**NAME OF THE PROGRAMME**

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| **European Joint Programme on Rare Diseases (EJP RD) (JTC 2019)** |

**NAME OF THE JOINT CALL**

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| **Joint Transnational Call 2019:** "Transnational research projects to accelerate diagnosis and/or explore disease progression and mechanisms of rare diseases” |

**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: <http://www.ejprarediseases.org/> )

Only Institutions/PIs based in Lombardy can request funding to FRRB.

The Regional Foundation for Biomedical Research (FRRB) requests to all Lombardy PIs applying for funding to submit this form, duly completed and signed, at least 10 working days before the pre-proposal submission. Please send it to the following email address: [bandi@frrb.it](mailto:bandi@frrb.it) specifying in the subject “EJP RARE DISEASES 2019- Pre-eligibility”.

A written notification from FRRB will be sent only **in case of ineligibility**.

1. **Project title, Coordinator and Partners (information currently available[[2]](#footnote-2))**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Title** | | |  | |
| **Project Acronym** | | |  | |
| **Project Coordinator** | | |  | |
| **Project Coordinator’s Institution** | | |  | |
| **Project Coordinator’s Country** | | |  | |
| **Other Partners** | | | | |
| **No.** | **Country** | **Institution** | | **Type of Entity**  *H=Health care provider, IRCCS or ASST; A=Academia; RO: Research Organisation; I/SME=Industry or SME* |
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1. **Lombardy Beneficiary Institution (please note: if two Lombardy entities/PIs are part of the same project, FRRB requests a separate form per entity/PI)**

|  |  |
| --- | --- |
| **Name of the Institution** |  |
| **Address** |  |
| **Legal Representative** |  |
| **Phone** |  |
| **E-mail** |  |
| **Type of entity**  **(tick as appropriate)** | Academia  Clinical or Public Health (including Italian ASST or IRCCS)  SME or Industry  Public  Private-for-profit  Private-not-for-profit |

1. **Lombardy Principal Investigator (PI)**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Type of contractual relationship** | 1. Permanent position 2. Fixed-term contract 3. Research Collaboration 4. Research Agreement 5. Other (Specify) |
| **Start date and duration of the contractual relationship** |  |
| **Institution where the research is to be performed** |  |
| **Address** |  |
| **Phone** |  |
| **E-mail** |  |
| **Role of the PI unit in the**  **project (max. 500 characters)** |  |
| **Approximate requested budget (€) for the Lombardy beneficiary** |  |

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| **IMPORTANT INFORMATION**  It is COMPULSORY for FRRB that at least one IRCCS (public or private) or ASST based in Lombardy is Partner in the project proposal. Other types of organisation are eligible ONLY in partnership with one of them. The maximum amount granted by FRRB per project is € 500,000 and there can be maximum two partners per project. |

1. **Other Lombardy Beneficiary in the same Project partnership** *(if there is no other Lombardy beneficiary in the same project, please ignore this section)*

FRRB requires one form per Partner also for Partners in the same Project partnership. 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Is there any other Lombardy Beneficiary?** | | YES | NO |
| **If YES:** |  | | |
| **Name of the Institution** |  | | |
| **Name of the PI** |  | | |
| **Address** |  | | |
| **E-mail** |  | | |
| **If NO:** | *Please leave this form blank* | | |

DATE: Signature of the Principal Investigator

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*This project has received funding from the European Union’s Horizon 2020 research and innovation programme under grant agreement No 825575*

1. We require one form per Partner also for Partners in the same project partnership [↑](#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)