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|  | | **Interaction Voucher Proposal Form** | | | | | | |
| **Project Title** | |  | | | | | | |
| **Sponsor** | | **The Future Vaccine Manufacturing Hub Research Hub (Vax-Hub)** | | | | | | |
| **Company Name** | |  | | | | | | |
| **Key company contact** | | **Name** |  | | | **e-mail** |  | |
| **2nd company contact** | | **Name** |  | | | **e-mail** |  | |
| **Vax-Hub Investigator contact (if applicable)** | | **Name** |  | | | **e-mail** |  | |
| **Vax-Hub Researcher contact (if applicable)** | | **Name** |  | | | **e-mail** |  | |
| **Area(s) of Interest** *please tick all that apply* | | | | | | | | |
|  | VLP vaccines | |  | Viral vectored vaccines | | |  | Decisional tools (cost of goods, supply chain management, etc.) |
|  | Formulation, thermostability | |  | Health economics | | |  |
|  | Glycoconjugated vaccines | |  | Policy | | |  | Regulation |
| **Short description of study. Include a clear statement of what feasibility is being tested or demonstrated, a high-level project plan and a description of the project end point (600 words)** | | | | | | | | |
|  | | | | | | | | |
| **Describe the deliverables in sufficient detail such that their delivery can be clearly assessed (400 words)** | | | | | | | | |
|  | | | | | | | | |
| **Describe the company contribution the project – e.g. materials, data, access to equipment facilities etc. (200 words)** | | | | | | | | |
|  | | | | | | | | |
| **Describe plans to develop further or apply this technology/approach in the future should this proposal be successful (including plans to seek additional funding for further development where applicable) (500 words)** | | | | | | | | |
|  | | | | | | | | |
| **If successful what are the benefits of this project to the company, manufacturing processes and to LMI countries? How far reaching is the impact of this project and will it demonstrate value for money? (400 words)** | | | | | | | | |
|  | | | | | | | | |
| **Total funds requested:** | | | | | *(maximum £10,000)* | | | |
| **Have you attached a detailed costing to the proposal?** | | | | |  | | | |
| **Site(s) where the research will be undertaken?** | | | | |  | | | |
| **Proposed start & end dates** | | | | | *(maximum 6 months))* | | | |

**Please submit your proposal form with your costings attached by e-mail to vaxhub@ucl.ac.uk**