

UNICEF / UNDP / World Bank / WHO
Special Programme for Research and Training
in Tropical Diseases (TDR)

For administrative use

CONFIDENTIAL

(exception: see 1.1-1.4 below)

COLLABORATIVE RESEARCH PROJECT

SECTION B: PROPOSAL FORM

PLEASE REFER TO THE ACCOMPANYING INSTRUCTIONS (TDR/RP(A)/FORM/03)
THE ORIGINAL FORM (WITH ORIGINAL SIGNATURES) SHOULD BE SUBMITTED TO TDR WITH TWO COPIES

PART I. ADMINISTRATIVE INFORMATION *Please print or type*

Selected information from this box (1.1-1.4) may be released to the general public if this proposal is selected for funding

1.1 Name of Principal Investigator and Institution affiliation		Title:	Sex: (M/F)
Surname:		First name(s):	
Full name of Institution:			
Full postal address of Principal Investigator to be used for professional correspondence:			
Telephone:		Email (1):	
Fax:		Email (2) or Website:	
1.2 Title of Project: <i>(120 characters maximum)</i>			
1.3a Proposed starting date:		1.3b Estimated duration:	
1.4a Intended Committee: <i>(see Annex)</i>		1.4b Relevant Disease(s): <i>(see Annex)</i>	

<p>1.5 Summary: <i>(Do not exceed 100 words nor the space provided below)</i></p>	
<p>1.6 Acceptance of general conditions by the Principal Investigator</p> <p>I have read the conditions set out in the instructions (document TDR/RP(A)/FORM/03) which were provided with the proposal form and, if my application is successful, I agree to abide by them. I shall be actively engaged in the project.</p> <p>Signature of the Principal Investigator: _____ Date: _____</p>	
<p>Declaration of institutional endorsement</p> <p>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. I also confirm that the Principal Investigator,</p> <p><i>(name)</i> is a full-time employee of this institution ¹</p> <p style="text-align: center;">Responsible Administrative Authority²</p> <p>Signature: _____ Date: _____</p> <p>Surname & initials: _____ Post: _____</p>	
<p>Full name of Institution: _____</p>	
<p>Full postal address: _____</p>	
<p>Telephone: _____</p>	<p>Email (1): _____</p>
<p>Fax: _____</p>	<p>Email (2) or Website: _____</p>

¹ If this is not the case, please attach a signed statement specifying clearly the Principal Investigator's relationship with the Institution

² An official of the Institution - other than the Principal Investigator - fully empowered to enter into contractual arrangements on behalf of the Institution

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 READ SECTION 4.3 IN INSTRUCTIONS CAREFULLY

- Is ethical clearance required? Yes No
- If "yes", is institutional ethical clearance document attached? Yes No
- If "yes", is there a national ethical review body in your country? Yes No
- If "yes", is national ethical clearance document attached? Yes No

1.8 National government approval

- Is national government approval required? Yes No
- If "yes", is the approval document attached? Yes No

1.9 Use of animals

- Are animals to be used in this project? Yes No
- If "yes", list species and estimated number:

PART II. BUDGET *Please refer to instructions (TDR/RP(A)/FORM/03)*

2.1 Budget details ¹		For WHO use only - Project ID			
Personnel ² (name, if known)	Position	% of time devoted to project	Budget request (US\$) ³		
			Year 1 20	Year 2 20	Year 3 20
1	Principal Investigator				
2					
3					
4					
Trainees/fellows:					
1					
2					
3					
Total personnel					
Supplies ⁴	[Please enter details here: e.g. expendable items; reagents, field suppliers etc.]				
Equipment ⁴	[Please enter details here: e.g. nonexpendable assets; microscopes, computer hardware etc.]				
Animals	[Please enter details here: e.g. specify species and number]				
Patient costs	[Please enter details here: e.g. drugs, hospitalisation, transportation etc.]				
Local travel (field work)	[Please enter details here: e.g. local air tickets, hotel, per diem]				
International travel (research staff)	[Please enter details here: e.g. air tickets, hotel, per diem]				
Visiting experts	[Please enter details here: e.g. air tickets, hotel, per diem]				
Premises renovation	[Please enter details here: e.g. modest alternations and modifications]				
Library	[Please enter details here]				
Vehicles	[Please enter details here: e.g. fuel, purchase, maintenance]				
Training	[Please enter details here: e.g. tuition, stipend etc.]				
Communication	[Please enter details here: e.g. telephone, web etc.]				
Other expenditures (specify and justify below, and please refer to funding restrictions, TDR/RP(A)/FORM/03 Part I, Item 7)					
1.	[Please enter details here]				
2.	[Please enter details here]				
3.	[Please enter details here]				
4.	[Please enter details here]				
5.	[Please enter details here]				
Total others					
GRAND TOTAL					
Chief Financial Officer of the Institution		Principal Investigator			
Name		Name			
Signature	Date	Signature	Date		

¹ If more space is needed, expand under Item 2.4, "Budget Justification".

² Please include in Annex B the *curricula vitae* of any named scientist, trainee or fellow who will be involved in the project.

³ Please refer to funding restrictions in instructions (TDR/RP(A)/FORM/03 Section II, Item 7).

⁴ 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 supported by any other funding agency? Yes No

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

Is this or a substantially similar proposal currently being considered elsewhere? Yes No

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

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

US \$:

2.4 Budget justification:¹ *The budget should clearly reflect the planned activities and the costs required. Justify each and every budget line stating how the cost figures were derived in relation to the activities to be undertaken.*

¹ Use a maximum of two additional pages, if necessary, and number them as 5a and 5b. Please write on one side only.

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

3.1 Collaboration with other Scientists and Research Institutions (Please attach letters of confirmation from scientists and institutions)

3.2 Links with other research projects

This proposal is in substance a continuation of TDR project ID Number:

Title:

PART IV. PROJECT DESCRIPTION *(Please refer to instructions TDR/RP(A)/FORM/03. 3 pages maximum)*

- 4.1 Objectives and rationale
- 4.2 Experimental design and methods *(Including methods of data analysis, if applicable)*
- 4.3 Ethical considerations for projects involving human subjects
- 4.4 Critical assessment and possible limitation of approach in relation to project objectives

¹ Use a maximum of three additional pages, if necessary, and number them as 7a, 7b and 7c. Please write on one side only.

ANNEX A. CURRICULUM VITAE OF APPLICANT (1 page maximum¹)

1. Surname:	Date of birth:
First name(s):	Nationality:
	Sex:
2. Degree(s) <i>(subjects, university or school, year)</i>	
3. Posts held <i>(type of post, institution/faculty/department, dates)</i>	
4. Recent publications: List only the five most important publications over the last five years (papers in press or submitted for publication are also acceptable). <i>Please give full bibliographic references (author(s), title, journal, volume, page numbers, years). If applicable, please attach copies of papers in press or submitted if these contain background material relevant to this proposal.</i>	

¹ Other formats containing the same information are acceptable but must not exceed the maximum of one page.

ANNEX B. CURRICULUM VITAE OF OTHER SCIENTISTS INVOLVED*(1 page maximum per individual¹)*

1. Surname:	Date of birth:
First name(s):	Nationality:
Telephone:	Sex:
Fax:	Email:
2. Degree(s) <i>(subjects, university or school, year)</i>	
3. Posts held <i>(type of post, institution/faculty/department, dates)</i>	
4. Recent publications: List only the five most important publications over the last five years (papers in press or submitted for publication are also acceptable.) <i>Please give full bibliographic references (author(s), title, journal, volume, page numbers, years).</i>	

¹ Other formats containing the same information are acceptable. Use additional pages (one page maximum per individual), if necessary, and number them as 9a, 9b, 9c, etc. Please write on one side only.

ANNEX C. Request form for supplies and equipment to be purchased by WHO through the WHO trust fund mechanism Request Form WHO 5367E TDR
 (please follow instructions on next page)

CONSIGNEE / ADDRESS:		TDR PROJECT No:
For WHO use only	Order of Priority	COMPLETE DESCRIPTION OF ITEM
INSTRUCTIONS FOR COMPLETING FORM WHO 5367E TDR FOR SUPPLIES AND EQUIPMENT: SEE OVERLEAF		PAGE No.

SPECIAL SHIPPING INSTRUCTIONS:				
Date:	(for WHO use only) TRUST FUND No:			
SUPPLIER DATE OF CATALOGUE USED	CATALOGUE No.	QUANTITY (State Unit)	UNIT PRICE	TOTAL PRICE
(Indicate on each page) TOTAL THIS PAGE:				
(Indicate on last page only) GRAND TOTAL OF ALL PAGES:				

Instructions for completing Request Form WHO 5367E TDR for supplies and equipment

1. CONSIGNEE/ADDRESS AND DATE: Name and complete address of the person to whom goods should be sent and date on which order is placed.
2. SPECIAL SHIPPING INSTRUCTIONS: e.g., air parcel post, air freight, surface (for heavy, bulky, inflammable and dangerous chemicals). Note: Utilize this space when dispatch schedules are specified in shipments involving labeled compounds and other unstable items necessitating periodic shipments (see instruction 4(f) below).
3. ORDER OF PRIORITY: When supplies are being requested, number the items in their decreasing order of priority (items of lesser priority will be dropped from the request in the event of insufficient funds). PLEASE NOTE: Specify one priority number for each item in consecutive descending order, beginning with No.1. For example, only one item can be given priority No.1. If any priority number is repeated for more than one item, such items will be ranked in the descending order in which they appear on the form.
4. COMPLETE DESCRIPTION OF ITEM(S): Please note carefully the following:
 - (a) When major equipment is requested, it is essential that spare parts be included in the request. Each manufacturer has a recommended replacement parts list, which should be figured at approximately 10% of the equipment cost.
 - (b) In the event of other spare parts being required, indicate the make and model number of the piece of equipment in question.
 - (c) For electrical equipment, state voltage and cycles.
 - (d) For glassware and plastic ware, state size, dimensions or volume required.
 - (e) For chemicals and reagents, indicate grade required, e.g., reagent grade, chemically pure, etc.
 - (f) For labeled compounds, indicate the specific activity, number of curies and approximate date(s) you wish to receive compound(s). Since radioactively labeled compounds and assay kits and other unstable items have a limited "shelflife", a dispatch schedule (periodic shipments) should be specified whenever appropriate.
5. SUPPLIER/DATE OF CATALOGUE USED: Complete name and address of supplier and date of catalogue used. Name possible alternate suppliers. (We suggest that investigators request supplies from a minimum number of suppliers to reduce shipping costs.)
6. CATALOGUE NO: Furnish catalogue reference number of each item requested.
7. QUANTITY (STATE UNIT): By items, i.e. 1 x 500g, 3 x 1 litre; By quantity packs, i.e. 1 case/500 tubes, 2 cases/6 x 100ml.
8. UNIT PRICE: Price per unit, e.g. US\$12 per litre, 20CHF.per 10g.
9. TOTAL PRICE: Total price for the item(s) requested. State currency used, e.g. US\$, BF, CHF, FF. PLEASE NOTE: Use as many copies of this form as required. Number all pages 1, 2, 3, etc., in the space provided on the form. On each page indicate in the space provided the total amount for that page. On the last page indicate both the total amount for that page and the grand total for all pages.
10. It should be noted that packing, freight and insurance (PFI) charges amount to approximately 20% of the total cost of an order and that this expense will have to be charged against the project.