|  |  |
| --- | --- |
| **Organisation name** |  |
| **PIC number** |  |
| **Full legal name (national language)** |  |
| **Full legal name (Latin characters)** |  |
| **Acronym** |  |
| **National id (if applicable)** |  |
| **Department (if applicable)** |  |
| **Address** |  |
| **Country** |  |
| **Region** |  |
| **P.O. Box** |  |
| **Postal code** |  |
| **CEDEX** |  |
| **City** |  |
| **Website** |  |
| **Email** |  |
| **Telephone1** |  |
| **Telephone 2** |  |
| **Fax** |  |

**E.1. Aims and activities of the organisation**

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*Please provide a short presentation of your organisation (key activities, affiliations, size of the organisation, etc.) relating to the area covered by the project.* (Max. 2000 characters)*.*

*What are the activities and experience of the organisation in the areas relevant for this application?*

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***Please describe also the role of your organisation in the project.* (Max.**

**1000** characters)*.*

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**What kind of dissemination activities you can carry out and to whom? Is your organization part of any networks; do you have membership in national and international organization?**

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**E.2. Operational capacity: Skills and expertise of staff involved in the project**

Please give information on the key staff/persons involved in this application and on the competences and previous experience that

they will bring to the project.

*Please add lines as necessary.*

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| --- | --- |
| **Name of staff member** | *Summary of relevant skills and experience, including where relevant a list of recent publications related to the domain of the project.* |
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| **Legal Representative** | | |
| Title |  | |
| Gender |  | |
| First name |  | |
| Family name |  | |
| Department |  | |
| Position |  | |
| Email |  | |
| Telephone1 |  | |
| Address different from the organisation? |  |  |
| Address |  | |
| Country |  | |
| Region |  | |
| P.O. Box |  | |
| Postal code |  | |
| CEDEX |  | |
| City |  | |
| Telephone 2 |  | |

|  |  |  |
| --- | --- | --- |
| **Contact Person** | | |
| Title |  | |
| Gender |  | |
| First name |  | |
| Family name |  | |
| Department |  | |
| Position |  | |
| Email |  | |
| Telephone1 |  | |
| Address different from the organisation? | 🞎 Yes | 🞎No |
| Address | IF YES Fill these fields | |
| Country |  | |
| Region |  | |
| P.O. Box |  | |
| Postal code |  | |
| CEDEX |  | |
| City |  | |
| Telephone 2 |  | |