**GHIT Fund Drug Discovery Screening Platform**

**Reference Number: GHIT-RFP-Screening-2023-001**

**Contact Form**

Please fill out the following information and submit it by e-mail to [RFPResponse@ghitfund.org](mailto:RFPResponse@ghitfund.org) (please include in the subject the following: “Potential Screening Platform 2023-001”). GHIT Fund Management Team will then perform an initial partnership and scope eligibility assessment. Questions specific to this Screening Platform can only be answered with the submission of this information.

Eligible applicants will receive an email with GHIT Fund Budget template as an attachment and its submission deadline – please complete the Budget template and submit it by the indicated deadline to [RFPResponse@ghitfund.org](mailto:RFPResponse@ghitfund.org)

|  |  |  |
| --- | --- | --- |
|  | **Partner 1** | **Partner 2** |
| Organization Name |  | Choose one PDP:  DND*i*  TB Alliance  MMV |
| Organization Type (e.g., PDP, pharma company, academic institution) |  | PDP |
| Organization Status | * Japanese | Non-Japanese |
| Name of Contact Person  *(Nominate one person from each partner as the main contact with the GHIT Fund)* | * Main Contact Point | * Main Contact Point |
| Designated Development Partner  *(Nominate one partner)* |  |  |
| Title |  |  |
| E-mail Address |  |  |
| Direct Phone No. |  |  |
| Cell Phone No. |  |  |
| Fax No. |  |  |
| Disease of interest  *(check all that apply)* | * Tuberculosis * Malaria * Chagas disease * Leishmaniasis | |

Please provide the total amount needed to fund your project. (Note: If your application is eligible, the GHIT Management Team will send an Excel template shortly and ask the partnership to submit a detailed Budget plan describing a detailed budget plan associated with each activity/milestone and the amount of in-kind contribution, if any). [Please insert budget in Japanese Yen].

|  |
| --- |
|  |

Please describe the main objectives and activities/milestones of your project and write an estimated timeline (month/year) of the objectives/milestone and the duration of your project (Note: The start month/year should be at least eight weeks after the submission of the Contact Form). In addition, please describe the partnerships’ future research plan in case there are positive findings from this Screening program.

|  |
| --- |
|  |

End-of-Document