# GHIT Fund Product Development Platform

# Reference Number: GHIT-RFP-PD-2016-002

# RFP Intent to Apply Form

**Please submit the Intent to Apply form via Editorial Manager® for Product Development Platform**  (<http://www.editorialmanager.com/ghitfund/>) **no later than 10:00 am Tokyo time on July 28, 2016.** Please do not submit any other documents to the GHIT Fund other than the Intent to Apply form via Editorial Manager®.

Applicants may submit RFP related questions by email to [RFPResponse@ghitfund.org](mailto:RFPResponse@ghitfund.org) no later than **10:00 am Tokyo time on August 23, 2016** (please use email subject line: **GHIT-RFP-PD-2016-002\_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 available on the GHIT Fund website (<https://www.ghitfund.org/afag/seekersfaq/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**.

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| The *Insert name of partnership* partnership intends to submit a proposal in response to this RFP.  Project Title: *Insert title*  Project Overview (200 words limit): *Insert overview*  The proposal is expected to address the following RFP scope components (please refer to page 3 in the RFP document for eligible Product Scope):  *Please check all that apply:*   |  |  |  | | --- | --- | --- | | **Disease** | **Intervention** | **Development Stage\*** | | Malaria  Tuberculosis  HIV  Onchocerciasis  Lymphatic filariasis  Schistosomiasis  Leishmaniasis  Chagas disease  Dengue  Buruli ulcer  Soil-transmitted helminths  Echinococcosis  Cryptosporidium | Drugs  Vaccines  Diagnostics | Pre-clinical  Clinical  Licensure |   *\*Please note that a project that does not cover development stages within the scope of Product Development Platform as described above will not be considered eligible. Please ensure that development stages of your project fall into the scope of this platform.*  The partnership comprises the following organizations (please add columns if your partnership consists of more than six organizations). Please note that the GHIT Fund requires each partnership to have at least one eligible Japanese and one eligible non-Japanese organization as partners in order to be considered eligible.   |  |  |  | | --- | --- | --- | | **Designated Development Partner\*\*** | **Collaboration Partner 2** | **Collaboration Partner 3** | | 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.) |  |  |  | | Point of Contact or Additional Contact  (name and job title *- if different from the Lead PI*) |  |  |  | | 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 on behalf of the Collaboration Partners with the GHIT Fund and will be responsible for all GHIT Fund discussions and negotiations.*   |  |  |  | | --- | --- | --- | | **Collaboration Partner 4** | **Collaboration Partner 5** | **Collaboration Partner 6** | | 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.) |  |  |  | | Point of Contact or Additional Contact ( name and job title *- if different from the Lead PI*) |  |  |  | | Contact Details (email, phone, etc.) |  |  |  |   The main point of contact for the collaboration partners is:   |  |  | | --- | --- | | Name |  | | Title |  | | Organization |  | | Telephone Number |  | | Email Address |  |   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 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.  Insert text 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 the total budget in Japanese Yen    Please let us know where you found about this funding opportunity (e.g., GHIT Fund e-newsletter, GHIT Fund event, etc.).  Insert text here  This Intent to Apply form is submitted by:  Name       Title  Organization  Date |
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