOT an SME if your answer to question 1 is "NO" and/or your answer to both questions 2 and 3 is "NO".  In all other cases, you might conform to the Commission's definition of an SME.  Please check the additional conditions given in the guidance notes to the forms										
Following this check, do you conform to the Commission's definition of an SME										
Dependencies with (an)other participant(s)  Are there dependencies between your organisation and (an)other participant(s) in this proposal?										
							no			
if Yes:										
Participant Number	Org	ganisation Short N	ame		Character of	of depe	endence	Э		
0	-				None					
0	-				None					
0	-			,	None					
Contact Point										
Person in charge (For the co-ordinator (participant number 1) this person is the one who the Commission will contact in the first instance)										
Family name	Gomez Perez			First	name(s)		Asuncior	Ì		
Title	Prof.			500 500 500 500	,	L		Sex	Female	
Position in the organi	Lisation	Full Professor. Di	rector of the C	DEG	A STATE OF THE STA					
Department/Faculty/I	nstitute/Laborate	ory name/		Depart	tamento de Int	teligend	cia Artific	ial. Faculta	ad de Info	rmática
Address (if different f	rom the legal ad	dress)	·							
	mpus de Montega					Num	nber	sn		
Town Box	adilla del Monte				Postal Cod	de/Ced	dex	28660		
Country -					Phone 1	+	-34-91-3	367417		
Phone 2 607898054 Fax +34-91-3524819 E-mail asun@fi.upm.es										

1. Is your number of employees smaller than 250? (full time equivalent)