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| |  |  | | --- | --- | | **RFP Program:**  **COMMITTM (CO**vid-19 un**M**et **M**ed**I**calneeds and associated research ex**T**ension) **COVID-19 RFP Program** |  | | |
| Please answer all sections below and submit the completed form to: TBD. Any missing information or forms may jeopardize the full review of your submission and lead to disqualification from this program. Submitted Letters of Intent (LOIs) will be reviewed after the submission window is closed. Note that program funds will not be allocated per month of the submission window. If you have any questions about the program, please ask your local Gilead Medical Scientist or visit <https://www.gilead.com/science-and-medicine/research/investigator-sponsored-research> for more information. | |
| **Investigator/Sponsor Information** | |
| **Principal Investigator Name** |  |
| Telephone |  |
| Email address |  |
| Curriculum vitae attached | Yes No |
| **Legal Sponsor / Primary Site** |  |
| Address |  |
| City, State, Zip/Province, Postal code |  |
| Country |  |
| Description of Organization/Institution | Hospital  Academic Research  Government Entity  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Subsite (if applicable) |  |
| Address |  |
| City, State, Zip/Province, Postal code |  |
| Country |  |
| Has your institution applied for or received funding from Gilead in the past? | Yes No |
| Gilead Contact (if applicable) |  |

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| **Proposal** | |
| **Study Title** |  |
| Estimated Budget Requested from Gilead  *Any proposal greater than* ***$250,000*** *should be*  *discussed with your Gilead Medical Scientist*  *prior to submission. Must include overhead*  *costs and all taxes if applicable.* |  |
| Publication costs included? (e.g., preparation of manuscript, travel, etc.) | Yes No |
| Overhead ≤ 30% (*Overhead in*  *excess of 30% will* ***not*** *be approved)* | Yes No |
| Overhead Cap Letter Signed and Attached  *Must be signed by Sponsor institution’s budget   officer or other designee. Signed letter must be   attached before LOI is reviewed.* | Yes No |
| Funding Requested From Other Sources?  *If yes, include name of source and amount in   USD.* | Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |
| Study Design (check all that apply) | Prospective  Retrospective  Observational  Interventional  Modelling |
| Publication Plan (check all that   apply) | Conference  Manuscript |
| **Research Plan** | |
| Type your responses to Questions 1 through 5 in this document. Please limit your response in this entire  section to 1,000 words.   1. Scientific rationale 2. Primary objective 3. Research methods 4. Describe which, if any, policymakers you to plan to engage and how. 5. Study Duration (in months) | |
| **By entering my name below, I hereby certify that the above statements are true and correct to the best of my knowledge.** | |  |
| Name & Title Date | |  |