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: