



File No.
WHO ID No.
Date Submission

**INITIATIVE FOR VACCINE RESEARCH (IVR)
IMMUNIZATION, VACCINES AND BIOLOGICALS (IVB)**

APPLICATION FOR A COLLABORATIVE RESEARCH PROJECT

PROPOSAL FORM *

CONFIDENTIAL

PART I. ADMINISTRATIVE INFORMATION <i>Please print or type in English</i>		
1.1 Full name of Principal Investigator and institutional affiliation: Surname: _____ First name(s): _____ Institutional affiliation: _____		
1.2 Title of project (120 characters <u>maximum</u>) _____		
Full postal address of Principal Investigator: _____		
Telephone: _____	Telefax: _____	E-mail: _____
Full name of Institution: _____		
Telephone: _____	Telefax: _____	E-mail: _____
1.3 Funds Requested (US\$)		
1st YEAR	2nd YEAR	TOTAL
_____	_____	_____
This proposal is in substance a continuation of an IVR project: Title: _____ ID number: _____ Registry file number: _____		
1.4 Proposed starting date (month/year): _____		Estimated duration: _____
1.5 Relevant Disease/Technology Area:		
<input type="checkbox"/> BURULI ULCER	<input type="checkbox"/> LEISHMANIASIS	<input type="checkbox"/> ROTAVIRUS
<input type="checkbox"/> DENGUE/JAP. ENCEPHALITIS	<input type="checkbox"/> MALARIA	<input type="checkbox"/> SHIGELLA
<input type="checkbox"/> ETEC	<input type="checkbox"/> MEASLES	<input type="checkbox"/> SHISTOSOMIASIS
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> MENINGITIS	<input type="checkbox"/> STREPTOCOCCUS PNEUMONIAE
<input type="checkbox"/> HSV-2	<input type="checkbox"/> NEW DELIVERY SYSTEMS	<input type="checkbox"/> TUBERCULOSIS
<input type="checkbox"/> HUMAN PAPILLOMAVIRUS	<input type="checkbox"/> POLIO	
<input type="checkbox"/> INFLUENZA	<input type="checkbox"/> RABIES	

* For Guidelines for application, please refer to accompanying instructions

1.6 Acceptance of general conditions by the Principal Investigator

I have read the conditions set out in the instructions which were provided with this proposal form and, if my application is successful, I agree to abide by them. I shall be actively engaged in the project.

Signature of the Principal Investigator: Date:

Declaration of institutional endorsement

I confirm that I have read this application and that, if support is granted, the work will be accommodated and administered in the Department/Institution in accordance with the general conditions stated above. I also confirm that the Principal Investigator, Dr/Mr/Mrs/Ms, is working in this institution^(a). The staff gradings and salaries quoted are correct and in accordance with the normal practice of this Department/Institution.

Responsible Administrative Authority^(b)

Signature: Date:

Surname & Initials: Post:

Surname & Initials of Chief Financial Officer:

Signature: Date:

1.7 Institutional and national ethical clearance and approval (required if the proposal involves research on human subjects, including collection of human blood or other human tissue samples) Please refer to instructions, page 3, paragraph 14

Does the proposal require ethical clearance? Yes No

o If "yes", institutional ethical clearance documents **must be** attached

Is there a national ethical review body in your country? Yes No

o If "yes", does the proposal require national ethical clearance? Yes No

o If "yes", national ethical clearance document **must be** attached

A document indicating that safety and environmental aspects of work involving live organisms must accompany proposals covering such work and a statement that safety regulations have been met, signed by the Director of the Institution, must accompany proposals involving DNA research (Please refer to document VAD/FORMS/01.02, page 4, paragraph 14.3).

1.8 National government's approval

Is national government's approval required? Yes No

o If "yes", national government's approval document **must be** attached

(a) If this is not the case, please attach a signed statement specifying clearly the Principal Investigator's relationship with the Institution
(b) An official of the Institution - other than the Principal Investigator - fully empowered to enter into contracting arrangements on behalf of the Institution

PART II. BUDGET *Please refer to instructions^(a)*

2.1 Budget request

PERSONNEL ^(b) <i>(name, if known)</i>	% of salary requested	% of time on project	BUDGET IN	REQUEST ^(c) US\$
			Year 1	Year 2
1 Principal investigator	xxx ^(d)	xxxxx ^(d)	xxxxx ^(d)
2.....
3.....
4.....
5.....
Total Personnel				
SUPPLIES ^(e)				
Total Supplies				
EQUIPMENT ^(e)				
Total Equipment				
ANIMALS				
Total Animals				
PATIENT COSTS				
Total Patient Costs				
TRAVEL <i>(do not include attendance at scientific meetings)</i>				
Total Travel				
OTHER EXPENDITURES <i>(Specify)</i>				
Total Other				
GRAND TOTAL				

(a) If more space is needed, expand under item 2.4, "Budget justification" (page 4).

(b) Please include in Annex B the curriculum vitae of any named scientist, trainee or fellow who will be involved in the project.

(c) Projects will be approved for a maximum of two years.

(d) WHO policy does not permit salary support for principal investigators.

(e) This should include, where applicable, 20% for packing, freight and insurance charges.

2.2 Other support for the proposed project *(do not exceed the space provided for each item)*

Is this research currently being supported by any other funding agency or by industry?

If "yes", give the name of the organization(s) and summarize the amount and duration of the support, with dates

Yes No

Is this or a substantially similar proposal currently being considered elsewhere?

If "yes", by what organization(s)? By what date is a decision expected?

Yes No

Are there any patents and/or patent applications related to the proposed work in the name of the PI, his/her Institution and/or collaborating parties (i.e. other scientists, research institutions and/or companies)?

If "yes", specify

Yes No

2.3 Amount intended for supplies and equipment to be purchased by WHO through the WHO Trust Fund mechanism: US\$

Arrangements can be made for WHO to hold funds awarded for the purchase of supplies on behalf of investigators. However, WHO is obliged to institute certain limitations on the time during which purchases of supplies and equipment can be ordered through the Organization with such funds made available through technical services agreements and held in trust. Accordingly, any balances under such agreements which have not been used for purchases within one year of the funds being made available will revert to WHO on the following 31 December. Please note that this arrangement is NOT available to investigators/institutions from OECD countries.

2.4 Budget justification

Briefly relate each item in the budget (personnel, supplies, equipment, animals, patient costs, travel, etc.) to the activities outlined in the research proposal and indicate, if necessary, where and why advanced payments are being requested.

PART III. PROJECT LINKS AND TRAINING OPPORTUNITIES (1 page *maximum*)

3.1 Collaboration with other scientists and research institutions and/or companies; links with other WHO projects

3.2 Trainees (including those supported by other sources) who will benefit from the proposed project

PART IV. PROJECT DESCRIPTION

4.1 SUMMARY

(including brief description of objectives, rationale, relevance, expected outcomes and time-frame, experimental design). Do not exceed box

Title of Project:

Investigator(s):

Institution(s):

Summary:

4.2 DETAILED PROJECT DESCRIPTION

- . *minimum font size: 10 p.*
- . *use additional pages **maximum 6**; proposal exceeding this length **will not be reviewed***
- . *please use the following format:*

- 4.2.1 Objectives
- 4.2.2 Rationale and relevance to the programme priorities (As specified in the relevant request for proposals)
- 4.2.3 Experimental design and methods (including possible limitations)
- 4.2.4. Expected outcomes and time-frame
- 4.2.5. Previous experience of the laboratory in the proposed field of research

ANNEX A. CURRICULUM VITAE OF APPLICANT (1 page *maximum**)

1. Surname: _____ Date of birth: _____
 First name(s): _____ Nationality: _____

2. Degree(s) (subjects, university or school, year)

3. Present and most recent posts held (type of post, institution/authority, dates)

4. Recent publications: list only the five most important and relevant publications over the last five years (papers in press or submitted for publication are also acceptable).
Please give full bibliographic references: author(s), title, journal, volume, page numbers, year

* Other formats containing the same information are acceptable but **must not** exceed the maximum of one page.
 Please write on one side only.

ANNEX B. CURRICULA VITAE OF OTHER SCIENTISTS INVOLVED*(1 page maximum per individual *)*

1. Surname:	Date of birth:
First name(s):	Nationality:

2. Degree(s) (subjects, university or school, year)

3. Most recent posts held (type of post, institution/authority, dates)

4. Recent publications: list only the five most important and relevant publications over the last five years (papers in press or submitted for publication are also acceptable).
Please give full bibliographic references: author(s), title, journal, volume, page numbers, year

* Other formats containing the same information are acceptable but **must not** exceed the maximum of one page per individual, and number them as 9a, 9b, 9c, etc. Please write on one side only.

The bottom part of this page will be returned to you upon receipt of **the original copy** of your Application.

Please **add** the relevant information **in the two boxes** of this form.

IVR internal note: voucher sent back on.....

Name of Principal Investigator
and address:

Title of your research proposal:

Dear Sir/Madam,

This is to inform you that we safely received the above mentioned research proposal as follows:

- . an advance copy by facsimile on
- . the original on.....

This proposal will be submitted to the relevant IVR Advisory Body for consideration during its next meeting. You will be informed of the outcome of the discussion as soon as possible.

Thank you very much for your interest in IVR's activities.

Yours sincerely,

Initiative for Vaccine Research (IVR)