**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 🞎 |
| 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 |  |

**2. Italian beneficiary institution[[1]](#footnote-1):**

|  |  |
| --- | --- |
| Institution |   |
| Address |   |
| Scientific Director |   |
| Phone + Fax |   |
| E-mail address |   |

**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) | ☐Academia ☐Public☐Clinical or Public Health ☐Private-for-profit ☐SME or Industry ☐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[[2]](#footnote-2)**

**Date**

1. For hospitals under the jurisdiction of the Regions, please indicate the Region of reference followed by the hospital denomination. [↑](#footnote-ref-1)
2. The Scientific Director for the IRCCS; the Director General or the Health Director (Direttore Sanitario) for the hospitals under the jurisdiction of the Regions [↑](#footnote-ref-2)