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# GHIT Fund Product Development Platform

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

# RFP Intent to Apply Form

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| **Please submit the Intent to Apply form via Editorial Manager® for Product Development Platform (**[**http://www.editorialmanager.com/ghitfund/**](http://www.editorialmanager.com/ghitfund/)**) by 5:00pm Tokyo time on January 11, 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 [RFPResponse@ghitfund.org](mailto:RFPResponse@ghitfund.org) until 10:00am Tokyo time on December 26, 2018 (please use email subject line: GHIT-RFP-PD-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**. |

#### *History of applying for GHIT*

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

*Insert Project ID Here*

*\*\*G201X-10X previous proposal decision (ie Awarded)\*\**

*\*\*Please specify if this new application is a continuation from a project previously funded by GHIT\*\**

***Project Title***

*Insert Project Title Here*

**The proposal is expected to address the following RFP scope components:**

#### *Intervention Focus*

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| --- | --- | --- |
| Drug | Vaccine | Diagnostic |

#### *Development Stage\**

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| --- | --- | --- | --- |
| Lead Optimization | Pre-Clinical Development | Clinical Phase I | Clinical Phase II |
| Clinical Phase III | Licensure |

#### *Target Disease*

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| --- | --- | --- | --- |
| Malaria | Tuberculosis | Buruli ulcer | Chagas Disease |
| Crystosporidium | Echinococcosis | Leishmaniasis | Lymphatic Filariasis |
| Mycetoma | Onchoceriasis | Schistosomiasis | Soil-transmitted helminths |
| Dengue  *\*\*only eligible for continuation program* |  |  |  |

*\* 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.*

*\*\* “Continuation program” is a new application of an extended or continued research from a project previously funded by the GHIT Fund.*

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 partnership to have at least one eligible Japanese and one eligible non-Japanese organization as partners in order to be considered eligible.

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| 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.*

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| **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.) |  |  |  |

**Project Summary**

1. **Project Overview (200 words limit)**

Describe overview of the project

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1. **Project Objectives and Target Results (200 words limit)**

List the specific objectives and target results of this project

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1. **Project Approach (300 words limit)**

Describe the processes or methods that will be leveraged to achieve the project objectives.

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1. **Global Health Need and Impact (200 words limit)**

Describe how the project will address a specific global health need and how it will impact that need in the short- or long-term. What are the unique contributions this project is expected to make?

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1. **Project Budget**

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.

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1. **Brief description of the roles and responsibilities of each Collaboration Partner (i.e. project management, expertise, protein identification, etc.) (200 words limit)**

Please provide brief details of the roles and responsibilities of each Collaboration Partner for the proposed project.

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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.

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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.

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Please let us know where you found about this funding opportunity (e.g., GHIT Fund e-newsletter, GHIT Fund event, etc.).

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This Intent to Apply form is submitted by:

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| --- | --- |
| Name:  Title:  Organization:  Date: |  |

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