**NAME OF THE PROGRAMME**

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| JPIAMR: Joint Programming Initiative on Antimicrobial Resistance |

**NAME OF THE JOINT CALL**

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| **JPIAMR Transnational Call:** Diagnostics and Surveillance 2023 |

**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 “Call Text\_**Diagnostics and Surveillance 2023**” (available here: <https://www.jpiamr.eu/calls/diagnostics-surveillance-call-2023/> )

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

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

Please send it signed to: progetti@frrb.it specifying in the subject “JPIAMR Call 2023 - Pre-eligibility\_NAME OF THE PROJECT”.

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

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

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| **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, ATS or AREU; A=Academia; RO: Research Organisation; I/SME=Industry or SME; PO: Patient Organisation* |
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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)** | [ ]  Universities[ ]  Research Institutes[ ]  Public Health Care Providers (ASST)[ ]  Public or Private Italian IRCCS[ ] Agenzie di Tutela della Salute (ATS) [ ] Azienda Regionale Emergenza Urgenza (AREU) |

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

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| **Name and Surname** |  |
| **Role in the organisation** |  |
| **Phone**  |  |
| **E-mail**  |  |
| **Institution where the project activities will be implemented** |  |
| **Address of the Institution (“*Sede Operativa*”)** | *If different from the address above* |
| **Please note:** although in the framework of this call participants can focus their proposal on one or more of the One Health settings, **FRRB funds ONLY human-related research activities (please refer to the Guidelines)** |
| **Does the Lombardy PI confirm that his/her works will be focused only on the human One Health Setting?**  | [ ] Yes[ ]  No |
| **What are the other One Health Settings covered in the project?** | [ ]  Human [ ]  Animal[ ] Plants[ ] Food [ ]  Environment  |
| **Role of the PI unit in the****project (max. 500 characters)** |  |
| **Approximate requested budget (€) for the Lombardy beneficiary** *(max. € 500,000 per project)* |  |

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

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| **IMPORTANT INFORMATION**To request funding from FRRB, it is COMPULSORY that at least one IRCCS (public or private), ASST, ATS or AREU based in Lombardy is Partner in the project proposal. Other types of organisations (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. FRRB requires one form per Lombardy Beneficiary, 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 in the consortium, requesting funds to FRRB?**  | YES [ ]  | NO [ ]  |
| **If YES:** |  |
| **Name of the Institution**  |  |
| **Name of the PI** |  |
| **E-mail**  |  |

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| **Privacy policy, available at the following link:** [**https://www.frrb.it/it/jpiamr-jtc2023**](https://www.frrb.it/it/jpiamr-jtc2023) |
| [ ]  I confirm I have read and agree to FRRB Privacy policy available on the FRRB JPIAMR JTC2023 JTC webpage <https://www.frrb.it/it/jpiamr-jtc2023>  |

DATE: Signature of the Principal Investigator

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1. We request one form per Lombardy 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)