**NGSP 2023 Pre-Proposal Form**

**Acknowledgment**

I acknowledge that:

* [I have read the instructions](https://nibr-ngsp.smapply.io/protected/resource/eyJoZnJlIjogOTYyNTI5MzAsICJ2cSI6IDE1MTEwN30/)
* I have consulted with a representative of my Technology Licensing Office or equivalent business office (TLO) in order to complete this application and I have provided complete and accurate information to the best of my knowledge

**Out of scope proposals / activities**

* + - Proposals that require new IRB protocol approval are **out of scope**. Proposals with prospective collection of **de-identified/anonymized** human samples and data must have an **existing**, institutionally approved protocol.
    - Clinical testing of drugs or products in human subjects are **out of scope.**
    - Any patient interventions are **out of scope.**

Applicant's name: [free text]

**Applicant Information**

1. First and Last Name
   * + *Prepopulated from registration* ***(Do not edit)***
   1. Email
      * *Prepopulated from registration* ***(Do not edit)***
   2. Name of your primary institution {*Who is your employer?*}
      * [free text]
   3. Name of your department at your primary institution
      * [free text]
   4. What is your faculty appointment at the primary institution? {*Example: Professor, Associate Professor, Assistant Professor, etc.*}
      * [free text]
   5. Your highest degree obtained (select one):
      * MD or equivalent
      * PhD or equivalent
      * MD/PhD or equivalent
      * Masters or equivalent
   6. When did you receive your first faculty appointment?

* *Enter the year only (YYYY)*
  1. Do you have any collaborators **from your primary institution** who will be contributing to this research proposal? *All collaborators* ***must be*** *from your own institution/employer.*
     + Yes, How many?
     + No
  2. If you answered “Yes” to the previous question, please enter the first and last name of your collaborator(s) in the box below. (You must upload their CVs as PDF files in the designated section). ***REMINDER: You can only have collaborators from your own primary institution/employer.***

**Optional Applicant Information**

**PLEASE NOTE:** Applicants are not required to provide this information to complete their application. Novartis embraces diversity, equal opportunity and inclusion. The information collected in this section will only be used to assess progress towards achieving our commitment to fostering equity in biomedical research. This information will not be used in the proposal review or Scholar selection processes. All information will remain confidential and stored securely in accordance with [Novartis Data Privacy Principles](https://www.novartis.com/our-company/corporate-responsibility/ethics-risk-compliance/data-privacy).

* 1. Are you employed by and working at a US-based academic institution?
     + Yes
     + No
  2. Gender
     + Female
     + Male
     + Non-binary
     + Prefer not to answer
  3. Racial/Ethnic Identity (For US-based applicants only)
     + American Indian and Alaska Native alone non-Hispanic
     + Asian alone non-Hispanic
     + Black or African American alone non-Hispanic
     + Hispanic or Latino
     + Multiracial, Non-Hispanic
     + Native Hawaiian & Other Pacific Islander alone non-Hispanic
     + White alone non-Hispanic
     + Other
     + Prefer not to answer

**Please consult with a representative of the Technology Licensing Office or equivalent business office (TLO) supporting innovation/industry engagement to complete this information to the best of your knowledge.**

* 1. Please list all your affiliations other than your primary institution {*Examples: Hospitals, HHMI, Universities, Companies, etc.*}.
     + List your affiliation(s) [free text]
     + Not applicable
  2. Do you have any invention disclosures, patent applications (published or unpublished), or issued patents relevant to this research proposal?
     + Yes
     + No
  3. If you answered "Yes" to the previous question, are there any other assignees or owners, other than you and/or your primary institution, to those invention disclosures, patent applications (published or unpublished), or issued patents?
     + Yes
     + No
  4. If you answered “Yes” to question 15, are the invention disclosures, patent applications (published or unpublished), or issued patents licensed to a third party or the subject of an option or license with a third party?
     + Yes
     + No
  5. Do you have any funding sources, or have you submitted any funding applications (government, foundation, etc.) relevant to this research proposal?
     + Yes
     + No
  6. Do you have any other funded or un-funded agreements (MTA, consulting, research collaboration, etc.) with Novartis or its affiliates relevant to this research proposal?
     + Yes, please explain:
     + No
  7. Do you plan to use any discarded human samples in this research proposal?
     + Yes
     + No
  8. Do you plan to use human samples from an institutionally approved tissue bank, biobank or any other repository (e.g. pathology archives) in this research proposal?
     + Yes, please explain:
     + No
  9. Do you have signed informed consent forms from human subjects or patients for the use of their samples in this research proposal?
     + Yes
     + No

## Pre-Proposal Questions

***IMPORTANT note to applicants: Your pre-proposal should include only NON- CONFIDENTIAL information***

**Reminder:** Do **not** disclose any identifying information (for example: applicant’s name, applicant’s institution, literature references that uniquely identify the applicant, etc.) in the body of the Pre-Proposal (this section) as the review process at this stage is blinded. If such information is disclosed, your application will be returned to you to remove the identifying information, resulting in significant delay in the review process.

**Research proposals that involve: (i) clinical testing of drugs or products in human subjects; (ii) any other patient intervention; (iii) use of identifiable patient or clinical data; and/or (iv) require new IRB protocol approval are all out of scope.**

Challenge Questions

**Your proposal should address a specific Challenge Question in one of the following areas:**

#### Biologics, Gene Therapy

#### Complex Models

#### Disease Mechanisms

#### Protein & Drug Design

#### Regenerative Medicine

#### Tissue/Cell Specific Targeting & Characterization

#### Oncology & Immuno-oncology

#### Which challenge question will your proposal address?

### Title of Proposal

#### (20 words max)

Novelty of Science

*How does your research proposal challenge or shift current biomedical research concepts or understanding?*

#### (150 words max)

Research Plan Description

*What are the objectives and specific aims of the proposed research? Describe*

*the strategy, design, methods and analyses that will be used to achieve these objectives and specific aims. Please* ***do not*** *provide any graphics, tables, images, structures, etc. No budget is required for pre-proposal.*

#### (800 words max)

Expected Outcomes of Research Plan

*What are the expected scientific outcomes?*

#### (250 words max)

Institutional Resources Available to Conduct the Research Plan

*Do you have, or can you easily access all research resources, equipment, and facilities needed to complete your research proposal? Please explain.*

#### (50 words max)

Suggested in-kind Contributions from Novartis to Accelerate the Research Plan

*Please list any in-kind support such as compounds, reagents, data or services that you may require from Novartis. Such support will be contingent upon availability and any other restrictions/limitations.*

#### (50 words max)

Additional Information (Optional)

*Please provide any additional* ***relevant*** *&* ***non-confidential information*** *that you would like us to consider as part of your proposal. Please do not mention your name or affiliations.*

#### (50 words max)