INSTRUCTIONS & FORMAT

RFP – Swine Disease Matrix Antigen Detection Research,

Preliminary Proposal

May 2, 2016

Thank you for your interest in the Research Program of the Swine Health Information Center! Please read the following instructions completely.

COMPLETE PROPOSAL

* The proposal must be typed in the required format on the following page.
* Your proposal must be typed in 12-point font size, Times New Roman font, with margins of .5” on left, right, top and bottom.
* **Proposals should be submitted as a WORD file – not PDF.**
* **PLEASE REMEMBER TO TURN OFF TRACKING CHANGES BEFORE SUBMITTING THE PROPOSAL!**

Save your proposal with the file name of: **“LAST NAME, FIRST INITIAL – Title of Proposal”*.*** Example: **SMITH,J – Proposal.doc**. If you are submitting more than one proposal, please use **SMITH,R-2 – Proposal.doc.**

Proposals should be emailed to [research@swinehealth.org](mailto:research@swinehealth.org) and received before 12:00 AM, May 31, 2016

***PLEASE DELETE THIS PAGE OF INSTRUCTIONS BEFORE YOU SUBMIT YOUR PROPOSAL.***

***THANK YOU***

**Swine Health Information Center Swine Disease Matrix Research Preliminary Proposal Cover Page**

**It is our policy to honor the confidentiality of each research proposal to protect investigators from having their ideas exposed to unnecessary critique and discussion. However, during review, the reviewer may make discrete inquiries on protocol mechanics if it improves the quality of his/her evaluation, so long as the source and nature of the work is undisclosed.**

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| **Project #** |  | | | | **(SHIC use only)** | | |
| **Category:** | **Diagnostics** | | | | | | |
| **Project Title:** | | | Swine Disease Matrix Antigen Detection Research – Preliminary Proposal | | | | | |
| **Principal Investigator and Title:** | |  | | | | | | |
| **Institution:** | | | |  | | | | |
| **Address:** | |  | | | | | | |
| **City, ST ZIP** | |  | | | | | | |
| **Phone:** | |  | | | | | | |
| **Email:** | |  | | | | **FAX:** |  | |
|  | |  | | | | | | |

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| --- | --- | --- |
| **Co-Investigator(s)** | **Institution, City, State** | **Email address** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |

**Please provide 1 page for each of up to five pathogens of the Swine Disease Matrix (single spaced). Pathogen #1 is the highest interest and priority for the laboratory and Pathogen #5 is the lowest interest and priority. Each pathogen should be on a separate page containing the following information:**

* 1. **Laboratory**
  2. **Principal Investigator**
  3. **Principal Investigator contact information – email address and telephone number**
  4. **Pathogen Number “X” and name** – Number “X” out of up to five pathogens from the Swine Disease Matrix for which the laboratory has the interest and the capacity to conduct antigen detection research.
  5. **Biosecurity/Biocontainment Procedures** - a brief description of the laboratory’s plan for each pathogen to ensure that it will not be introduced into the U.S. if it is not currently endemic. That description could include plans for international collaborations, biosecurity/biocontainment facilities or other methods.