**Procurement partner support grant for lab equipment, consumables and reagents**

**Application form**

Please complete all sections of this form. If you have any questions, please contact [support@malariagen.net](mailto:support@malariagen.net). For more information about the grant, [visit our webpage](https://www.malariagen.net/resources/funding-opportunities/procurement-grants-new-funding-opportunity-lab-equipment-specialist).

In brief, the aim of this initiative is to provide a mechanism to procure items of small laboratory equipment, consumables and reagents which would not be possible to obtain even if funding were available locally. For example, where there are no distributors to a specific country. The intent is to provide support where there are procurement challenges that cannot be met through other available mechanisms.

**Applicant Information**

This is the information about the principal investigator for the application.

|  |  |
| --- | --- |
| 1. Name |  |
| 2. Email address |  |
| 3. Institution |  |
| 4. Country |  |

**Project Information**

This is the information about the project the item(s) will be used for.

|  |  |
| --- | --- |
| 5. Project title |  |
| 6. Countries and locations in which the project operates |  |
| 7. BMGF investment code, if applicable (or Programme Officer name) |  |
| 8. Project start and end date (as set by funder) | Start:  End: |
| 9. MalariaGEN study ID (if applicable) |  |

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| --- |
| **Description of project**  Please provide a concise summary of your project.  250 word limit |
|  |

**Budget Information**

This is the summary information for the budget requested. An additional table with a budget breakdown for individual items must also be completed below. Please note that each grant awarded is normally limited to $35,000.

*Please note that applications cannot be accepted without a completed budget. If your application is approved, where there are significant discrepancies in the actual costs to procure the items compared to costs included in your application we may not be able to fulfil the procurement request.*

|  |  |
| --- | --- |
| 10. Item budget requested | **$**  *Please complete the budget breakdown table below. Applications cannot be accepted without a completed budget. Please note that if your application is approved, where there are significant discrepancies in the actual costs of items compared to costs included in your application we may not be able to fulfil the procurement request.* |
| 11. Other expected costs (delivery, customs, tax) |  |
| 12. Approximate budget total (USD) |  |
| 13. Customs requirements (e.g. restrictions, special clearance requirements) |  |

**Budget Breakdown and Justification for Resources**

Provide details of specific items requested including approximate costs. If quotes have been obtained please provide these as additional information when submitting the application.

**Budget breakdown table:** (Please state currency e.g. USD $. To support your application, please attach a quote for all items where the individual cost is over $2000). Please ensure that the quote provided is a recent quote from the previous 12 months.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item (please include link to the item on the manufacturer’s website) | Quantity | Cost per item | Quote attached? (Y/N) | Total |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Total** |  |

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| --- |
| **Justification of resources**  Please provide a concise justification for the items requested, including how they will be used to advance the aims of the project and importantly include details on the difficulties you have faced in their procurement.  500 word limit |
|  |

Please email your form and budget to [support@malariagen.net](mailto:support@malariagen.net) once complete.