**ERA-NETS AND EUROPEAN PROJECTS: JOINT TRANSNATIONAL CALLS**

**Italian Ministry of Health PRE-SUBMISSION ELIGIBILITY CHECK**

NAME OF THE ERANET ERA PerMed NAME OF THE JOINT CALL Call 2020: Personalised Medicine: Multidisciplinary Research towards Implementation

PRE-SUBMISSION ELIGIBILITY – INFORMATION CHECK FORM

In order to expedite the eligibility check process, the Ministry of Health 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 2-page pre- submission eligibility check form (in PDF format), duly completed.

This pre eligibility check form must be sent to DGRIC Italian Ministry of Health trough the “Work Flow della Ricerca System” in use by IRCCS Scientific Direction. The use of the Workflow don’t request signature of this form

It is strongly recommended that the completed form is returned at least 10 working days before the pre-proposal submission Call deadline. A written eligibility notification will be send to Applicants.

1. Italian beneficiary institution1:

|  |  |
| --- | --- |
| Institution |  |
| Address |  |
| Scientific Director( if available) |  |
| Phone + Fax |  |
| E-mail address |  |

**1. Italian Principal Investigator (PI):**

|  |  |  |
| --- | --- | --- |
| Name |  | |
| Position |  | |
| Type of contractual relationship | a. Permanent position☐ |  | |
| b. Fixed-term contract ☐ |  | |
| c. Research collaboration ☐ |  | |
| d. Research agreement ☐ | |
|  | e. Other (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 |  | |
| Department/Unit |  | |
| Address |  | |
| Phone + Fax |  | |
| E-mail address |  | |
| Role of the PI unit in the project (max. 500 characters) |  | |
| Approximate requested  budget |  | |

1 ERANET or JPI Calls are reserved only to IRCCS / ISS.

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

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1. Project title:
2. **Project acronym:**
3. **Project coordinator (research partner 1 in the multinational research consortium):**

|  |  |
| --- | --- |
| *Name* |  |
| *Country* |  |
| *Position* |  |
| *Institution/Department* |  |
| *Address* |  |
| *Phone + Fax* |  |
| *E-mail address* |  |
| Type of entity  (tick as appropriate) | ☐Academia ☐Public   * Clinical or Public Health ☐Private-for-profit * SME or Industry ☐Private-non-for-profit |

1. **Other research partners:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | Country | Name of research partner (principal investigator) | Institution, department & full address | Phone & Fax | Email address | Type of entity | |
| Academia, Clinical/ Public Health or Industry/SME | Public, private-for- profit or private- non-for-  profit |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |

**DATE:**

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