## Form C - Model of Financial Statement per Activity for Integrated Initiatives for Infrastructures

(to be completed by each contractor)

Type of instrument	Integrated Initiatives for Infrastructures	Type of Action (if necessary)	N.A.
Project Title (or Acronym)	EXPReS	Contract n°	026642
Contractors's legal name			
Legal Type			
Contact Person		Telephone	
Telecopy		E-mail	
Cost model used (AC/FC or FCF) / (UF: User Fee) (*)		Indirect costs (Real or Flat Rate of 20% of Direct costs, except subcontracting)	
(*) If UF is used under "other specific AC/UF)	activities: transnational ad	ccess/connectivity", please	mention the two costs models used (eg: FC / UF or FCF / UF or
Period from	March 1, 2006	ТО	February 28, 2007

1- Resources (Third pa	arty(ies))							
Are there any resources n contract? (Yes / No)	nade available on the basis	of a prior agreement with third p	parties identified in Annex I of the					
If Yes, please provide the	following information			•				
Third Party 1 (Y1) Legal	name	Cost model used						
Third Party 2 (Y2) Legal	name	Cost model used						
Third Party 3 (Y3) Legal	name	Cost model used						
Third Party 4 (Y4) Legal	name	Cost model used						
necessary add another Form C								

## 2- Declaration of eligible costs (in €)

Please complete only the activity covered by the relevant instrument (and type of action) indicated above and as mentioned in Article II.25 and/or in Annexes I and III of the contract.

If you are a contractor using the additional cost model (AC):

- indicate only your additional eligible costs, except for Management of the Consortium Activity for which you may indicate your full eligible costs; do not declare eligible direct additional costs specifically covered by contributions from third parties as mentioned in Articles II.20 and II.23.a and b of the contract

If you are a contractor using a full cost model (FC/FCF), indicate your full eligible costs

The costs declared should distinguish between direct and indirect costs

If necessary, adjustments to previous period(s) may be included where appropriate

		Type of Activity																		
	Research and Technological Development / Innovation		Technological Development / Innovation		Technological Development / Innovation		Technological Development / Innovation		hnological elopment / novation		Management of the Consortium (C)		Other Specific Activities: Coordination / Networking		Other Specific Activities: Transnational Access / Connectivity  (E)		Other Specific Activities (F)		Total (G) = (A)+(B)+(C)+ (D)+(E)+(F)	
		1																		
	Contractor	Third Party(ies)	Contractor	Third Party(ies)	Contractor	Third Party(ies)	Contractor	Third Party(ies)	Contractor	Third Party(ies)	Contractor	Third Party(ies)	Contractor	Third Party(ies)						
Direct costs																				
Of which subcontracting																				
Indirect costs																				
Adjustments to previous period(s)																				
Total costs														·						

## 3- Declaration of receipts (in €)

If you are a contractor using the additional cost model (AC), indicate only receipts covered by Article II.23.c of the contract. If you are a contractor using a full cost model (FC/FCF), indicate receipts covered by Article II.23 of the contract.

		Type of Activity														
	Research Technolo Developn Innovat	gical nent /	Demon	Othe Ad Coo		Activi Coordin	Other Specific Activities: Coordination / Networking Other Specific Activities: Transnational Access / Connectivity		Other Specific Activities		Total					
	(A')		(1	3')	(C	")	(D	)	(E')		(E')			(F')	(G') = (A)'+(B')+(C')+ (D')+(E')	
	Contractor	Third Party(ies)	Contractor	Third Party(ies)	Contractor	Third Party(ies)	Contractor	Third Party(ies)	Contractor	Third Party(ies)	Contractor	Third Party(ies)	Contractor	Third Party(ies)		
ceipts																

Total receipts														
					<i>.</i> .		_							
4- Declaration of					e-tinano	cing(in	€)							
	To be completed only by the coordinator.  Did the pre-financing (advance) you received by the Commission for this period earn interest? (Yes / No)													
If yes, please indicate the amount (in €)														
, , , , , , , , , , , , , , , , , , , ,														
5- Request of FF	P6 Financ	ial Co	ontribut	ion (in€	1									
For this period, th	For this period, the FP6 Community financial contribution resuested is equal to ( amount in€)													
6- Audit certifica	ates .													
According to the coparty(ies)) delivere	,					l an audi	it certificat	e (or se	veral in	case of Thir	d			
If Yes, does this(th	ose) audit	certific	ate(s) c	over only	this Fina	ncial Sta	atement p	er Activ	ity? (Yes	s / No)				
If No, what are the audit certificate(s)		overed	by this(t	hose)				From -t	0					
What is the total co	ost of this(t	hose) i	audit cei	rtificate(s)	(in €) pe	er indepe	endent au	ditor(s)	?					
					Audit c	ertifica	te of the	contra	actor (X	()		•		
Legal name of firm	the audit				Cost of	the cer	tificate							
			Αι	udit cert	ificate(	s) of the	e third p	arty(ies	s) (Ys)(	if necessary)				
Y1 : Legal name of firm	f the audit				Cost	of the ce	ertificate							
Y2 : Legal name of firm	f the audit				Cost	of the ce	ertificate							
Y3 : Legal name of firm	f the audit				Cost	of the ce	ertificate							
Y4 : Legal name of firm	f the audit				Cost	of the ce	ertificate							
If necessary add an	f necessary add another Form C. Total (Z) = (X) + (Ys)													
Reminders: The cost of an aud	lit certificat	e is inc	cluded in	the costs	declare	d under	the activi	ty "Mana	agement	t of the Cons	sortium".	The require	d audit ce	ertificate (s) is

The cost of an audit certificate is included in the costs declared under the activity "Management of the Consortium". The required audit certificate (s) is (are) attached to this Financial Statement

# 7- Conversion rates Costs incurred in currencies other than EURO shall be reported in EURO. Please mention the conversion rate used (only one choice is possible) - Please note that the same principle applies for receipts. - Conversion rate of the date of incurred actual costs? (YES / NO) - Conversion rate of the first day of the first month following the period covered by this Financial Statement? (YES/NO) Third Party(ies) (if necessary) Third Party 1 (Y1) - Conversion rate of the date of incurred actual costs? (YES / NO) - Conversion rate of the first day of the first month following the period covered by this Financial Statement? (YES/NO) - Conversion rate of the date of incurred actual costs? (YES / NO) - Conversion rate of the first day of the first month following the period covered by this Financial Statement? (YES/NO) Third Party 3 (Y3) - Conversion rate of the date of incurred actual costs? (YES / NO) - Conversion rate of the first day of the first month following the period covered by this Financial Statement? (YES/NO) Third Party 4 (Y4) - Conversion rate of the date of incurred actual costs? (YES / NO) - Conversion rate of the first day of the first month following the period covered by this Financial Statement? (YES/NO)

If necessary add another Form C.

#### 8- Contractor's Certificate

We certify that:

- the costs declared above are directly related to the resources used to reach the objectives of the project;
- the receipts declared above are directly related to the resources used to reach the objectives of the project;
- the costs declared above fall within the definition of eligible costs specified in Articles II.19, II.20, II.21, II.22 and II.25 of the contract, and, if relevant, in Annex III and Article 9 (special clauses) of the contract;
- the receipts declared above fall within the definition of receipts specified in Article II.23 of the contract;
- the interest generated by the pre-financing declared above falls within the definition of Article II.27 of the contract;
- the necessary adjustments, especially to costs reported in previous Financial Statement(s) per Activity, have been incorporated in the above Statement;
- the above information declared is complete and true;
- there is full supporting documentation to justify the information hereby declared. It will be made available at the request of the Commission and in the event of an audit by the Commission and/or by the Court of Auditors and/or their authorised representatives.

Contractor's Stamp	Name of the Person responsible for the work	Name of the duly authorised Financial Officer
	Date	Date
	Signature	Signature