



EN A 2 FP5RTD

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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/prottool> 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 ¹

Proposal Full Name	ARTifical GUIDance System			
Proposal Acronym ⁵	ARGUS	Proposal No ⁶	IST-2000-25032	
Call Identifier ³	IST-00-3-1A			
Research Programme(s) ²	IST-2000	IST-1999	IST-2000	IST-2000
Thematic priorities ²	IST-2000-1.2.1	IST-1999-1.3.1	IST-2000-1.1.2	IST-2000-4.5

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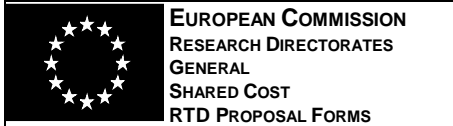
Post stamp

 / /

Reception date

 / /

Shared Cost RTD Proposal Form – Form A1



EN B 2 FP5RTD

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Proposal Acronym ⁵	ARGUS	Proposal No ⁶	IST-2000-25032
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A1.	Proposal Administrative Overview ¹			
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Thematic priorities ²	IST-2000-1.2.1	IST-1999-1.3.1	IST-2000-1.1.2	IST-2000-4.5
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Type of Action ⁴	RS
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Proposal Full Name	ARTifical GUIDance System
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Contact person for the proposal(s) ⁷				
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Title (Dr, Prof., ...)	Prof. Dr.-Ing.	Gender ⁸	F	M	<input checked="" type="checkbox"/>
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Family Name	Burkhardt
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First Name	Hans
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Organisation Legal Name ⁹	Albert-Ludwigs-Universität
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Department / Institute Name ¹⁰	Institute for Pattern Recognition and Image Processing
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PO Box ¹¹	
----------------------	--

Street Name and Number	Universität Gelände Flugplatz, Gebäude 052
------------------------	--

Post Code ¹²	79110	Cedex ¹³	
-------------------------	-------	---------------------	--

Town/City	Freiburg
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Country Code ¹⁴	D	Country Name ¹⁴	Germany
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Telephone No ¹⁵	(49-761)2038260	Fax No ¹⁵	(49-761)2038262
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E-mail	burkhardt@informatik.uni-freiburg.de
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Proposal abstract (maximum 1000 characters) ¹⁶				
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ARGUS will be a portable system intended as a secondary mobility aid for blind and visually impaired users. It will consist of two cameras on a spectacle-like device, connected to a computer. It will work by interpreting the visual environment and informing the user about selected objects or classes of objects by speech-output.

Many, particularly older, blind suffer from isolation due to decreased mobility; ARGUS will greatly enhance many blind persons' ability to go about their daily business unaided; it will add to the users ability to react to unforeseen situations; it will greatly enhance his perception of his surroundings; and it will ultimately allow him to explore hitherto unknown areas of his surrounding with confidence, and without the need to rely on other people's help.

Duration (in Months) ¹⁷	36	Total Eligible Cost (in euro) ¹⁸	3560966	EC Contribution requested (in euro) ¹⁹	2532427
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Keywords ²⁰	
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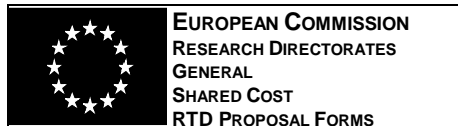
Have you or any of your partners, previously or currently, submitted this proposal or one similar in content to any Community Programme? If yes, please give details of the proposal ²¹	Y	<input checked="" type="checkbox"/>	N
--	---	-------------------------------------	---

Programme Name	IST -99-1-1A	Year	1999	Proposal No	IST-1999-10291
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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)	03/05/2000
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Signature of person authorised to submit a proposal in the co-ordinating organisation	
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Proposal Acronym⁵ ARGUSProposal No⁶ IST-2000-25032**A2.****Proposal Summary²²****Objectives (maximum 1000 characters)**

ARGUS will be a portable system intended as a secondary mobility aid for blind and visually impaired users. It will consist of two cameras on a spectacle-like device, connected to a portable computer, and informing the user about selected objects by speech-output. ARGUS will be able to recognise many objects of the public infrastructure, including public phones, letter-boxes, bus-stops, zebra crossings, and a number of selected traffic signs and general icons of interest to the blind. In addition, it will be able to read text as it is encountered in street-scenes (e.g. shop-names). Planned functionality further includes the recognition of user-trainable landmarks; an exemplary use is the recognition of a specific entrance into a specific building. Other functionality includes centre path travel and obstacle detection. All this will be aided by a GPS-based GIS.

Description of the work (maximum 2000 characters)

The work proposed within the project ARGUS consists of two main parts, the development and implementation of new computer vision and related algorithms that will allow us to reach the objectives described above, and the development and construction of a small number of experimental hardware-platforms which can be used for evaluation purposes and user tests.

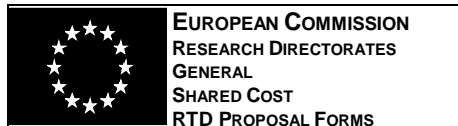
In order to reach the first goal we have assembled within our consortium 4 research institutes specialising in complementary aspects of computer vision, as it is only through this combined effort that we can hope to reach the ambitious goals of ARGUS. Each research institute has the main responsibility for one or two workpackages, but will as a rule cooperate with the other partners on selected aspects of the workpackage, in order to maximise synergetic effects. In addition, the consortium includes three companies, two of which are specialists for the construction of portable computers and opto-electronic devices. These two companies have the main responsibility for the camera and the portable processing-unit respectively, but will consult with the research institutes where necessary, so that a commonly agreed set of specifications can be reached. The third company is responsible for the overall integration of the software and hardware packages produced by the individual partners. It is only through the inclusion of a partner with expertise in this kind of work that a professional and overall cost-effective integration can be guaranteed.

Of particular importance finally is the cooperation of several organisations for the blind, which will cooperate with the consortium as subcontractors or through informal agreements.

Milestones and expected results (maximum 500 characters)

We expect that at the end of the project a completely functional and field-tested prototype of the envisioned system will be available. This prototype will be portable and able to perform all tasks mentioned above. While it is our aim to produce a prototype which is as close as possible to a usable product, it is nonetheless understood that a demonstrator or even product stage will not be reached within the scope of this project.

Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵	ARGUS	Proposal No ⁶	IST-2000-25032
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CO	Participant No ²⁵	1	Assistant to Contractor No ²⁶	
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Albert-Ludwigs-Universität Freiburg
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Short Name ²⁹	ALU	Legal Registration No ³⁰	
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Activity Type ³¹	HES	Legal Status ³²	GOV	If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)	80	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	AC
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Organisation details ³⁷

Annual turnover ³⁸	NA	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰	S7
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Is Your Organisation independent ⁴¹ ?	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 ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	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) ⁴⁴			

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Institute for Computer Science, Pattern Recognition and Image Processing		
--	--	--	--

PO Box ¹¹	
----------------------	--

Street Name and Number	Am Flugplatz 17
------------------------	-----------------

Post Code ¹²	79110	Cedex ¹³	
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Town/City	Freiburg
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Country Code ¹⁴	D	Country Name ¹⁴	Germany
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Authorised person ⁴⁶

Title (Dr, Prof., ...)	Amtsrat	Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
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Family Name	Corsten
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First Name	Sebastian
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Telephone No ¹⁵	(49-761) 2034276	Fax No ¹⁵	(49-761) 2038875
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E-mail	corsten@verwaltung.uni-freiburg.de
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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)	03/05/2000
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Signature of authorised person	
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Shared Cost RTD Proposal Form – Form A4 (1/2)

EN E 2 FP5RTD

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Proposal Acronym ⁵ ARGJUS Proposal No ⁶ IST-2000-25032

A4. Cost Summary in euro ⁴⁷ (part 1/2)

Participant Role ²⁴	Participant No ²⁵	Assistant to Contractor No ²⁶	Participant Short Name ⁵¹	Number of person/months ⁵²	Personnel Costs ⁵³	Durable Equipment ⁵⁴	Consumables ⁵⁵	Travel and Subsistence ⁵⁶	Computing ⁵⁷	Subcontracting ⁵⁸	Subtotal part 1/2 ⁵⁹
CO	1	48	ALU	66	331254	10000	10000	15000	0	0	366254
CO	1	49	Co-ordination	18	90342	0	0	15000	0		105342
CO	1	50	Total co-ordinator costs	84	421596	10000	10000	30000	0	0	471596
CR	2		LKI	60	272641	10000	10000	15000	0	0	307641
CR	3		UALG	72	110000	60000	2000	20000	0	0	192000
CR	4		ITI	48	192000	0	10000	20000	0	0	222000
CR	5		VISYS	47	250000	50000	20000	15000	5000	25000	365000
CR	6		TEITMA	72	269251	2996	15582	20000	5833	20000	333662
CR	7		SIE	48	288000	0	15000	20000	20000	0	343000
CR	8		EBU	40	240000	0	4000	40000	0	0	284000
TOTAL ⁶⁶				471	2043488	132996	86582	180000	30833	45000	2518899

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

EN F 2 FP5RTD

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Proposal Acronym ⁵ ARGJUS Proposal No ⁶ IST-2000-25032

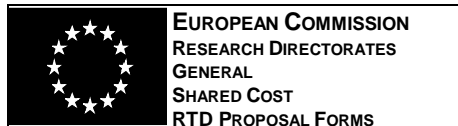
A4. Cost Summary in euro ⁴⁷ (part 2/2)

Participant Role ²⁴	Participant No ²⁵	Assistant to Contractor No ²⁶	Participant Short Name ⁵¹	Subtotal of part 1/2 ⁵⁹	Other Specific project Costs ⁶⁰	Protection of knowledge ⁶¹	Overhead Costs ⁶²	Total Costs ⁶³	Costs Basis : FC/FF/AC ³⁷	% Requested from the Community ⁶⁴	Requested Contribution from the Community ⁶⁵
CO	1	48	ALU	366254	0	0	73254	439508			439508
CO	1	49	Co-ordination	105342	0	0	21070	126412			126412
CO	1	50	Total co-ordinator costs	471596	0	0	94324	565920	AC	100	565920
CR	2		LKI	307641	0	0	61528	369169	AC	100	369169
CR	3		UALG	192000	0	0	36000	228000	AC	100	228000
CR	4		ITI	222000	0	0	282240	504240	FC	50	252120
CR	5		VISYS	365000	0	0	200000	565000	FC	50	282500
CR	6		TEITMA	333662	0	0	80775	414437	FC	50	207218
CR	7		SIE	343000	0	0	230400	573400	FF	50	286700
CR	8		EBU	284000	0	0	56800	340800	AC	100	340800
TOTAL ⁶⁶				2518899	0	0	1042067	3560966			2532427

EN F 2 FP5RTD

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Shared Cost RTD Proposal Form – Form A3



EN D 2 FP5RTD

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Proposal Acronym ⁵	ARGUS	Proposal No ⁶	IST-2000-25032
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CR	Participant No ²⁵	2	Assistant to Contractor No ²⁶	
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	Universität Hamburg
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Short Name ²⁹	LKI	Legal Registration No ³⁰	
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Activity Type ³¹	HES	Legal Status ³²	GOV	If 'PRC', Specify ³³	
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Business Area ³⁴ (NACE)	80	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	AC
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Organisation details ³⁷

Annual turnover ³⁸	NA	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰	S7
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Is Your Organisation independent ⁴¹ ?	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 ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	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) ⁴⁴			

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	Computer Science Department, Artificial Intelligence Lab		
--	--	--	--

PO Box ¹¹	
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Street Name and Number	Vogt-Kölln-Straße 30		
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Post Code ¹²	22527	Cedex ¹³	
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Town/City	Hamburg		
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Country Code ¹⁴	D	Country Name ¹⁴	Germany
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Authorised person ⁴⁶

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

Family Name	Friese		
-------------	--------	--	--

First Name	Dieter		
------------	--------	--	--

Telephone No ¹⁵	(49-40) 428384410	Fax No ¹⁵	(49-40) 428385621
----------------------------	-------------------	----------------------	-------------------

E-mail	
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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)	28/04/2000
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Signature of authorised person	
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Shared Cost RTD Proposal Form – Form A3



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

Proposal Acronym ⁵	ARGUS	Proposal No ⁶	IST-2000-25032
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CR	Participant No ²⁵	3	Assistant to Contractor No ²⁶	
Registration No with the European Commission's Research Programmes ²⁷					
Organisation Legal Name ²⁸	University of Algarve				
Short Name ²⁹	UALG	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

Organisation details ³⁷

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

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?					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) ⁴⁴				
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Address of the main department carrying out the work ⁴⁵

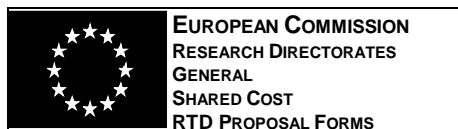
Department/ Institute Name ¹⁰	Vision Laboratory - Dept. of Exact Sciences and Humanities				
PO Box ¹¹					
Street Name and Number	Campus de Gambelas - UCEH				
Post Code ¹²	8000-117	Cedex ¹³			
Town/City	Faro				
Country Code ¹⁴	P	Country Name ¹⁴	Portugal		

Authorised person ⁴⁶

Title (Dr, Prof., ...)	Vice-Rector	Gender ⁸	F <input type="checkbox"/> M <input checked="" type="checkbox"/>
Family Name	Ferraz		
First Name	José		
Telephone No ¹⁵	(351-289)800100	Fax No ¹⁵	(351-289)818353
E-mail			

I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.	
Date (DD/MM/YYYY)	04/04/2000
Signature of authorised person	

Shared Cost RTD Proposal Form – Form A3



EN D 2 FP5RTD

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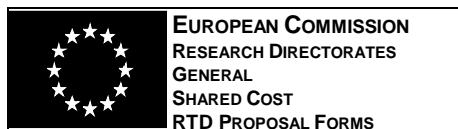
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Proposal Acronym ⁵	ARGUS	Proposal No ⁶	IST-2000-25032
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation										
Participant Role ²⁴	CR	Participant No ²⁵	4	Assistant to Contractor No ²⁶						
Registration No with the European Commission's Research Programmes ²⁷										
Organisation Legal Name ²⁸	Centre for Research and Technology Hellas, Informatics and Telematics Institute									
Short Name ²⁹	ITI	Legal Registration No ³⁰								
Activity Type ³¹	REC	Legal Status ³²	PNP	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										
Annual turnover ³⁸	NA	Annual Balance Sheet Total ³⁹	NA	Number of employees ⁴⁰		S3				
Is Your Organisation independent ⁴¹ ?							Y	<input checked="" type="checkbox"/>	N	
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²										
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?							Y		N	<input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴										
Address of the main department carrying out the work ⁴⁵										
Department/ Institute Name ¹⁰	Informatics and Telematics Institute (I.T.I.)									
PO Box ¹¹	361									
Street Name and Number	6th Km Charilaou-Thermi Road									
Post Code ¹²	57001	Cedex ¹³								
Town/City	Thermi-Thessaloniki									
Country Code ¹⁴	EL	Country Name ¹⁴			Greece					
Authorised person ⁴⁶										
Title (Dr, Prof., ...)	Prof			Gender ⁸		F		M	<input checked="" type="checkbox"/>	
Family Name	Vasalos									
First Name	Iacovos									
Telephone No ¹⁵	(30-31)498100			Fax No ¹⁵		(30-31)498180				
E-mail	certh@filippos.techpath.gr									
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.										
Date (DD/MM/YYYY)	12/04/2000									
Signature of authorised person										

Shared Cost RTD Proposal Form – Form A3



EN D 2 FP5RTD

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Proposal Acronym ⁵	ARGUS	Proposal No ⁶	IST-2000-25032
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

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

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S3
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Is Your Organisation independent ⁴¹ ?	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 ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	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) ⁴⁴			

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	VISYS AG
--	----------

PO Box ¹¹	
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Street Name and Number	Saalburgstraße 157
------------------------	--------------------

Post Code ¹²	61350	Cedex ¹³	
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Town/City	Bad Homburg
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Country Code ¹⁴	D	Country Name ¹⁴	Germany
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Authorised person ⁴⁶

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

First Name	Arnulf
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Telephone No ¹⁵	(49-6172)968051	Fax No ¹⁵	(49-6172)968039
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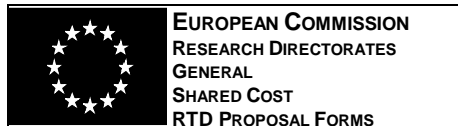
E-mail	reuter@visys.net
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I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.

Date (DD/MM/YYYY)	08/05/2000
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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 ⁵	ARGUS	Proposal No ⁶	IST-2000-25032
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CR	Participant No ²⁵	6	Assistant to Contractor No ²⁶	
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Registration No with the European Commission's Research Programmes ²⁷	
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Organisation Legal Name ²⁸	TEIMA Audiotex S.L.
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Short Name ²⁹	TEIMA	Legal Registration No ³⁰	EB-80986I02
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Activity Type ³¹	OTH	Legal Status ³²	PRC	If 'PRC', Specify ³³	LTD
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Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FC
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Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S3
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Is Your Organisation independent ⁴¹ ?	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 ⁴²	

Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	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) ⁴⁴			

Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	TEIMA Audiotex S.L.
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PO Box ¹¹	
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Street Name and Number	C/Tirvia, 6, local B
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Post Code ¹²	28040	Cedex ¹³	
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Town/City	Madrid
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Country Code ¹⁴	E	Country Name ¹⁴	Spain
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Authorised person ⁴⁶

Title (Dr, Prof., ...)		Gender ⁸	F	<input type="checkbox"/>	M	<input checked="" type="checkbox"/>
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Family Name	Moreno
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First Name	Sofia
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Telephone No ¹⁵	(34-)609162882	Fax No ¹⁵	(34-91)3112819
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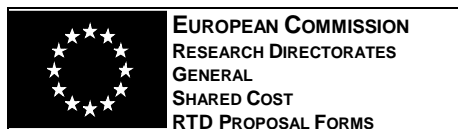
E-mail	sofiamor@teima.es
--------	-------------------

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

Date (DD/MM/YYYY)	05/05/2000
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Signature of authorised person	
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Shared Cost RTD Proposal Form – Form A3



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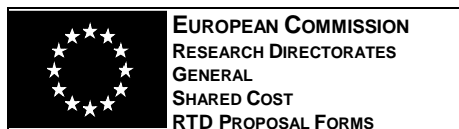
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Proposal Acronym ⁵	ARGUS	Proposal No ⁶	IST-2000-25032
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation											
Participant Role ²⁴	CR	Participant No ²⁵	7	Assistant to Contractor No ²⁶							
Registration No with the European Commission's Research Programmes ²⁷											
Organisation Legal Name ²⁸	Sistemas Expertos, SA										
Short Name ²⁹	SiE	Legal Registration No ³⁰	A/78256013								
Activity Type ³¹	OTH	Legal Status ³²	PRC	If 'PRC', Specify ³³	SA						
Business Area ³⁴ (NACE)	72	User/Supplier ³⁵ (U/S)	S	Cost Basis ³⁶ (FC / FF / AC)	FF						
Organisation details ³⁷											
Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S3						
Is Your Organisation independent ⁴¹ ?								Y	<input checked="" type="checkbox"/>	N	
If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²											
Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?								Y		N	<input checked="" type="checkbox"/>
If Yes, please indicate Participant No, Short Name(s) and character of affiliations(s) (D / I) ⁴⁴											
Address of the main department carrying out the work ⁴⁵											
Department/ Institute Name ¹⁰	R&D Department										
PO Box ¹¹											
Street Name and Number	Tomillar, 13										
Post Code ¹²	28250	Cedex ¹³									
Town/City	Madrid										
Country Code ¹⁴	E	Country Name ¹⁴	Spain								
Authorised person ⁴⁶											
Title (Dr, Prof., ...)							Gender ⁸	F		M	<input checked="" type="checkbox"/>
Family Name	Martinez										
First Name	Belen										
Telephone No ¹⁵	(34-91)8599860	Fax No ¹⁵	(34-91)8599868								
E-mail	mmartinezsa@nexo.es										
I certify that the above information is accurate and that my organisation has agreed to participate in this proposal.											
Date (DD/MM/YYYY)	03/04/2000										
Signature of authorised person											

Shared Cost RTD Proposal Form – Form A3



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Proposal Acronym ⁵ ARGUS	Proposal No ⁶ IST-2000-25032
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A3. Participant Profile/Information (1 form per participant) ²³

Legal information on the participating organisation

Participant Role ²⁴	CR	Participant No ²⁵	8	Assistant to Contractor No ²⁶	
Registration No with the European Commission's Research Programmes ²⁷					
Organisation Legal Name ²⁸	European Blind Union				
Short Name ²⁹	EBU	Legal Registration No ³⁰			
Activity Type ³¹	OTH	Legal Status ³²	PNP	If 'PRC', Specify ³³	
Business Area ³⁴ (NACE)		User/Supplier ³⁵ (U/S)	U	Cost Basis ³⁶ (FC / FF / AC)	AC

Organisation details ³⁷

Annual turnover ³⁸	T1	Annual Balance Sheet Total ³⁹	B1	Number of employees ⁴⁰	S2
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Is Your Organisation independent ⁴¹ ?	Y	<input checked="" type="checkbox"/>	N	<input checked="" type="checkbox"/>
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If No, please indicate legal name(s) of owner(s) who own 25 % or more ⁴²					
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Is Your Organisation affiliated to any other participant(s) in the proposal ⁴³ ?	Y		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) ⁴⁴					
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Address of the main department carrying out the work ⁴⁵

Department/ Institute Name ¹⁰	European Blind Union				
PO Box ¹¹					
Street Name and Number	58 Av. Bosquet				
Post Code ¹²	75007	Cedex ¹³			
Town/City	Paris				
Country Code ¹⁴	F	Country Name ¹⁴	France		

Authorised person ⁴⁶

Title (Dr, Prof., ...)	Prof	Gender ⁸	F		M	<input checked="" type="checkbox"/>
Family Name	Cattani					
First Name	Rodolfo					
Telephone No ¹⁵	(33-1)44429191	Fax No ¹⁵	(33-1)44429192			
E-mail						

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

Date (DD/MM/YYYY)	04/05/2000
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Signature of authorised person	
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