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**Programme “Strengthening the Ghanaian Pharmaceutical Sector with a Focus on Vaccine Production” (PharmaVax Ghana)**

**Call for Proposals**

**Grants for research and development projects fostering innovation in vaccine and pharmaceutical manufacturing in Ghana**

**Applicant Form and Project Proposal**

**Deadline for the submission of proposals: 1 June 2025**

Final version 1 (21 February 2025)

This call for proposals is organized by the National Vaccine Institute (NVI) of Ghana and the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH. It is part of a programme implemented with the financial support of the European Union (EU) and the German Federal Ministry for Economic Cooperation and Development (BMZ) as part of the Team Europe Initiative MAV+. The contents of this document are the sole responsibility of GIZ and do not necessarily reflect the views of the EU or the BMZ.

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In cooperation with



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**General Instructions**

Please fill this application form in its entirety. All questions are mandatory and any left unanswered or for which the supporting documents are not also attached will diminish your chances of being awarded the requested support. Please provide information as accurately as possible as false information may be a basis for rejection of an application. It should be noted that there is no statutory entitlement to funding from this programme. The information you provide will only be used to evaluate your application for this grant. The completed application form including all supporting documents as well as questions, concerns or challenges pertaining to the application should be sent to the email [CFP-PharmaVaxGH@giz.de](mailto:CFP-PharmaVaxGH@giz.de)

Please refer to the Call for Proposals’ “**Applicant Information Pack**” for further guidance on the application (eligibility and evaluation criteria, budgeting etc.).

**Only complete applications containing the following will be considered:**

* **Application email** from the lead applicant’s representative
* **Completed application form**, using this template (submit both word and pdf format)
* **Completed budget**, using the template provided (submit both excel and pdf format)
* **Annex of supporting documents** required according to the application form or otherwise deemed relevant by the applicant

**Data processing consent**

By submitting this application, the lead applicant and co-applicants agree that the information provided will be processed and stored by GIZ for the purpose of the PharmaVax Ghana programme. You agree that GIZ shares this information with the partners involved in evaluating and deciding on the proposals only. You can revoke your consent by contacting GIZ at the email address provided above.

1. **Project summary**

*After completing the rest of the application form and the budget template, please summarise the proposed project here in max. one page.*

|  |  |
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| Lead applicant | Click or tap here to enter text. |
| Co-applicant(s) | Click or tap here to enter text. |
| Project title | Click or tap here to enter text. |
| Project objective (s) and expected impact and results | Click or tap here to enter text. |
| Project approach | Click or tap here to enter text. |
| Own contributions, sustainability | Click or tap here to enter text. |
| Funding window | Choose an item. |
| Total grant amount requested | Click or tap here to enter text. EUR |
| Own contributions and third-party financing | Click or tap here to enter text. EUR |

1. **Lead Applicant**

|  |  |
| --- | --- |
| **Type of Organisation**  Ghanaian Public University  Ghanaian Private University  Ghanaian Public Research Institute  Ghanaian Private R&D Company / Institute | |
| Name of Organisation | Click or tap here to enter text. |
| Department within Organisation (If Applicable) | Click or tap here to enter text. |
| Institutional Address | Click or tap here to enter text. |
| *Further administrative information is requested in section V.* | |
| **Details of Organisation’s Representative (person submitting the application on behalf of the organisation)** | |
| Title | Click or tap here to enter text. |
| Full Name | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Contact Number | Click or tap here to enter text. |
| Current position | Click or tap here to enter text. |

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| **Information of Previous Grants Awarded to Representative**  List the top 3 grant funding sources (if any) awarded to the lead applicant within the last 3 years. Provide information on only grants greater than EUR 50,000 (or its equivalent in other currencies). This may include grants awarded to the applicant either as principal investigator or co-investigator. | |
| 1. **Name of Awarding Institution** | Click or tap here to enter text. |
| Title of Project | Click or tap here to enter text. |
| Grant Amount (include currency) | Click or tap here to enter text. |
| Grant Award Date (yyyy-mm-dd) | Click or tap here to enter text. |
| 1. **Name of Awarding Institution** | Click or tap here to enter text. |
| Title of Project | Click or tap here to enter text. |
| Grant Amount (include currency) | Click or tap here to enter text. |
| Grant Award Date (yyyy-mm-dd) | Click or tap here to enter text. |
| 1. **Name of Awarding Institution** | Click or tap here to enter text. |
| Title of Project | Click or tap here to enter text. |
| Grant Amount (include currency) | Click or tap here to enter text. |
| Grant Award Date (yyyy-mm-dd) | Click or tap here to enter text. |

1. **Co-Applicant(s)**

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| **Information on Co-Applicant 1 (mandatory)**  *At least one co-applicant is mandatory. There can be up to 4 co-applicants.* | |
| **Type of Organisation**  Private, FDA-approved Ghanaian Pharmaceutical Manufacturer  Only if the lead applicant is also acting at the same time as the pharmaceutical manufacturer can the co-applicant 1 be one of the following:  Public, FDA-approved Ghanaian Pharmaceutical Manufacturer  International Pharmaceutical Manufacturer  International Research Institution  Other, please specify: Click or tap here to enter text. | |
| Name of Organisation | Click or tap here to enter text. |
| Department within Organisation (If Applicable) | Click or tap here to enter text. |
| Address of Institution | Click or tap here to enter text. |
| **Details of Organisation’s Representative** | |
| Title | Click or tap here to enter text. |
| Full Name | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Contact Number | Click or tap here to enter text. |
| Current Position | Click or tap here to enter text. |
| **Is Co-Applicant 1 a sub-recipient of the requested grant?**  Yes  No  *Note: Only Co-Applicant 1 can be a sub-recipient, not other co-applicants/partners.*  *If “yes”, further administrative information is requested in section V.* | |

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| **Information on Co-Applicant 2 (optional)** | |
| **Type of Organisation**  Private, FDA-approved Ghanaian Pharmaceutical Manufacturer  Public, FDA-approved Ghanaian Pharmaceutical Manufacturer  International Pharmaceutical Manufacturer  International Research Institution  Other, please specify: Click or tap here to enter text. | |
| Name of Organisation | Click or tap here to enter text. |
| Department within Organisation (If Applicable) | Click or tap here to enter text. |
| Address of Institution | Click or tap here to enter text. |
| **Details of Organisation’s Representative** | |
| Title | Click or tap here to enter text. |
| Full Name | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Contact Number | Click or tap here to enter text. |
| Current Position | Click or tap here to enter text. |

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| **Information on Co-Applicant 3 (optional)** | |
| **Type of Organisation**  Private, FDA-approved Ghanaian Pharmaceutical Manufacturer  Public, FDA-approved Ghanaian Pharmaceutical Manufacturer  International Pharmaceutical Manufacturer  International Research Institution  Other, please specify: Click or tap here to enter text. | |
| Name of Organisation | Click or tap here to enter text. |
| Department within Organisation (If Applicable) | Click or tap here to enter text. |
| Address of Institution | Click or tap here to enter text. |
| **Details of Organisation’s Representative** | |
| Title | Click or tap here to enter text. |
| Full Name | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Contact Number | Click or tap here to enter text. |
| Current Position | Click or tap here to enter text. |

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| **Information on Co-Applicant 4 (optional)** | |
| **Type of Organisation**  Private, FDA-approved Ghanaian Pharmaceutical Manufacturer  Public, FDA-approved Ghanaian Pharmaceutical Manufacturer  International Pharmaceutical Manufacturer  International Research Institution  Other, please specify: Click or tap here to enter text. | |
| Name of Organisation | Click or tap here to enter text. |
| Department within Organisation (If Applicable) | Click or tap here to enter text. |
| Address of Institution | Click or tap here to enter text. |
| **Details of Organisation’s Representative** | |
| Title | Click or tap here to enter text. |
| Full Name | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Contact Number | Click or tap here to enter text. |
| Current Position | Click or tap here to enter text. |

1. **Project information**

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| **Technical Area**  From the broad R&D project areas specified in the call for proposals, select the one that best matches your proposed project:  Vaccines (including biosimilars) and other biological products  Sera (including antivenoms)  Herbal medicines  Medicines for neglected tropical diseases (NTDs) and orphan drugs  Medicines for conditions of public health relevance in Ghana including Non-Communicable Diseases (NCDs) and infectious diseases  Medical diagnostics for preliminary or emergency medical screening and devices for drug application  Veterinary vaccines (other veterinary drugs are not eligible) | |
| **Project Title**  Click or tap here to enter text. | |
| **Acronym / Short Name for Project (Optional)**  Click or tap here to enter text. | |
| **Estimated Length of Project (Number of Months)**  *The maximum duration allowed is 24 months. Projects are expected to start in November 2025 (subject to successful contracting) and should end by October 2027. All project activities and expenditures must be within the grant start and end dates.*  Click or tap here to enter text. | |
| **Project Background, Rationale and Impact**  *Briefly outline the background and rationale for the proposed project, bringing into focus how it contributes to addressing the healthcare challenges in Ghana and Africa. The section should also address the expected outcomes, specific objectives and results of the proposed project and its potential impact on public health. The public benefit of the proposed project must be clearly explained. (max 500 words).*  Click or tap here to enter text. | |
| **Technical and Methodological Details**  *Provide a description of the methods and approach that will be employed to achieve the outcomes and impact described in the section ‘Project Background, Rationale and Impact’ (max 800 words).*  Click or tap here to enter text. | |
| **Innovation**  *Evaluation of the creativity and innovativeness of the proposed solution. Projects are encouraged to develop or use novel products, technologies, methods, or approaches that have the potential to positively impact existing paradigms or address unmet needs in healthcare (max 300 words).*  Click or tap here to enter text. | |
| **Sustainability**  *Assessment of plans, especially those of the participating pharmaceutical manufacturers, for further pursuing, sustaining, scaling up and commercialising the proposed R&D work and solutions beyond the project period, e.g. to develop new products or further develop existing ones. Projects should incorporate strategies for strong collaboration of research institutions (academia) and manufacturers, long-term sustainability and scalability, such as business models or plans for regulatory approval and market access (max 300 words).*  Click or tap here to enter text. | |
| **Gender Equality**  *Assessment of measures to address gender equality both in terms of the expected R&D results and in terms of equitable involvement of women and men in the project implementation (e.g. women as project leads, share of women and men among researchers/technicians) (max 300 words).*  Click or tap here to enter text. | |
| **Environmental Impact**  *Assessment of measures to address environmental impact. Projects should include strategies related to waste management and disposal and use of sustainable resources* *(max 300 words).*  Click or tap here to enter text. | |
| **Regulatory Requirements**  *Provide details of any regulatory requirements that may be needed for the implementation of the proposed project. Include details on specific timelines, as well as regulatory authorities that may be involved (max 200 words).*  Click or tap here to enter text. | |
| **Data Management**  *Describe data management protocols and plans that may be necessary for the activities specified in the proposal. Indicate existing software and databases that are currently being used as well as those needed to successfully achieve the milestones specified in the proposed work (max 200 words).*  Click or tap here to enter text. | |
| **Ethical Considerations**  *Address any ethical considerations relevant to the proposed project, including human and animal subjects, biosafety, ethical approvals (e.g. by FDA for clinical trials) and intellectual property (max 200 words).*  Click or tap here to enter text. | |
| **References**  *Include relevant references that support the background, rationale and methodology of the proposed project. Ensure that references are cited in full using APA 7th edition style. You may provide up to the equivalent of two A4 pages of references.*  Click or tap here to enter text. | |
| **Organizational Support and Contribution to Project**  *Please detail any contribution or support (including space, equipment, facilities, infrastructure, salary/compensation, technical etc.) available to you at your institution(s) for the proposed project (max 200 words).* | |
| Lead Applicant | Click or tap here to enter text. |
| Co-Applicant | Click or tap here to enter text. |
| **Partnership and Collaboration Arrangements**  *Describe the collaboration between the lead and co-applicants in the current application. Where available, provide details of existing formal engagement agreements or official memoranda of understanding (MoU). Projects under this grant application are expected to show strong collaboration with clearly defined roles and responsibilities. Indicate also if additional partners are envisaged in this application (max 300 words).* | |
| Click or tap here to enter text. | |

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| **Logical Framework Matrix** | | | |
| **Description** | **Indicators** | **Means of Verification** | **Risks/Assumptions** |
| **Project Outcome(s) (min. 1, max. 3)** | | | |
| Click or tap here to enter text. | Click or tap here to enter text.  Baseline value: Click or tap here to enter text.  Target value:  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text.  Baseline value: Click or tap here to enter text.  Target value:  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Project Outputs (Results) (min. 1, max. 5)** | | | |
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| **Tentative Activity Planning and Timelines**  *List the activities (min. 1, max 15) and check the relevant quarters with an “x”* | | | | | | | | |
| **Activity** | **Q1** | **Q2** | **Q3** | **Q4** | **Q5** | **Q6** | **Q7** | **Q8** |
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| **Budget** |
| *Use the budget template provided to prepare your project budget and familiarise yourself with chapter 8 of the Applicant Information Pack to prepare your budget.* |

1. **Administrative information**

*The following information will be used for the commercial and legal suitability assessment of the grant recipient (lead applicant) and, if applicable, sub-recipient (co-applicant 1). The more complete and more accurate this information is, the faster the assessment can be done to allow the grant contract to begin. However, if some of the information is not available at the time of application, this can be submitted later but may lead to unforeseen delays and obstacles during the contracting phase.*

*Supporting documents regarding these topics will be requested for shortlisted proposals to support the commercial and legal suitability assessment.*

*Please note that the main grant recipient (lead applicant) remains responsible for the financial management of the sub-recipient and that is mandatory to do a due diligence check of the sub-recipient before the start of the project and to record this check in writing.*

|  |  |
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| **Administrative information on the lead applicant (Organisation)** | |
| Legal form of the organisation | Click or tap here to enter text. |
| Does your organisation have its management or registered headquarters in Germany? | Choose an item. |
| Is your organisation subject to limited tax liability in Germany? | Choose an item. |
| Which electronic accounting system does your organisation use? | Click or tap here to enter text. |
| Does the above-mentioned accounting system meet national standards? | Choose an item. |
| Does your organisation compile annual financial statements? | Choose an item. |
| Is the electronic accounting system operated by qualified persons? | Choose an item. |
| What function and qualification/degree do the staff member have? How many years of experience in accounting does the staff member have? | Click or tap here to enter text. |
| In case staff costs are planned, does your organisation have a time recording system, which allows to allocate working hours to single projects? | Choose an item. |
| In the case that procurements of goods and services are planned, does your organisation have its own written contract award regulations? | Choose an item. |
| Please confirm that these internal regulations comply with national standards. | Choose an item. |
| In the case that procurements of goods and services are planned, please confirm that you have previous experience with a proper awarding of contracts for supplies and services. | Choose an item. |
| *An* ***internal control system consists*** *of a set of coherent technical and organisational rules for methodical management and in-house checks to ensure compliance with guidelines and prevent damage that might be caused by the organisation’s own staff or malicious third parties. Measures may be undertaken independently of processes in the form of retrospective checks, for example by the Internal Auditing Unit, or as process-oriented preventive rules. An internal control system is based on the following principles:*  *The* ***principle of transparency****: This principle states that to-be concepts must be established for specific processes. The aim is to make it possible for an external party to judge the extent to which the people involved work in conformity with these concepts. At the same time, this defines management expectations at the respective organisation.*  *The* ***cross-check principle****: This principle states that every key procedure in a well-functioning control system can be cross-checked by a second person.*  *The* ***principle of separation of functions****: This principle states that executive tasks (e.g. processing purchases), booking tasks (e.g. financial accounting, stock records) and administrative tasks (e.g. stock management) that are carried out as part of a corporate process (e.g. purchasing process seen as a process that extends from determining requirements up to outgoing payments) should not be performed by one and the same person.*  *The* ***need-to-know principle****: This principle states that staff members should only be provided with the information they need to perform their work. This also covers the pertinent security measures for IT systems.* | |
| Please explain how each of the above-mentioned four principles are put into practice: | Click or tap here to enter text. |
| Are there external control mechanisms taking place regularly at your organisation (e.g. are you subjected to regular audits)? If yes, please provide a brief description of these external control bodies. | Click or tap here to enter text. |
| Self-declaration regarding legal compliance and anti-corruption I hereby confirm that no allegations have been made or investigations carried out in the last five years in relation to the organisation, members of its executive bodies or executive managers concerning breaches of the law, corruption, or other offences (e.g. fraud, misappropriation, breach of trust). In addition, we confirm that an effective system of preventing and combating corruption is established and consistently implemented. | Choose an item. |
| List the full name(s) of senior manager(s) of the organisation (e.g. Director, CEO, Managing Director etc.) | Click or tap here to enter text. |

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| **Administrative information on Co-Applicant 1**  *Information only required if co-applicant 1 is a sub-recipient of the requested grant* | |
| Legal form of the organisation | Click or tap here to enter text. |
| Does your organisation have its management or registered headquarters in Germany? | Choose an item. |
| Is your organisation subject to limited tax liability in Germany? | Choose an item. |
| List the full name(s) of senior manager(s) of the organisation (e.g. Director, CEO, Managing Director etc.) | Click or tap here to enter text. |

1. **Supporting documents**

|  |
| --- |
| **Checklist for Supporting Documents** |
| Please confirm that the underlisted documents have been attached to the application by checking the boxes provided:  Mandatory documents:  Completed Budget (Using the Template Provided) as excel and pdf  Curriculum Vitae (CV) of Representative of Lead Applicant  For each co-applicant: Letter of Engagement /Memorandum of Understanding  For each co-applicant that is a Ghanaian pharmaceutical manufacturer: FDA Approval Letter of the Manufacturing Facility  For the lead applicant: Registration certificate/legal personality document  For the co-applicant 1 if a sub-recipient: Registration certificate/legal personality document  You may attach other supporting documents to your application. |