**NAME OF THE PROGRAMME**

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| **ERAPERMED 4TH JOINT TRANSNATIONAL CALL FOR PROPOSALS (2021)** |

**NAME OF THE JOINT CALL**

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| **Joint Transnational Call 2021:** “MULTIDISCIPLINARY RESEARCH PROJECTS ON PERSONALISED MEDICINE – DEVELOPMENT OF CLINICAL SUPPORT TOOLS FOR PERSONALISED MEDICINE IMPLEMENTATION” |

**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: <http://www.erapermed.eu/joint-calls/>)

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

All PIs applying to the ERAPERMED JTC 2021 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](mailto:bandi@frrb.its) specifying in the subject “ERAPERMED 2021- Pre-eligibility\_ ACRONYM 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 in advance 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; 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 Organisation  Health Care Provider, ASST or IRCCS  Industry or SME |

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

|  |  |
| --- | --- |
| **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* |
| **In which Research Area is the PI involved?** | A1  A2  A3 (*Please make sure you read the Guidelines document regarding A3)* |
| **Role of the PI unit in the**  **project** (*max. 500 characters)* |  |
| **If A3 has been selected, please specify how your work in A3 will be realised in combination with your activities in A1 or A2.**  *FRRB funds AREA 3 research activities ONLY in combination with AREA 1 or 2:*  *a) In a consortium where there is only one Lombardy Beneficiary, if the Lombardy PI is working on AREA 3, s/he shall have a role ALSO in AREA 1 or 2.*  *b) In a consortium where there are two Lombardy Beneficiaries, at least one Lombardy Partner shall work on AREA 1 or 2.* | |
|  | |
| **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) 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.  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:** [**www.frrb.it/it/erapermed-jtc-2021**](http://www.frrb.it/it/erapermed-jtc-2021) |
| I confirm I have read and agree to FRRB Privacy policy available on the FRRB ERAPERMED JTC2021 webpage *(*[*http://www.frrb.it/it/erapermed-jtc-2021*](http://www.frrb.it/it/erapermed-jtc-2021)*).* |

DATE: Signature of the Principal Investigator

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*This project has received funding from the European Union’s Horizon 2020 research and innovation programme under Grant Agreement No 779282*

1. We request one form per Partner also for Lombardy 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)