# GHIT Fund Product Development Platform

# Reference Number: GHIT-RFP-PD-2015-001

# RFP Intent to Apply Form

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Project Title: *Insert title*  The proposal is expected to address the following RFP scope components:  *Please check all that apply*   |  |  |  | | --- | --- | --- | | Disease | Intervention | Development Stage | | Malaria  Tuberculosis  Onchocerciasis  Lymphatic filariasis  Schistosomiasis  Leishmaniasis  Chagas disease  Dengue  Buruli Ulcer  Soil-transmitted helminths  Echinococcosis  Cryptosporidium | Drugs  Vaccines  Diagnostics | Pre-clinical  Clinical  Licensure |   The partnership is comprised of the following organizations:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 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 |  | |  | |  | | | Telephone Number |  | |  | |  | |   *\* 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 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*  Please provide the approximate funding required to support the proposed project.  *Insert budget in USD*  Applicants may submit RFP related questions herein or by email to [RFPResponse@ghitfund.org](mailto:RFPResponse@ghitfund.org) up to 10:00 am on March 30, 2015 JST. A Frequently Asked Questions (FAQ) page is available on the GHIT Fund website (<https://www.ghitfund.org/afag/seekersfaq/en>).  *Insert questions here*  **Please submit the Intent to Apply form via GHIT Fund’s online document submission system (**[**http://www.editorialmanager.com/ghitfund/**](http://www.editorialmanager.com/ghitfund/)**) by 10:00 am on March 13, 2015 JST.**  This Intent to Apply form is submitted by:  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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