

**ERA-NETs and European projects: Joint Transnational Calls –  
FRRB PRE-SUBMISSION ELIGIBILITY CHECK**

**NAME OF THE ERA-NET**

ERA-PERMED

**NAME OF THE JOINT CALL**

Joint Transnational Call 2018: "RESEARCH PROJECTS ON PERSONALISED MEDICINE – SMART COMBINATION OF PRE-CLINICAL AND CLINICAL RESEARCH WITH DATA AND ICT SOLUTIONS"

## **Fondazione Regionale per la Ricerca Biomedica**

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*Instructions for filling in the form*

In order to expedite the eligibility check process, the Lombardy Foundation for Biomedical Research (FRRB) will grant an eligibility clearance to the applicants prior to the submission of the pre-proposal. To this end, it is **MANDATORY** that the applicants return this form, duly completed and signed by each Principal Investigator, to the address: [progetti@frb.it](mailto:progetti@frb.it). It is strongly recommended that the completed and signed form is returned at least 10 working days before the pre-proposal submission deadline set by the Call for proposals (April 10th, 2018).

**Please note** that applicants will receive a written notification only in case of ineligibility.

**1. Project information (fill the available data)**

<b>Project Title</b>	
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<b>Project Acronym</b>	
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**2. First Lombardy Beneficiary Institute**

<b>Name of the Institution</b>	
<b>Address</b>	
<b>Scientific Director or Legal Representative</b>	
<b>Phone number</b>	
<b>E-mail address</b>	
<b>Type of entity (tick as appropriate)</b>	<input type="checkbox"/> Academia <input type="checkbox"/> Research Organization

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	<input type="checkbox"/> ASST <input type="checkbox"/> Public IRCCS <input type="checkbox"/> Private IRCCS
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**3. First Lombardy Principal Investigator (PI):**

<b>Name</b>	
<b>Position</b>	
<b>Type of contractual relationship</b>	a. Permanent position <input type="checkbox"/> b. Fixed-term contract <input type="checkbox"/> c. Research Collaboration <input type="checkbox"/> d. Research Agreement <input type="checkbox"/> e. Other <input type="checkbox"/> <i>Specify:</i>
<b>Institution with which the PI has a contractual relationship</b>	
<b>Start date and duration of the contractual relationship</b>	
<b>Institution where the research will be performed</b>	
<b>Address</b>	
<b>Phone</b>	
<b>E-mail address</b>	
<b>Role of the PI unit in the project (max. 500 characters)</b>	
<b>Approximate requested budget to FRRB (€)</b>	

**Second (if present) Lombardy Beneficiary Institute**

<b>Name of the Institution</b>	
<b>Address</b>	
<b>Scientific Director or Legal Representative</b>	

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<b>Phone number</b>	
<b>Address</b>	
<b>Phone</b>	
<b>E-mail address</b>	
<b>Type of entity (tick as appropriate)</b>	<input type="checkbox"/> Academia <input type="checkbox"/> Research Organization <input type="checkbox"/> ASST <input type="checkbox"/> Public IRCCS <input type="checkbox"/> Private IRCCS

**4. Second (if present) Lombardy Principal Investigator (PI):**

<b>Name</b>	
<b>Position</b>	
<b>Type of contractual relationship</b>	a. Permanent position <input type="checkbox"/> b. Fixed-term contract <input type="checkbox"/> c. Research Collaboration <input type="checkbox"/> d. Research Agreement <input type="checkbox"/> e. Other <input type="checkbox"/> <i>Specify:</i>
<b>Institution with which the PI has a contractual relationship</b>	
<b>Start date and duration of the contractual relationship</b>	
<b>Institution where the research will be performed</b>	
<b>Address</b>	
<b>Phone</b>	
<b>E-mail address</b>	
<b>Role of the PI unit in the project (max. 500 characters)</b>	
<b>Approximate requested budget to FRRB (€)</b>	

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**Other Research Partners**

No.	Country	Name of Principal Investigator	Name of the Institution	Phone nr.	Email address	Type of Entity	
						Academia or Research Organization	Public or Private IRCCS, Health Care provider (ASST)
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

<b>Name of the ASST or IRCCS located in Lombardy partner of the project</b>	
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Date, \_\_\_\_\_

Signature of the Principal Investigator

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