**NAME OF THE PROGRAMME**

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| **Thcs JOINT TRANSNATIONAL CALL FOR PROPOSALS (2025)** |

**NAME OF THE JOINT CALL**

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| **Joint Transnational Call 2025:** “” |

**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: <https://www.thcspartnership.eu/funding/jtc-2025-better-care-closer-to-home.kl>)

**Only Institutions/PIs based in Lombardy can request funding to FRRB.**

The Regional Foundation for Biomedical Research (FRRB) requests all Lombardy PIs applying for funding to submit this form, duly completed and signed, at least 10 working days before the pre-proposal submission. Please send it to the following email address: bandi@frrb.it specifying in the subject “THCS JTC2025 Acronym- Pre-eligibility”.

A written notification from FRRB will be sent only **in case of ineligibility**.

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**  |
| **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 part of the same project, FRRB requests a separate form per entity/PI)**

|  |  |
| --- | --- |
| **Name of the Institution**  |  |
| **Address** |  |
| **Legal Representative**  |  |
| **Phone**  |  |
| **E-mail**  |  |
| **Type of entity****(tick as appropriate)** | [ ]  Academia [ ]  Clinical or Public Health (including Italian ASST or IRCCS)[ ]  SME or Industry[ ]  Public[ ]  Private-for-profit[ ]  Private-not-for-profit |

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

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Type of contractual relationship** | 1. Permanent position [ ]
2. Fixed-term contract [ ]
3. Research Collaboration [ ]
4. Research Agreement [ ]
5. Other (Specify) [ ]
 |
| **Start date and duration of the contractual relationship** |  |
| **Institution where the research is to be performed** |  |
| **Address** |  |
| **Phone**  |  |
| **E-mail**  |  |
| **Role of the PI unit in the****project (max. 500 characters)** |  |
| **Activities to be performed by the PI unit (max. 1000 characters)** |  |
| **Facilities to be used within the PI unit (max. 500 characters)** |  |
| **Approximate requested budget (€) for the Lombardy beneficiary** |  |

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| **IMPORTANT INFORMATION**It is COMPULSORY for FRRB that at least one IRCCS (public or private) or ASST based in Lombardy is Partner in the project proposal. Other types of organisations are eligible ONLY in partnership with one of them. The maximum amount granted by FRRB per project is € 500,000 and there can be maximum two partners per project.  |

1. **Impact on the Regional Health Care System of the transnational project (max. 1000 characters)**
2. **Other Lombardy Beneficiary in the same Project partnership** *(if there are no other Lombardy beneficiaries in the same project, please ignore this section)*

FRRB requires one form per Partner also for Partners in the same project partnership. Please report in the table below the main details on the other Lombardy beneficiary participating in the project. The Partner indicated 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.

|  |  |  |
| --- | --- | --- |
| **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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Signature of the Scientific Director/Director of the Department

………………….. ………………………………………………………

*This project has received funding from the European Union’s Horizon Europe research and innovation programme under grant agreement No101095654*

1. We request one form per Partner also for Partners in the same project partnership [↑](#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)