**MANDATORY INTENTION TO SUBMIT FORM**

For RoI applicants, please complete the relevant sections and submit to **usireland@researchireland.ie**.

For Northern Ireland candidates, please complete the relevant sections and submit in the form of an Adobe pdf document to **USIreland@hscni.net**.

This form must be submitted to the relevant funding agencies, North and South, via the Research Body Research Offices of the RoI and NI lead applicant respectively *at least* 10 weeks in advance of the full proposal deadline at NIH.

**Section 1: Contact Details and eligibility\* of applicants/co‐applicants**

**Please insert another table as required if co‐applicants exist**

**RoI Applicant Contact Details**

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Department** |  |
| **Institution** |  |
| **Telephone** |  |
| **Email** |  |
| **Eligibility:** | 1. **Contract status**
2. **Qualifying research award: awarding body, grant title, grant #, funding period**
3. **Year PhD awarded**
4. **If you currently hold a US‐Ireland award, when did the award commence?**
 |

**NI Applicant Contact Details**

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Department** |  |
| **Institution** |  |
| **Telephone** |  |
| **Email** |  |
| **Eligibility** | **(i) Contract status** |

\*Please review the eligibility criteria in Section 5 and provide details confirming the eligibility of the applicant and any co‐applicants to apply to the US‐Ireland R&D Partnership programme. This is ONLY required for the RoI and NI applicants/co‐applicants and **NOT** for the US applicants.

1. **Year PhD awarded**
2. **Qualifying research award: awarding body, grant title, grant #, funding period**
3. **If you currently hold a US‐Ireland award, when did the award commence?**

**US Applicant Contact Details**

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Department** |  |
| **Institution** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **Eligibility** | **NOT REQUIRED** |

**Submission by Research Office required to inform them about the submission and to confirm eligibility**

**Section 2: NIH INSTITUTE and PROGRAMME DETAILS**

|  |  |
| --- | --- |
| **Target NIH Institute** |  |
| **NIH R01 Programme FOA** |  |
| **Submission Deadline** |  |

**Section 3: APPLICATION OVERVIEW**

**Proposed topic, title of proposal, abstract**

|  |  |
| --- | --- |
| **Proposed Topic** |  |
| **Title of proposal** |  |
| **Abstract (max 250 words)** |  |
| **RoI:** | Highlight area of speciality which the RoI partner is contributing to the proposal |  |
| Indicative total direct costs likely to be requested for RoI | € |
| **NI:** | Highlight area of speciality which the NI partner is contributing to the proposal |  |
| Indicative total budget figure likely to be requested for NI | £ |
| **US:** | Highlight area of speciality which the US partner is contributing to the proposal |  |
| Indicative total budget figure likely to be requested for US | $ |