**GHIT Fund Product Development Platform**

**RFP Intent to Apply Form**

**Reference Number: GHIT-RFP-PD-2023-002**

|  |
| --- |
| **Please submit the Intent to Apply (ITA) form via Editorial Manager® for Product Development Platform (**[**http://www.editorialmanager.com/ghitfund/**](http://www.editorialmanager.com/ghitfund/)**) by 10:00am Tokyo time on July 11, 2023.** Please do not submit any other documents to the GHIT Fund other than the ITA form.Applicants may submit RFP related questions by email to RFPResponse@ghitfund.org until 10:00am Tokyo time on August 2, 2023 (please use email subject line: GHIT-RFP-PD-2023-002\_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 also available on the GHIT Fund website for reference: <https://www.ghitfund.org/applyforfunding/investmentfaq/en>.Applicants who submit the ITA 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 an instruction to access the proposal template.** |

***History of applying for GHIT***

Please provide project ID number for programs **related to this application,** if you applied for GHIT funding 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***

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

***Development Stage\****

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Lead Optimization | ☐ Pre-Clinical Development | ☐ Clinical Phase I | ☐ Clinical Phase II |
| ☐ Clinical Phase III | ☐ 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.*

***Target Disease\****

|  |  |  |
| --- | --- | --- |
| ☐ Buruli ulcer | ☐ Chagas Disease | ☐ Chikungunya |
| ☐ Dengue | ☐ Echinococcosis | ☐ Foodborne Trematodiases |
| ☐ Leishmaniasis | ☐ Leprosy | ☐ Lymphatic Filariasis |
| ☐ Malaria | ☐ Mycetoma | ☐ Onchocerciasis |
| ☐ Rabies | ☐ Scabies | ☐ Schistosomiasis |
| ☐ Soil-transmitted helminthiases | ☐ Taeniasis-Cysticercosis | ☐ Tuberculosis |

*\* Refer to specific scope based on each intervention focus in the product scope section of RFP released on June 13, 2023.*

**The partnership is comprised of 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 1 | 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.) |       |       |       |

*\* 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.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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

|  |
| --- |
|  |

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

List the specific objectives and target results of this project

|  |
| --- |
|  |

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

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

|  |
| --- |
|  |

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?

|  |
| --- |
|  |

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.

|  |
| --- |
|  |

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.

|  |
| --- |
|  |

1. 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.

|  |
| --- |
|  |

1. 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.

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**Compliance Checklist**

Please answer the following questions regarding the Designated Development Partner, Collaboration Partner(s), and primary investigators who will be involved in the project proposed in this application (“Project”). Please mark ‘Yes’ or ‘No’ and provide explanations as required. Please note that your answers in this section will be taken into consideration by the GHIT Fund as it makes its decision concerning your application.

|  |  |
| --- | --- |
| 1. Are there any pending or threatened civil, criminal, administrative or regulatory proceedings, actions, suits or investigations (either as a claimant or a defendant) that could lead to have any influence on the Project?
 | ☐ No☐ Yes – Please explain: |
| 1. Are sufficient measures in place to ensure that the Project will be conducted, controlled, managed, and monitored in compliance with all applicable ethical, legal, regulatory and safety rules and requirements, including applicable international, national, local, industrial and institutional standards?
 | ☐ No☐ Yes – Please explain: |
| 1. Are sufficient measures in place to prevent each of the following?
* Research misconduct[[1]](#footnote-1)
* Misuse, misappropriation, or other inappropriate uses of grants, donations, contributions, or subsidies[[2]](#footnote-2)
 | ☐ No☐ Yes – Please explain: |
| 1. Please confirm that the Designated Development Partner, Collaboration Partner(s), and/or primary investigators have not, to the best of their knowledge, directly or indirectly supported or promoted, and will use reasonable efforts to ensure that they do not directly or indirectly support or promote, terrorist, criminal or anti-social activities or related training, or money laundering.
 | ☐ Confirm☐ Do not confirm |
| 1. Please confirm that the Designated Development Partner, Collaboration Partner(s) and/or primary investigators have never taken any action in furtherance of an offer, payment, promise to pay, or authorization or approval of the payment or giving of money, property, gifts or anything else of value, directly or indirectly, to any government official in Japan or in any other jurisdiction or any official of any public international organization to influence official action or secure an improper advantage.
 | ☐ Confirm☐ Do not confirm |

This Intent to Apply form is submitted by:

|  |  |
| --- | --- |
| Name:Title:Organization:Date: |  |
| **Agreement**We hereby agree that the above information is accurate and true. We understand that any incorrect information provided could result in revocation of the proposal submitted.(Signature) |

[End of Document]

1. In the “Guidelines for Responding to Misconduct in Research (Adopted August 26, 2014 by the Minister of Education, Culture, Sports, Science and Technology)”, each of the following acts is defined as specific research misconduct:

(1) Fabrication: making up data or research results, etc.

(2) Falsification: manipulating research materials, equipment, or processes to

change data or results obtained from research activities

(3) Plagiarism: appropriating the ideas, analysis, analytical methods, data, research results, research paper(s), or words of other researchers without obtaining the permission of the researchers or giving appropriate credit [↑](#footnote-ref-1)
2. “Misuse” shall mean the use of such funds for purposes other than those originally intended or agreed upon, whether deliberate or by gross negligence. [↑](#footnote-ref-2)