Proposal Number: 000000
Proposal Acronym: ERAcademy
Participant Number: 1

If your organisation has already registered for FP7, enter your Participant Identification Code: 999973971

Organisation Legal name: ECOLE POLYTECHNIQUE FEDERALE DE LAUSANNE
Organisation short name: EPFL

Administrative Data

Legal address

Street name: Bâtiment CE-3.316 Station 1
Number: -
Town: LAUSANNE
Postal Code/Cedex: 1015
Country: CH
Internet homepage: www.epfl.ch

Status of your Organisation

Certain types of organisations benefit from special conditions under the FP7 participation rules.
The Commission also collects data for statistical purposes.
The guidance notes will help you complete this section.
The status of the organisation is set by the proposal coordinator. If you would like to modify this information, the coordinator must modify it in the proposal set-up page.

Non-profit organisation: yes
Public body: yes
Research organisation: yes
Higher or secondary education establishment: yes

Main area of activity (NACE code): 80.3
1. Is your number of employees smaller than 250? (full time equivalent) 
   - no
2. Is your annual turnover smaller than € 50 million? 
   - no
3. Is your annual balance sheet total smaller than € 43 million? 
   - no
4. Are you an 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 
   - no

## Dependencies with (an)other participant(s)

Are there dependencies between your organisation and (an)other participant(s) in this proposal? 
   - no

<table>
<thead>
<tr>
<th>Participant Number</th>
<th>Organisation Short Name</th>
<th>Character of dependence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
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## 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
Title
Sex
Position in the organisation
Department/Faculty/Institute/Laboratory name/
Address (if different from the legal address)

Street name
Number
Town
Postal Code/Cedex
Country
Phone 1
Phone 2
Fax
E-mail