

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

NAME OF THE ERA-NET

TRANSCAN-2

NAME OF THE JOINT CALL

Joint Transnational Call 2017: "Translational research on rare cancers"

Fondazione Regionale per la Ricerca Biomedica

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. 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 (February 6th 2018).

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

1. Project information (fill the available data)

Project Title	
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Project Acronym	
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2. First Lombardy Beneficiary Institute

Name of the Institution	
Address	
Scientific Director or Legal Representative	
Phone number	
E-mail address	
Type of entity (tick as appropriate)	<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):

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

Second (if present) Lombardy Beneficiary Institute

Name of the Institution	
Address	
Scientific Director or Legal Representative	

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Phone number	
Address	
Phone	
E-mail address	
Type of entity (tick as appropriate)	<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):

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

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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"/>

Name of the ASST or IRCCS located in Lombardy partner of the project	
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Date, _____

Signature of the Principal Investigator
