# Combatting NTDs

# RFP Intent to Apply Form

# RFP Reference Number: GHIT-RFP-2014-002

The *Insert name of partnership here*  partnership intends to submit a proposal in response to this RFP.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Project Title: *Insert text here*  The proposal is expected to address the following RFP scope components.  *(Please check all that apply.)*   |  |  |  | | --- | --- | --- | | Disease | Intervention | Development Stage | | Onchocerciasis  Lymphatic filariasis  Schistosomiasis  Leishmaniasis  Leprosy  Chagas disease  Human African Trypanosomiasis  Soil-Transmitted Helminths  Trachoma | Drugs  Vaccines  Diagnostics | Pre-clinical  Clinical  Licensure |   The partnership is comprised of the following organizations:   |  |  |  | | --- | --- | --- | | Designated Grantee\* | Collaboration Partner 1 | Collaboration Partner 2 | | Organization Name |  |  |  | | Organization Type  (e.g., PDP, pharma company, academic institution) |  |  |  | | Organization Status | Japanese  Non-Japanese | Japanese  Non-Japanese | Japanese  Non-Japanese | | Mailing Address |  |  |  | | Telephone Number |  |  |  |   \* The designated grantee will be the funding recipient and will be responsible for the performance of its collaborating partners. A representative of the designated grantee will serve as the main point of contact with the GHIT Fund and will be responsible for all GHIT Fund discussions and negotiations.  The main point of contact for the collaboration is:   |  |  | | --- | --- | | Name |  | | Title |  | | Organization |  | | Telephone Number |  | | Email Address |  |   Prior to receiving funds for a grant award, the GHIT Fund requires a contractual relationship between collaborating partners. Describe your partnerships’ existing or intended contractual relationship.  *Insert text here*  If the proposed project has already been reviewed by an established independent scientific or technical advisory committee (such as those established by PDPs), please summarize here or attach documentation of the outcome of that review.  *Insert text here*  Applicants may submit RFP related questions herein or by email up to 10:00 am on 11th September, 2014 JST.  *Insert questions here*  A Frequently Asked Questions (FAQ) page is available on the GHIT Fund website (http://ghitfund.org/afag/seekersfaq). Only general inquiries about our grant-making process will be answered at [grants@ghitfund.org](mailto:grants@ghitfund.org).  Please submit this form by 10:00 am on 18th August, 2014 JST through our online submission system (http://www.editorialmanager.com/ghitfund/).  This Intent to Apply form is submitted by:    Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature (Please type in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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