JOINT TRANSNATIONAL CALLS

ITALIAN MINISTRY OF HEALTH PRE-ELIGIBILITY CHECK FORM

Name of the initiative - Partnership or Programme acronym	
Title of the Joint transational call/JTC-year	

In order to expedite the eligibility check process of the Joint call secretariat (JCS), the Ministry of Health will grant an eligibility clearance to the applicants of PRIOR to submit the pre-proposals. To this end, it is mandatory that the applicants return this pre- submission eligibility check form (in PDF format), duly completed.

This pre-eligibility check form must be sent to DGRIC Italian Ministry of Health, Office 5, through the "Workflow Research platform", via ER code - Information. The form doesn't need to be signed.

It is strongly recommended that the completed form be submitted at least 20 working days before the preproposal submission deadline.

If subcontracting is required, it is permitted only upon prior approval. Applicants must submit a request through the Workflow Research platform. (code ER), together with the national pre-eligibility check form, no later than 20 days before the pre-proposal submission deadline. Please note that subcontracting cannot cover the core activities of the project.

A written eligibility notification will be sent to Applicants in due time through the Workflow Research platform.

1. Italian beneficiary institution:	
Institution	
Address	
Scientific Director	
Phone	
E-mail address	

2. **Italian Principal Investigator (PI):**	
Name	
Position	
Type of contractual	a. Permanent position ☐

relationship	
	b. Fixed-term contract ☐
	c. Research collaboration ☐
	d. Research agreement ☐
	e. Other (specify): ☐
Institution with which the PI has contractual relationship	
Start date and duration of the contractual relationship	
Institution where the research is to be performed	
Department/Unit	
Address	
Phone	
E-mail address	
Role of the PI unit in the project (max. 500 characters)	
Requested budget	

3. **Project title**	
4. **Project acronym**	

5. **Project coordinator (research partner 1 in the multinational research consortium):**	
Name	
Country	
Position	
Institution/Department	
Address	

Phone	
E-mail address	
Type of entity **(tick as appropriate)**	☐ Academia ☐ Public ☐ Private for no-profit ☐ Private for profit ☐ Clinical or Public Health ☐ SME or Industry

6. **Other Research Partners:**

No.	Country	Name of research partner (principal investigator)	Institution, department & full address	Phone	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							
9							
10							

7. **Budget**

	Requested budget	**In kind budget**	**Description**
Personnel (≤60%)			
Consumables/supplies			
Equipment			
Travel (≤30%)			
Publication[1]			
Dissemination costs (≤1%)			
Other direct costs			
Total direct costs			
Subcontracting (≤10%)			
Indirect costs: **Overhead[2] (≤10%)**			
Total budget			

Date:

[1] Open access <5 % of the total project budget; non-open access <2% of the total project budget.
[2] Overhead is calculated as 10% of total direct costs.