

## ERA-NETs and European cofund projects Joint Transnational Call for Proposals

NAME OF THE ERANET \_\_\_\_\_

NAME OF THE JOINT CALL \_\_\_\_\_

### Italian Ministry of Health 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 and signed, to the **National contact person e-mail address** before submitting their pre-proposals to the Joint Call Secretariat through the electronic submission system. The applicants from IRCCS should send this pre-submission eligibility check form also through the Workflow System of the Ministry of Health. It is strongly recommended that the completed and signed form is 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. Italian 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 (specify) <input type="checkbox"/> :
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	

#### 2. Italian beneficiary institution<sup>1</sup>:

Institution	
Address	
Scientific Director	
Phone + Fax	
E-mail address	

<sup>1</sup> For hospitals under the jurisdiction of the Regions, please indicate the Region of reference followed by the hospital denomination.

**3. Project title:**

**4. Project acronym:**

**5. 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)	<input type="checkbox"/> Academia <input type="checkbox"/> Clinical or Public Health <input type="checkbox"/> SME or Industry <input type="checkbox"/> Public <input type="checkbox"/> Private-for-profit <input type="checkbox"/> Private-non-for-profit

**6. 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							

**Signature of the Principal Investigator**

**Signature of the authorised legal represent<sup>2</sup>**

**Date**

<sup>2</sup> The Scientific Director for the IRCCS; the Director General or the Health Director (Direttore Sanitario) for the hospitals under the jurisdiction of the Regions