



- 1) Please concisely state the purpose and expected outcome of the grant application that you would like to make.

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- 2) Please provide information on the persons from donor countries, including consultants who are responsible for implementing and managing the clinical trials.

Organization	Name/Position	Terms of Reference

- 3) Please indicate the type of support you need.

Type of support needed (please click all items applicable)		
1	Construction/renovation of hospital wards and provision of microbiology lab facilities, equipment, etc.	
2	Activities related to training for those involved in the clinical trials (e.g. study staff, hospital staff, etc.)	
3	Provision of IT equipment for data entry and analysis.	
4	Activities such as meetings and conferences for sharing information with those involved in the trials.	
5	Other necessary activities to push forward with the trials.	

- 4) Please indicate the schedule of the business related to the above support(s) you need.

Expected period of the business (MM/YY ~ MM/YY):		~
MM/YY	Schedule	

5) Please provide information on the expenditure and the remittance.

Type of support (see above 4)) and the details		Calculation formula for expenditure	Expenditure (US\$)
1			
2			
3			
4			
5			
Total expenditures estimated			
Information on the bank account of the applicant (recipient organization) Bank Name/ Code: Branch Name/Code: TEL/FAX: Account Type/Number: Recipient Name:			

6) Please attach a **letter of recommendation** from the private Japanese enterprise concerned, which states that the applicant is capable of conducting clinical trials in accordance with the ICH-GCP and of completing the tasks as planned. Please also attach a copy of a **written estimate** from each of three suppliers, **or a tender document**, which proves that one of the three bidders invited the tender won the contract for the cheapest price and the **pictures of those related to the expenditures**.

Date:	
Submitted by (signature):	

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 (The blank below is filled out by the STBJ secretariat)

Date:	
Received by (signature):	