# GHIT Fund Hit-to-Lead Platform (HTLP)

# Reference Number: GHIT-RFP-HTLP-2019-001

# RFP Intent to Apply Form

**Please submit the Intent to Apply form to** [HTLPResponse@ghitfund.org](mailto:HTLPResponse@ghitfund.org) **by 10:00am Tokyo time on March 1, 2019.** Please do not submit any other documents to the GHIT Fund other than the Intent to Apply form.

Applicants may submit RFP related questions by email to [HTLPResponse@ghitfund.org](mailto:HTLPResponse@ghitfund.org) until **10:00am Tokyo time on March 25, 2019** (please use email subject line: **GHIT-RFP-HTLP-2019-001\_Questions**). Please note that it may take time for the GHIT Fund Management Team to respond to your inquiries, so make sure to address your questions well in advance of the submission deadlines. A Frequently Asked Questions (FAQ) page is also available on the GHIT Fund website for reference: <https://www.ghitfund.org/applyforfunding/investmentfaq/en>

Applicants who submit the Intent to Apply document will receive a confirmation email. The GHIT Fund staff will then perform an initial partnership and scope eligibility assessment. **Only eligible applicants will be invited to submit the full proposal and will receive the proposal templates from the GHIT Fund**.

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

#### History of applying for GHIT:

Please provide project ID number if you applied for GHIT before.

*Insert Project ID Here \*\*H201X-10X previous proposal decision (ie Awarded)\*\**

Project Title: *Insert title*

Project Overview (200 words limit): *Insert overview*

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| The proposal is expected to address the following RFP scope components (please refer to pages 1-3 in the RFP document for eligibility criteria):  *Please check all that apply*   |  |  | | --- | --- | | Disease | | | Malaria  Tuberculosis | Chagas disease  Visceral leishmaniasis |   The partnership is comprised of the following organizations (please add columns if your partnership consists of more than three organizations).  Please note that the GHIT Fund requires each HTLP project to have a collaboration with one of the three leading drug development PDPs as a partner: Medicines for Malaria Venture (MMV), Drugs for Neglected Diseases *initiative* (DND*i*), and the Global Alliance for TB Drug Development (GATB). A partnership with one of the above PDPs needs to have been solidified at the time of ITA and proposal submission, therefore, one of the organizations listed in the below table must be one of the three PDPs above.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Designated Development Partner\* | | 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 |  | |  | |  | | | Lead PI (name and job title) |  | |  | |  | | | Contact Details (email, phone, etc.) |  | |  | |  | |   *\* The designated development partner will be the funding recipient and will be responsible for the performance of its collaborating partners. A representative of the designated development partner will serve as the main point of contact with the GHIT Fund and will be responsible for all GHIT Fund discussions and negotiations.*  Prior to receiving funds for an investment award, the GHIT Fund requires a contractual relationship between collaborating partners. Describe your partnerships’ existing or intended contractual relationship.  *Insert 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.  *Insert here*  Please provide the approximate amount of funding required in Japanese Yen to support the proposed project. Please note that the GHIT Fund does not support capital costs. Please provide the currency exchange rate used to calculate the total budget into Japanese Yen, if applicable. If your ITA is eligible and you are invited to submit a proposal, the partners will be asked to provide more specific details of the proposed budget in the proposal.  *Insert here*    Please let us know where you found about this funding opportunity (e.g., GHIT Fund e-newsletter, GHIT Fund event, etc.).  *Insert here*  This Intent to Apply form is submitted by:  Name       Title  Organization  Date |
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