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| BHAP_logo LETTER OF INTENTBASIC RESEARCH AWARD | | | |
| TITLE OF PROPOSED PROJECT *(This space may contain 100 characters, including spaces.)*  Please ensure you have checked the website for the program’s research priorities and excluded topics, see <http://bayer-hemophilia-awards.com/about_the_program/?view=research_priority> | | | |
| 2a. NAME OF APPLICANT *(last, first, middle, title)* | | 2b. QUALIFICATION(S) | 2c. DATE OBTAINED |
| 2d. DATE OF BIRTH | | 1. | Month/Year |
| 2. | Month/Year |
| 2e. MAILING ADDRESS *(street, city, state or province, postal code, country)* | | | |
| 2f. TELEPHONE / FAX *(country code, area code & extension)* | | 2g. EMAIL ADDRESS | |
| TEL: | FAX: |
| 3. APPLICANT INSTITUTION / ORGANIZATION  Name  Mailing Address *(street, city, state/province, postal code, country)* | | | |
| 4. FINANCE OFFICER TO BE NOTIFIED IF AWARD IS MADE  Name  Title  Address  Tel FAX  E-mail | | 5. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION  Name  Title  Address  Tel FAX  E-mail | |

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| PROJECT ABSTRACT | | |
| TITLE OF PROPOSED PROJECT *(This space may contain 100 characters, including spaces.)* | | |
| PROJECT DURATION (1 year or less) | START DATE: July 2021 or later | FINISH DATE: |
| DESCRIPTION  The abstract must explain the scope and design of the project together with the rationale (scientific merit and experimental approach), objectives, summary of methods and expected results. The abstract will be judged on scientific merit, innovation, scientific impact and quality of the research environment. **DO NOT EXCEED 500 WORDS**. | | |
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| % OF TIME DEDICATED TO PROJECT (APPLICANT). UP TO 15% MAY BE REQUESTED AS SALARY SUPPORT. | | |
| ESTIMATE OF REQUESTED FUNDING IN US DOLLARS  **$###,###.00** Also write amount in words. THE MAXIMUM BUDGET IS US$75,000.00 FOR ONE YEAR ONLY. UP TO 20% THIS AMOUNT MAY BE REQUESTED AS OVERHEAD. | | |

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| APPLICANT’S ABBREVIATED BIOGRAPHICAL SKETCH (DO NOT EXCEED 2 PAGES) | | | | |
| NAME OF APPLICANT | | POSITION TITLE | | |
| EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)* | | | | |
| INSTITUTION AND LOCATION | QUALIFICATION OBTAINED  (if applicable) | | YEARS (e.g. 1995-2000) | FIELD OF STUDY |
|  |  | |  |  |
| POSITIONS AND HONORS *(List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any advisory committees No more than 10 in total.)* | | | | |
| SELECTED PUBLICATIONS (in chronological order, no more than 10). *Do not include publications submitted or in preparation.* | | | | |

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| ***SUBMITTING THE APPLICATION*** |
| Once you have completed this proposal form, please email it to the Program Administrator at  [bayer-hemophilia-awards@bayer.com](mailto:bayer-hemophilia-awards@bayer.com) AND to bayer-hemophilia-awards@porterhouse.biz. Please note that if you wish to attach additional information, e.g. figures and graphs, you must cut and paste them into this document. The administrator will only accept a single Word or PDF document, not several individual items.  By submitting this application, you are confirming that the information you provided is correct and has not been falsified in any manner. If it is discovered that you knowingly provided false information, Bayer Healthcare will consider your application withdrawn and will, if appropriate, take other action. |