# WGND Call for Grant Proposals

## **Community Representative Grant for TB Drug Research & Development**

Deadline: November 30, 2018

The mission of the Working Group on New TB Drugs (WGND) is to accelerate the discovery and development of new drugs for the treatment of tuberculosis (TB) by bringing together the stakeholders in TB drug development, including the patients themselves. The WGND strives to facilitate global collaborations for the development of new TB drugs to address key challenge areas for TB drug development. One of our objectives includes ensuring that the affected community are aware and have a voice in shaping TB research and drug development. To support community engagement, the WGND will provide a one-year grant to support small scale community initiatives that will enhance and increase community engagement and input into TB drug R&D.

*Grant Terms and Definitions*

The community representative grant, awarded up to USD$3,000 for a period of one year, aims to engage the community more in TB drug R&D. Proposals are encouraged from individuals across the global community that are affiliated with civil society, community-based and non-governmental organizations to raise awareness of new TB drugs in development among affected communities. Grant proposals can include activities such as community education on TB R&D, trainings or workshops, as well as associated administrative expenses and personnel time to support these activities.

In order to review the proposals and select those to be funded, the WGND Secretariat is responsible for reviewing applications and making the final decision on grants awarded. Grant recipients will be required to submit a final narrative report and financial report within 30 days of the conclusion of the grant period. Guidelines for the interim and final narrative reports will be provided by the WGND.

*Details of the application process*

Applicants must submit a written application in English that contains the following:

1. A project description (maximum 1000 characters) describing how the activities will engage the community in TB drug R&D and the impact you hope these activities will have on your local community.
2. Signed letter of recommendation from an institution/organization that the candidate is affiliated with and can speak to the candidate’s ability to fulfill the project goals set out in the application.

Proposals must be submitted by **November 30th, 2018** (18:00 EST) via email to wgnd@newtbdurgs.org. Successful proposals will be announced in December 2018. For questions about the call for grant proposals or the selection process, please write to wgnd@newtbdrugs.org.

APPLICATION FORM

Applications are due by November 30th, 2018

**Section 1. Basic Information**

|  |  |
| --- | --- |
| Salutation (Mr./Ms./Dr.) |  |
| First (Given) Name |  |
| Last (Family) Name |  |
| Country of Citizenship |  |
| Country and City of Residence |  |
| Name of Affiliate Institution |  |
| Position held at this Organization |  |
| Email Address |  |
| Mailing Address |  |

**Section 2. Narrative Responses**

|  |
| --- |
| **1. Please describe your experience related to TB drug research and development and/or any relevant experience you have with TB affected communities in advocating for TB research and development.**  |
| **2. Project Description (max 1000 words):** *Please briefly describe your plan to bring attention to issues of TB Drug R&D, and the impact you hope these activities will have on your local community.* |

**Section 3. Budget**

* Funding requests should not exceed USD$3,000
* Please provide a budget as presented in the following tables

|  |
| --- |
| Administrative costs: (For example; office supplies, postage, printing, telephone, fax, internet, etc.) |
| Item | Explanation/justification of expense  | Cost |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Subtotal Administrative costs |  |
|  |
| Activity Costs (For example: conference room rental, tea/coffee, participant travel, and other expenses necessary to implement activities) |
| Item/Activity | Explanation/justification of expense  | Cost |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Subtotal Program Costs |  |
|  |
| Personnel  |
| Name and/or Position Title | % time  | Funding Requested |
|  |  |  |
|  |  |  |
| Subtotal Personnel Costs |  |
|  |
| Budget Summary | Funding Requested |
| Administrative Costs  |  |
| Activity Costs |  |
| Personnel |  |
| Grand Total |  |

**Section 4. Additional Documents**

In your application, please enclose:

* A Curriculum Vitae (CV) covering your current and previous experience.
* A signed letter of support from an institution/organization that the candidate is affiliated with and can speak to the candidate’s ability to fulfill the project goals set out in the application.

Please submit applications by end of day November 30th, 2018 via email to: wgnd@newtbdrugs.org