GLOBAL RESEARCH GRANT APPLICATION

W. L. Gore & Associates, Inc.

Date of Application: Click here to enter a date.

***Principal Researcher Information***

Title: (Dr. / Prof. / Other) Name:

[ ]  Physician [ ]  Scientist/Researcher [ ]  Ph.D Researcher [ ]  Other:

Phone Number:       E-mail:

***Research Organization Information***

Name of Research Organization:

[ ]  Hospital [ ]  University [ ]  Society/Association [ ]  Company [ ]  Other:

Address:

City:       State:       Postal Code:       Country:

Contact Person:       Title:

Phone Number:       E-mail:

US Organization: Tax ID:       Tax Exempt 501(c)(3) Organization? [ ]  Yes [ ]  No

Non-US Organization: Attach Payment/ VAT Number:

 Remittance Information Charitable Organization? [ ]  Yes [ ]  No

Would any portion of Grant support benefit a *United States teaching hospital* (directly or indirectly)?

[ ]  No [ ]  Yes, Research Organization [ ]  Yes, Other:       US Tax ID:

***Research Description***

Research Title:

Start Date: Click here to enter a date. End Date: Click here to enter a date.

Short Description of Research:

Research most closely aligns with the following topics (check all that apply):

 [ ]  Vascular [ ]  Cardiac [ ]  General Medical [ ]  Other:

Type of Research: [ ]  Single-center [ ]  Multi-center

[ ]  Retrospective [ ]  Prospective [ ]  Both

[ ]  Benchtop [ ]  Pre-Clinical [ ] Clinical [ ] Other:

Publication/Presentation Anticipated? [ ]  No [ ]  Yes, description:

Required Approvals and Status (check all that apply, documentation required):

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ None  | IRB / EC Approval[ ]  Needed [ ]  In Progress[ ]  Approved; Date:       | IACUC or other Animal Welfare Act[ ]  Needed [ ]  In Progress[ ]  Approved; Date:       | Governmental(FDA, Competent Authority, etc.)[ ]  Needed [ ]  In Progress[ ]  Approved; Date:       |
| [ ]  Other:       |

***Research Grant Request***

Type of Request:

|  |  |
| --- | --- |
| [ ]  Full Submission (Final Protocol Required) | [ ]  Concept Submission (Protocol Summary Required, Final Protocol may be required prior to provision of support)  |

Will support for Research be sought from multiple sources?

[ ]  Yes, Estimated total support:       [ ]  No, Gore would be sole supporter

Type of support needed, check all that apply:

|  |  |
| --- | --- |
| [ ]  Funding Amount Requested:  |  Currency Amount |
| [ ]  Product(s) Needed: [ ]  Sterile [ ]  Non-Sterile | Type(s):       Amount of Devices:       |
| [ ]  Third-Party Data Analysis / Biostatistical Support |
| [ ]  Third-Party Medical Writer |
| [ ]  Other:        |

Short description of how support would be used:

***Application Attachments***

 The following must be included as part of Application:

[ ]  Principal Researcher CV / Resume

[ ]  Research Organization Board of Directors

[ ]  US Research Organizations: W-9 OR Non-US Research Organizations: Remittance Information, VAT #

[ ]  For Applicable US Research Organizations, 501(c)(3) documentation

[ ]  Final Protocol or Protocol Summary, as applicable

[ ]  Documentation of Required Approvals and Status

[ ]  Name, contact information, organization affiliation and CV of any additional researchers

[ ]  Detailed budget for requests of funding

***Authorizations / Approvals***

*By signing below, I hereby certify that I am authorized to submit on behalf of the Benefiting Organization, and that the information is complete and accurate.*

Signature: Date: Click here to enter a date.

Printed Name:

Title: