

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

TRANSCAN-3

NAME OF THE JOINT CALL

Alliance Against Cancer Pre-submission eligibility check form

In order to expedite the eligibility check process, Alliance Against Cancer will grant an eligibility clearance to applicants prior to submission of pre-proposals. To this end, applicants must return this form, duly completed and signed, in PDF format to the ACC contact person (Valentina Trapani, trapani@alleanzacontroilcancro.it) BEFORE pre-proposal submission to the Joint Call Secretariat through the electronic submission system. The form must be submitted to ACC at least 10 working days before pre-proposal submission deadline. A written notification will be sent to clarify eligibility status.

1. Italian beneficiary institution¹:

Institution	
Address	
Scientific Director	
Phone	
E-mail	

2. Italian Principal Investigator (PI):

Name	
Position	
Type of contractual relationship	<input type="checkbox"/> Permanent position
	<input type="checkbox"/> Fixed-term contract
	<input type="checkbox"/> Research collaboration
	<input type="checkbox"/> Research agreement
	<input type="checkbox"/> Other (please 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	
E-mail	
Role of the PI unit in the project (max. 500 characters)	
Approximate requested budget	

¹ 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	
E-mail	
Type of entity (tick as appropriate)	<input type="checkbox"/> Academia (universities or other higher education or research institutions) <input type="checkbox"/> Clinical/Public Health (hospitals/public health or other health care settings and health organizations) <input type="checkbox"/> For-profit Private Organisation <input type="checkbox"/> Nonprofit Private Organisation

6. Other research partners:

No.	Country	Name	Institution, department & full address	Phone	Email	Type of entity			
						Academia	Clinical/ Public Health	For-Profit Private	Nonprofit Private
2									
3									
4									
5									
6									
7									
8									

Date

Signature of the Principal Investigator

Signature of the authorised legal representative²

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