**NAME OF THE PROGRAMME**

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| **EP PerMed JOINT TRANSNATIONAL CALL FOR PROPOSALS (2024)** |

**NAME OF THE JOINT CALL**

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| **Joint Transnational Call 2024:** “*Identification or Validation of Targets for Personalised Medicine Approaches* (*PMTargets)”* |

**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.eppermed.eu](http://www.eppermed.eu))

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

All PIs applying to the EP PerMed JTC 2024 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 “EP PerMed 2024- Pre-eligibility\_ ACRONYM OF THE PROJECT”.

FRRB will provide 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, 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/ATS/AREU)  Public or Private Italian IRCCS |

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* |
| **Indicate the Research Stage/s of your application?** | Early-stage research  Research on targets already identified |
| **Role of the PI unit in the**  **project** (*max. 500 characters)* |  |
| **Approximate requested budget (€) for the Lombardy beneficiary** *(max. € 500,000 per project)* |  |

1. **Additional 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/AREU/ATS 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:** [www.frrb.it/it/eppermed-jtc-2024](http://www.frrb.it/it/eppermed-jtc-2024) |
| I confirm I have read and agreed to FRRB Privacy policy available at the FRRB EP PerMed JTC 2024 webpage |

DATE: Signature of the Principal Investigator

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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)