

Pre-Application Expression of Interest Form (EOI)

Intro:

All applicants for CARB-X Funding Round 3 must submit an Expression of Interest Form (EOI). For details on the funding scope, priorities and timing, please visit www.carb-x.org. If your project is in scope, it will be assigned for scientific and business review, and you may be invited to complete a Short-Form Application.

Please complete one form for each antibacterial product you are proposing.

- Your application is on a public form until transmitted to a secure site. [Click here to continue to the application.](#)

1. ABOUT YOU

A. Basic Information (*required fields)

First Name* _____

Last Name (or surname)* _____

Email address * _____

Address line #1 * _____

Address line #2 _____

City * _____ State/Province/Region _____

Zip/Postal Code _____ Country* _____

Phone Number * _____

Mobile Number _____

Organization * _____

Organization's Website _____

2. ORGANIZATION

B. Organizational Information

B1. Specify the legal structure of the organization applying for the CARB-X award:* (Select one)

- LLC, corporation or other legal entity
 - B1.1 What is the size of your business?*
 - Micro (<10 employees)
 - Small (<50 employees)
 - Medium (<250 employees)
 - Large (>250 employees)
- Academic institutions or other non-commercial drug development center
 - B1.2 CARB-X can support products under development in academic or non-commercial drug development centers, but organizations with a track record of transitioning products from pre-clinical development to clinical research are of particular interest. Please note: CARB-X does not fund basic research (drug discovery) projects, including screening for novel antibacterials.

If you are submitting an application from an academic institute or non-commercial drug development center, it is the responsibility of the applicant and host organization to demonstrate to CARB-X reviewers that it has:

- Capabilities similar to those expected of a drug development industry partner, particularly through the development stages in scope for CARB-X.
- Access to and use of relevant experts (internal and/or external) to advance projects toward clinical investigation within the framework of a major regulatory agency, e.g. FDA, EMA, PMDA
- Active management of IP supporting the project
- Well-developed strategy for advancement to early clinical development
- Capabilities in commercial (business) development and technology transfer with options for 'exit strategy' from organization (e.g. spin out, licensure to biotech)
- Financial commitment and stability to cover cost share are required dependent on the development stage.

Does your organization comply with each of the criteria?

- Yes
- No

➤ B1.3 Is the University or non commercial drug development center a legal entity?

- Yes
- No

No legal entity established

B2. Please indicate if you have applied to CARB-X or any of its funders/[partners](#) for the same or a substantially similar project.* [choose all that apply]

CARB-X

B2.1 Please specify previous CARB-X ID(s) (ex. 01CARB-X0001):

- BARDA
- Wellcome Trust
- NIAID Pre-clinical Services
- NIH or other US Federal Funding agencies
- The Bill & Melinda Gates Foundation
- Global AMR Innovation Fund (GAMRIF) or UK government funding agency (UK)
- Bundesministerium für Bildung und Forschung – BMBF or Federal Ministry of Education and Research (Germany)

C. Current Funding Sources

C1. Do you presently receive funding from any CARB-X funders/[partners](#)?* [choose all that apply.]

- BARDA
- Wellcome Trust
- NIAID Pre-clinical Services
- NIH or other US Federal Funding agencies
- The Bill & Melinda Gates Foundation
- Global AMR Innovation Fund (GAMRIF) or UK government funding agency (UK)
- Bundesministerium für Bildung und Forschung – BMBF or Federal Ministry of Education and Research (Germany)
- None of the above

3. PROGRAM

D. CARB-X Project Proposal

D1. What is the name of your antibacterial Product or Project?:* [limit to 100 characters]

D2. What stage of development is your product? [choose one]

- Feasibility
- Optimization
- Development
- Verification

D3. What is your product's targeted pathogen? (Check all that apply)

Please complete the table below by selecting your **product modality** and **targeted pathogen(s)** where applicable. Please note that the scope of this funding round is limited to diagnostics ID and AST.

	ID	AST
	-	-
Acinetobacter baumannii, carbapenem-R	<input type="checkbox"/>	<input type="checkbox"/>
Pseudomonas aeruginosa, carbapenem-R	<input type="checkbox"/>	<input type="checkbox"/>
Enterobacteriaceae, carbapenem-R, 3rd-gen ceph-R (ESBL+)	<input type="checkbox"/>	<input type="checkbox"/>
Salmonellae spp., fluoroquinolone-R	<input type="checkbox"/>	<input type="checkbox"/>
Neisseria gonorrhoeae, 3rd-gen ceph-R, fluoroquinolone-R	<input type="checkbox"/>	<input type="checkbox"/>
Shigella spp., fluoroquinolone-R	<input type="checkbox"/>	<input type="checkbox"/>
Clostridium difficile	<input type="checkbox"/>	<input type="checkbox"/>
Enterococcus faecium, vancomycin-R	<input type="checkbox"/>	<input type="checkbox"/>
Staphylococcus aureus, methicillin-R, vancomycin-I/R	<input type="checkbox"/>	<input type="checkbox"/>
Streptococcus pneumoniae, penicillin-NS	<input type="checkbox"/>	<input type="checkbox"/>
Campylobacter spp., fluoroquinolone-R	<input type="checkbox"/>	<input type="checkbox"/>
Group A Streptococcus	<input type="checkbox"/>	<input type="checkbox"/>
Group B Streptococcus	<input type="checkbox"/>	<input type="checkbox"/>

D4. Is your technology a host-response test?

- Yes
- No

D5. Does your technology detect viral vs. bacterial infection only?

- Yes
- No

D6. Please describe your product in 1000 words or less. Your application will be judged on the merits of its scientific content; describe your science with as much data as possible. Please do provide sufficient data to allow a knowledgeable scientist to get a reasonable sense of the product. Do not provide other manuscripts, references, citations or similar. Note that the form can only accept text; you may not enter tables or graphics. Do not include foundational information regarding the significance of antibiotic resistance; this is not necessary, as the reviewers understand this.

4. FUNDING

D7. For estimation purposes only, what is the likely funding request for **Total Project** and the duration of funding? * CARB-X's scope of funding extends to Verification. If you do not request support up to and including Verification in this funding round, you will need to submit a new application in a future funding round to support that work.

Note: you will have the opportunity to update these sections if progressed to the Short Form application.

- Total CARB-X Funding: _____ (must be in US Dollars)
- Total Company cost: _____ (must be in US Dollars)
- Cost Share (%): _____
- Total Project Cost: _____
- Project Start Date: _____
- Project End Date: _____
- Total Project Duration (months): _____

Please use a start date of July 1, 2020 or later. This is an indicative date for start of funding at the earliest for this round and this date may be refined as the process develops.

D8. For estimation purposes only, what is the likely funding request for the **Base Stage** of the project and the duration of the Base Stage?*

- Base Stage CARB-X Funding: _____ (must be in US Dollars)
- Base Stage Company cost: _____ (must be in US Dollars)
- Cost share (%): _____
- Base Stage Total Cost: _____
- Base Stage Start Date: _____
- Base Stage End Date: _____
- Base Stage Duration (months): _____

Please use a Base Stage start date of July 1, 2020 or later. This is an indicative date for start of Base Stage funding at the earliest for this round and this date may be refined as the process develops. Additionally, the start and end dates of the Base Stage must be within the start and end dates of the Total project.

Describe the impact this funding will have on the advancement of the program: [free text field –limit to 100 words]

To submit your application, please enter the month and day of your birth. If you are invited to complete a Short-Form Application, this identification code will be used to establish access to our secure application system. This information will not otherwise be retained.

Once you submit your application, it will be moved to a secure server where it will be reviewed by a CARB-X team member. Once submitted, you will no longer be able to access your application. Please ensure all fields are filled before you click on submit. Duplicate applications will not be accepted.

BIRTH MONTH

BIRTH DAY

5. SUBMIT