

ERA-NETs and European projects: Joint Transnational Calls –
FRRB pre-submission eligibility check

ERA-NETs and European cofund projects Joint Transnational Call for proposals

NAME OF THE ERANET

TRANSCAN-2

NAME OF THE JOINT CALL

Joint Transnational Call 2016: "*Minimally and non-invasive methods for early detection and/or progression of cancer*"

Fondazione Regionale per la Ricerca Biomedica

Pre-submission eligibility – Information check form

(to be filled by each and every Lombardy participant)

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-proposals. To this end, it is mandatory that the applicants return this pre-submission eligibility check form, duly completed and signed, at the email address: progetti@frrb.it. The completed and signed form shall be returned at least 10 working days before the pre-proposal submission deadline of the call for proposal. Applicants will be sent subsequently a written notification only in case of their ineligibility.

1. Lombardy Beneficiary Institute

Institution	
Address	
Scientific Director or Legal Representative	
Phone + Fax	
E-mail address	

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2. Lombardy Principal Investigator (PI):

Name	
Position	
Type of contractual relationship	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"/>
	Specify:
Institution with which the PI has a contractual relationship	
Start date and duration of the contractual relationship	
Institution where the research is to be performed	
Address	
Phone + Fax	
E-mail address	
Role of the PI unit in the project (max. 500 characters)	
Approximate requested budget (€)	

3. Project title, coordinator and partners (information available so far)

Project Title	
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Project Acronym	
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Project Coordinator (research Partner 1 in the multinational research consortium)

Name	
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Country	
Position	
Institution/Department	
Address	
Phone + Fax	
E-mail address	
Type of entity (tick as appropriate)	<input type="checkbox"/> Academia or other research organisation <input type="checkbox"/> ASST or IRCCS <input type="checkbox"/> SME

Other Research Partners

No.	Country	Name of Research Partner (Principal Investigator)	Institution, department and full address	Phone and Fax	Email address	Type of Entity		
						Academia or other type of Research Organisation	Public or private IRCCS, Health Care providers (ASST)	SME
2						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NB: if you are not an IRCCS nor an ASST based in Lombardy Region, please indicate which is the regional IRCCS or ASST you are partnering with for the implementation of the research project.

Name of the ASST or IRCCS partner	
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