**Letter of Interest**

1. This Letter of Interest is in response to the Call for Letter of Interest:

***Small research grant on the innovative use of GIS towards polio eradication***

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| PRINCIPAL INVESTIGATOR | | |
| 2. Last (family) names: | | 3. First and given names: |
| 4.  Woman Man | 5. Nationality: | 6.  Ms  Mr  Dr  Prof |
| 7. Full postal address of the principal investigator: | | |
| 8. Country: | | 9. Telephone (office): |
| 10. Telephone (mobile): | | 11. e-mail: |
| 14. List all the investigators in this project (known to date) | | |
| PROJECT | | |

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| 15. Proposal title |
| 16. Project summary |
| 17. Project timeframe |
| 18. Project estimated cost (with a lower budget scenario and a higher budget scenario, split by institution and month if relevant) |
| 19 Project overview (limit of 600 words; excluding references) including:   * Brief rationale, * Objectives * Overall approach / methodology * Expected outcomes / success indicators / targets (the impacts or changes in the field that the project will have contributed to) * Outputs (deliverables) / success indicators / targets (deliverables that will be done to achieve the objectives, such as research evidence, trained scientists, new strategic approach, policy briefs) * Timelines and resources * Partnerships and leverage * References |

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| INSTITUTION (1 per institution) | | | |
| 20. Full name and postal address of the institution: | | | |
| 21. Country: | | 22. Telephone: | |
| 23. Institution’s website: | | | |
| 24. Type of organization: university research institute NGO  public health institution  other (specify): | | | 26. Legal status:  private  public  other (specify): |
| **Institutional endorsement** (to be completed by the Responsible Administrative Authority.This person should be fully authorized to enter into contractual arrangements on behalf of the Institution) | | | |
| 27. Full name: | 28. Email address | | |
| 29. Position: | | | |
| 30. *I confirm that I have read this application and that, if support is granted, the work will be accommodated and administered in this institution. This institution will provide the necessary support and oversight to facilitate quality implementation and reporting of the proposed work. I confirm that principal investigator‘s relationship with the institution is as follows:*  *Signature: Date:* | | | |