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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**  |  |

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| 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)
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| **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 |  |