

Grant Preparation Forms – Übersicht der erforderlichen Angaben

A1: Our Project			
Project number	Project Acronym	Coord./ Participant number	Coord./ Participant short name
GENERAL INFORMATION			
Project title	...		
Starting Date	a) either fixed date or b) on first day of the month after the signature by the European Commission		
Duration in months	24, 36, 48, 60 (depending on project type / call)		
Call (part) identifier	from Call / Work Programme		
Activity Code	...		
Free Key Words	...		
Abstract	...		

A2.1: Who we are			
Project number	Project Acronym	Coord./ Participant number	Coord./ Participant short name
ONE FORM PER PARTICIPANT			

LEGAL DATA	
Participant Identification Code (PIC)	<u>999881918</u>
Participant Legal Name	<u>UNIVERSITAETSKLINIKUM FREIBURG</u>
Participant Short Name	UKL-FR
Status of validation	VALID
Legal address of the participant	
Street name	HUGSTETTER STRASSE
Number	55
Town	FREIBURG
Postal Code	79106
Country	GERMANY
Internet Homepage	http://www.uniklinik-freiburg.de/ip/splash/start.html
Registration data of the participant	
Legal registration number	IK260832299
Place of registration	n.a.
Date of registration	21/09/1457
VAT number	DE811506626
Legal Form	UNK
Legal Entity Appointed Representative (LEAR)	
Family name	Affeldt
First name(s)	Alexander Stephan
Phone	+49 761 270 7225
Fax	+49 761 270 8467

A2.2: Who we are			
Project number	Project Acronym	Coord./ Participant number	Coord./ Participant short name
ONE FORM PER PARTICIPANT			

STATUS OF YOUR ORGANISATION	
Your organisation is:	
Legal Person	x
Non Profit	x
Research Organisation	x
Public Body	x
Secondary and higher education establishment	x
Indirect Costs	x <u>SPECIAL TRANSITIONAL FLAT RATE</u>

A2.3: Authorized Representatives			
Project number	Project Acronym	Coord./ Participant number	Coord./ Participant short name
ONE FORM PER PARTICIPANT			
Authorized representative to sign the grant agreement or to commit the organisation for this project			
Family name	Simon		
First name(s)	Anja		
Title	Mrs.		
Gender	F		
Position in the organisation	Acting Commercial Director		
Department/Faculty/Institute/Laboratory	Kaufmännische Direktion		
Address (if different from the legal address)			
Street name	Hugstetter Strasse		
Number	49		
Town	Freiburg		
Postal Code	79106		
Country	Germany		
Phone 1	+49 761 270 2125		
E-mail	eu-drittmittel@uniklinik-freiburg.de		
Fax	+49 761 270 1889		
Alternative authorized representative to sign the grant agreement or to commit the organisation for this project			
n.a.			

A2.4: How to contact us			
Project number	Project Acronym	Coord./ Participant number	Coord./ Participant short name
ONE FORM PER PARTICIPANT			
Person in charge of administrative, legal and financial issues of the project			
<i>zuständig für: Zahnklinik, Chirurgie, Medizin, Apotheke, Nuklearmedizin</i>			
Family name	Armbruster		
First name(s)	Bettina		
Title	Mrs.		
Gender	F		
Position in the organisation	Financial Officer		
Department/Faculty/Institute/Laboratory	G1: Abteilung Finanzplanung		
Address (if different from the legal address)			
Street name	Hugstetter Strasse		
Number	49		
Town	Freiburg		
Postal Code	79106		
Country	Germany		
Phone 1	+49 761 270 8442		
E-mail	eu-drittmittel@uniklinik-freiburg.de		
Fax	+49 761 270 1889		
<i>zuständig für: Hautklinik und Psychiatrische Klinik, Vorklinische Institute, Klinisch-theoretische Institute, CCI – Center for Chronic Immunodeficiency</i>			
Family name	Dreyer		
First name(s)	Juergen		
Title	Mr.		
Gender	M		
Position in the organisation	Financial Officer		
Department/Faculty/Institute/Laboratory	G1: Abteilung Finanzplanung		
Address (if different from the legal address)			
Street name	Hugstetter Strasse		
Number	49		
Town	Freiburg		
Postal Code	79106		
Country	Germany		
Phone 1	+49 761 270 2081		
E-mail	eu-drittmittel@uniklinik-freiburg.de		
Fax	+49 761 270 1889		
<i>Zuständig für Institut für Umweltmedizin und Krankenhaushygiene, Kinderklinik, Radiologie, HNO-Klinik, Neurozentrum, Pathologie, Strahlenklinik, ZKS</i>			
Family name	Henninger		
First name(s)	Gerhard		
Title	Mr.		

Gender	M
Position in the organisation	Financial Officer
Department/Faculty/Institute/Laboratory	G1: Abteilung Finanzplanung
Address (if different from the legal address)	
Street name	Hugstetter Strasse
Number	49
Town	Freiburg
Postal Code	79106
Country	Germany
Phone 1	+49 761 271920
E-mail	eu-drittmittel@uniklinik-freiburg.de
Fax	+49 761 270 1889
Person in charge of the scientific and technical/technological aspects in this project	
<i>Angaben zum Projektleiter</i>	
Family name	...
First name(s)	...
Title	...
Gender	...
Position in the organisation	...
Department/Faculty/Institute/Laboratory	...
Address (if different from the legal address)	
Street name	...
Number	...
Town	...
Postal Code	...
Country	...
Phone 1	...
E-mail	...
Fax	...

A2.5: Our Commitment			
Project number	Project Acronym	Coord./ Participant number	Coord./ Participant short name
ONE FORM PER PARTICIPANT			
Certified Declaration			
<i>Der Text ist vorgegeben. Auf der zweiten Seite sind die Unterschriften des Kaufmännischen Direktors bzw. der Stellvertreterin erforderlich. Die GPF werden über den EU-Referenten und G1 zur Unterschrift weitergeleitet!</i>			
Participant legal name	UNIVERSITAETSKLINIKUM FREIBURG		
Family name of authorized representative	Simon		
First Name(s)	Anja		
Date			
Signature of the authorised representative to sign the grant agreement or to commit the organisation			

