INSTRUCTIONS & FORMAT

RFP – Vietnam African Swine Fever Research in 2020

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 5:00 PM, March 30, 2020

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

***THANK YOU***

**PROPOSAL TEMPLATE**

**(Next 3 pages)**

**Swine Health Information Center Research Proposal**

**Vietnam ASF RFP - 2020**

**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:** | **FAS - epidemiology** | | | | | | | |
| **Project Title:** | |  | | | | | | | | |
| **Requested Funding Amount:** | | | | |  | | **Project Duration:** | | |  |
|  | | |  | | | | | | | |
| **Principal Investigator and Title:** | | | | | |  | | | | |
| **Institution:** | | |  | | | | | | | |
| **Address:** | | |  | | | | | | | |
| **City, State ZIP** | | |  | | | | | | | |
| **Phone:** | | |  | | | | **FAX:** |  | | |
| **Email:** | | |  | | | | | | | |

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| **Co-Investigator(s)** | | | | | | **Institution, City, State** | | | | | | | | **Email address** | | | |
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| **Contracts/Grants Administrator name:**  ***(person to receive contracts, if funded)*** | | | | | | | | | |  | | | | | | | |
|  | **Title** | |  | | | | | | **Organization** | | |  | | | | | |
|  | **Street Address** | | | |  | | | | | | | | | | | | |
|  | **City** |  | | | | | | | | | **State** | |  | | | **Zip** |  |
|  | **Phone** | | |  | | | **Fax** |  | | | | | **E-Mail** | |  | | |
| **I (Principal Investigator) certify that the Grants and Contracts Administrator has reviewed this proposal prior to its submission to the Swine Health Information Center for possible funding.** | | | | | | | | | | | | | | | | | |
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**Please limit proposal to 3 pages, single spaced using 12 point font), in addition to the budget page**

The Swine Health Information Center will use this description to help assign a priority to the proposal after it has been reviewed by experts for scientific soundness and to communicate the objective of the research to a lay audience. Please be complete, concise and convey your answers in a manner appropriate for the audience.

* 1. **Project Objectives** - list multiple objectives separately and explain clearly the research questions to be answered
  2. **Procedures to achieve these** **objectives** - include details of Experimental Design and Methods. Discuss and reference all assays, procedures, and statistical tests used in the study.
  3. **Description of Quality Assurance/Quality Control Plan -** QA/QC basically refers to all those things good investigators do to make sure their measurements are right on (accurate; the absolute true value), reproducible (precise; consistent), and have a good estimate of their uncertainty. In the regulatory arena, this aspect of data collection is as crucial to the final outcome of a confrontation as the numbers themselves. It specifically involves following established rules in the field and lab to assure everyone that the sample is representative of the site.
  4. **Schedule/timeline for proposed research.**
  5. **Certification -** most institutions require approval of proposals before submission. Please indicate this step has been completed by supplying the names, title, e-mail address and phone number of the personnel from the grants office, college and department who have approved your proposal for submission. **PROPOSALS MAY BE REJECTED IF THIS INFORMATION IS NOT INCLUDED.**
  6. **Budget for Project** – **see template; the 4th page of the proposal**

Overhead and indirect costs are typically NOT covered by Swine Health Information Center research funds. Graduate student support, student and other hourly labor, and post-doctoral support will be allowed. Partial support for principal investigators (PI) on less than a 12 month salaried appointment will be allowed if a detailed budget narrative addressing the amount of requested support in relation to the PI project time commitment justifies the expense. Equipment, except for disposable equipment such as test tubes, etc., is not allowed unless explained in the proposal, included in the budget and approved in advance by the Board.

**Budget format –**

1. Costs MUST be indicated in a 3-column format with Swine Health Information Center, University, and Total columns.
2. Other funding requested or anticipated in support for this project must be indicated in an additional budget column.
   1. **Letters of cooperation from project co-investigators and other collaborators**. (included in addition to the 3 page proposal plus budget page)

**Budget (add lines as required):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Category** | | **Description (if needed)** | **SHIC** | **Institution Support** | **Other Support** | **Total** |
|  | 1) Personnel (include name where appropriate) | | | | | |
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|  | 2) Contracted Services (diagnostic fees, computer access, etc) | | | | | |
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|  | 3) Assay and Testing Fees (“per sample” costs not included under Supplies) | | | | | |
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|  | 4) Travel | | | | | |
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|  | 5) Equipment (non-disposable items, please contact SHIC if greater than $500) | | | | | |
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|  | 6) Supplies (disposable items and reagents) | | | | | |
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|  | 7) Animal Cost (list only net cost if animals will be salvaged) | | | | | |
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|  | 8) Animal Care (per diem care, housing, and feed) | | | | | |
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|  | 9) Shipping, Handling, Mailing Expenses | | | | | |
|  |  |  |  |  |  |  |
|  | 10) Other expenses (list) | | | | | |
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|  | 11) Indirect Cost Recovery (SHIC does not pay ICR, please contact SHIC with questions) | | | | | |
|  |  |  |  |  |  |  |
|  | 12) TOTAL | | | | | |
|  |  |  |  |  |  |  |
|  | **Explanation (if req’d):** | | | | | |