**NAME OF THE PROGRAMME**

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|  **European Joint Programme on Rare Diseases (EJP RD) (JTC 2020)** |

**NAME OF THE JOINT CALL**

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| **Joint Transnational Call 2020:** " Pre-Clinical Research To Develop Effective Therapies For Rare Diseases” |

**Fondazione Regionale per la Ricerca Biomedica (FRRB)**

***Pre-eligibility form to be filled out by each Partner requesting funding to FRRB[[1]](#footnote-1).***

Before filling out the form, please read the “Guidelines for Applicants” (available here: [www.ejprarediseases.org/index.php/joint-transnational-calls/](http://www.ejprarediseases.org/index.php/joint-transnational-calls/))

Only Institutions/ Principal Investigators (PIs) based in Lombardy can apply for funding to FRRB.

All PIs applying to the EJP Rare Diseases JTC 2020 must submit this form to FRRB, duly completed and signed, **at least 10 working** days before the pre-proposal submission deadline.

Please send it (in PDF) to: bandi@frrb.it specifying in the subject “EJP RD JTC 2020- Pre-eligibility”.

FRRB will provide a feedback on the “Eligibility check form” ONLY in case of major issues or non-eligibility. PIs who submit a proposal without sending the “Eligibility check form” to FRRB beforehand will be automatically excluded.

1. **Project title, Coordinator and Partners (information currently available[[2]](#footnote-2))**

|  |  |
| --- | --- |
| **Project Title**  |  |
| **Project Acronym** |  |
| **Project Coordinator**  |  |
| **Project Coordinator’s Institution** |  |
| **Project Coordinator’s Country** |  |
| **Other Partners (add lines as relevant). Please include your institution, if it is not the Coordinator.**  |
| **No.**  | **Country** | **Institution** | **Type of Entity***H=Health care provider, IRCCS or ASST; A=Academia; RO: Research Organisation; I/SME=Industry or SME* |
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1. **Lombardy Beneficiary Institution**

***Please note: if two Lombardy entities/PIs are partners in the same project, FRRB requests a separate form per entity/PI.***

|  |  |
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| **Name of the Institution**  |  |
| **Address of the Institution (“*sede legale*”)** |  |
| **Legal Representative**  |  |
| **Phone**  |  |
| **E-mail**  |  |
| **Type of entity****(tick as appropriate)** | [ ]  Academia [ ]  Research Centre[ ]  Clinical or Public Health organisation (Italian ASST or IRCCS)[ ]  Public[ ]  Private-for-profit[ ]  Private-not-for-profit |

1. **Lombardy Principal Investigator (PI)**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Type of contract** | 1. Permanent position [ ]
2. Fixed-term contract [ ]
3. Research Collaboration [ ]
4. Research Agreement [ ]
5. Other (Specify) [ ]
 |
| **Start date and duration of the contract** |  |
| **Phone**  |  |
| **E-mail**  |  |
| **Institution where the project activities will be implemented** |  |
| **Address of the Institution (“*Sede Operativa*”)** | *If different from the address above* |
| **Role of the PI unit in the****project (max. 500 characters)** |  |
| **Approximate requested budget (€) for the Lombardy beneficiary** |  |

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| **IMPORTANT INFORMATION**To request funding from FRRB, it is COMPULSORY that at least one IRCCS (public or private) or ASST based in Lombardy is Partner in the project proposal. Other types of organisation (among those eligible, according to the guidelines) are eligible ONLY in partnership with one of them. The maximum amount granted by FRRB is € 500,000 per project and there can be maximum two Lombardy partners per project.  |

1. **Other Lombardy Beneficiary in the same Project Consortium** *(if there is no other Lombardy beneficiary in the same project, please ignore this section)*

FRRB requires one form per Partner, also for Partners in the same Project Consortium. Please report in the table below the main details on the other Lombardy beneficiary participating in the project. The beneficiary identified in the table below is required to submit its pre-eligibility check form. FRRB will match the forms of the Lombardy Beneficiaries collaborating in the same project.

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| **Is there any other Lombardy Beneficiary?**  | YES [ ]  | NO [ ]  |
| **If YES:** |  |
| **Name of the Institution**  |  |
| **Name of the PI** |  |
| **Address** |  |
| **E-mail**  |  |
| **If NO:** | *Please leave this form blank* |

DATE: Signature of the Principal Investigator

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1. We request one form per Partner also for Partners in the same project consortium [↑](#footnote-ref-1)
2. FRRB acknowledges that minor changes can occur before the final submission of the project. Please fill out this form with the most up-to-date information. [↑](#footnote-ref-2)