## **APPENDIX C: Concept Proposal Form**

*(To be jointly filled out by U.S. and Filipino Applicants.*

*Please be reminded that Concept Proposals should* ***not exceed*** *five (5) pages.)*

**Regional Prospective Observational Research for Tuberculosis**

**“RePORT Philippines Phase II”**

**Concept Proposal Form**

**I. Concept Proposal Summary Information**

|  |  |
| --- | --- |
| **Full Project Title** |  |
| **Duration in months** |  |
| **Estimated/ Anticipated Total Amount to be Requested** |  |
| **Principal Research Question to be Addressed**  *(Please be concise and clear)* |  |

**II. Research Project Team**

*(Please add rows, if necessary. Kindly indicate the* ***age*** *of the Principal Investigator and co-PI)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **U.S. Applicants** | | | | |
| **Position** | **Name** | **Organization** | **Department/ Division** | **E-mail** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Filipino Applicants** | | | | |
| **Position** | **Name** | **Organization** | **Department/Division** | **E-mail** |
|  |  |  |  |  |
|  |  |  |  |  |

**III. Proposal Description**

*(Using the assessment criteria (See* ***Section V****) as a guide, please describe your proposed research project as succinctly as possible, ensuring the clarity of the scientific rationale, significance of the research, and relevance to the Philippine context. Maximum of 1,500 words.)*

|  |
| --- |
|  |

**IV. Funding Requested**

*(Please provide a breakdown of the estimated/ anticipated funding request per institution)*

|  |  |
| --- | --- |
| **Organization/ Institution Name** | **Approximate Total Project Cost (USD/ PHP)** |
| U.S. Organization/ Institution: |  |
| Philippine Institution: |  |

**V. Travel Grant**

*(If successful at the concept proposal stage, describe how the travel grant (to be provided by NIAID and DOST PCHRD) will be used to undertake activities in support of the research collaboration to develop the project team and research questions.)*

|  |
| --- |
| **Activity Title:** |
| **Travel Dates:** |
| **Destination:** |
| **I. Rationale and Objectives** |
| **II. Participants**  *(Please add rows, if necessary)*   |  |  |  | | --- | --- | --- | | **Name** | **Position** | **Role(s) in the Travel** | |  |  |  | |  |  |  | |
| **III. Expected Outputs** |
| **IV. Travel Itinerary**  *(Please add rows, if necessary)*   |  |  |  | | --- | --- | --- | | **Date & Location** | **Attendee(s)** | **Activity/ Agenda** | |  |  |  | |  |  |  | |  |  |  | |
| **V. Budget Estimate** |

**VI. Proposal History**

*(Has this proposal been submitted to previous Calls for Proposals on other funding organization(s)? If so, please indicate the status of the said application.)*

|  |
| --- |
|  |