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| **Instructions** |

* Complete all relevant fields on this cover sheet.
* Double click on the highlighted footer to insert the name of your organization.
* Submit this cover sheet along with the proposal narrative and budget documents.

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| **Applicant Details** |

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| --- | --- |
| **Applicant name** |  |
| **Applicant institution** |  |
| **Applicant** [**region**](http://databank.worldbank.org/data/download/site-content/wdi/maps/2017/world-by-region-wdi-2017.pdf) |  |
| **Budget total ($ USD)** |  |

|  |  |
| --- | --- |
| **Applicant email** |  |
| **Applicant phone** |  |
| **Financial administrator name** |  |
| **Financial administrator email** |  |
| **Financial administrator phone** |  |
| **Institution address** |  |
| **Institution website** |  |
| **Tax Status**  **(if known and applicable)** | Select one...  [Refer to Tax Status Definitions Here](http://www.gatesfoundation.org/How-We-Work/General-Information/Tax-Status-Definitions) |

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| **Partner Details** |

If your proposed research includes the transfer of project funds to partner institutions, please complete the section(s) below.

**Partner Institution 1**

|  |  |
| --- | --- |
| **Institution name** |  |
| **Institution mailing address** |  |
| **Investigator name** |  |
| **Investigator email** |  |
| **Investigator phone** |  |

**Partner Institution 2**

|  |  |
| --- | --- |
| **Institution name** |  |
| **Institution mailing address** |  |
| **Investigator name** |  |
| **Investigator email** |  |
| **Investigator phone** |  |

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| **Ethics Review Details** |

Will your proposed research include any of the following activities? Please indicate yes or no for each item below.

|  |  |
| --- | --- |
| **Clinical trials** |  |
| **Trials involving human subjects** |  |
| **Post-approval studies** |  |
| **Field trials involving genetically modified organisms** |  |
| **Experimental medicine** |  |
| **Provision of medical/health services** |  |