PharmAlliance is committed to the support of early career researcher (ECR) career development and to acceleration of research activities in our priority areas. We are now soliciting requests for PharmAlliance Early Career Researcher (ECR) Award applications. Proposed use of funds must benefit at least two of the three PharmAlliance institutions. Though not a requirement, contribution to PharmAlliance [priority areas](http://www.pharmalliance.org/about) will be viewed favourably in applications.

The award amount requested should reflect the actual cost of the activities, and should not exceed USD $10,000. Awards may be used to support the following:

1. **Travel** – funds may be used to cover travel costs to meet PharmAlliance collaborators to plan or progress a project or learn a technique/skill.
2. **Research Activities** – funds may be used to purchase supplies or services required to progress a collaborative project.
3. **Other** – With appropriate justification, requests can be made for alternative uses of award funds.

**Eligibility:**

1. The awardee must be an ECR, however other participants in the application do not need to be ECRs.
   1. An ECR is defined as an academic researcher who has completed their terminal degree or end of post-graduate clinical training – whichever date is later – within the past 10 years, AND who has not received a major independent research award (>USD $250,000) as a principal investigator.
2. The awardee must have participated as a presenter in at least one PharmAlliance event. If an applicant has not yet presented in a PharmAlliance event, they must be scheduled to present in an upcoming event. The following events meet this criteria:
   1. PharmAlliance Week
   2. ECR Showcase
   3. Visiting Scholar seminars
   4. Graduate Research E-Symposium (if the ECR participated in this event as a moderator OR previously as a student)

**Selection Criteria**

Applications will be evaluated based on the below outcomes:

* The potential value of the proposed collaboration between the applicant and other PharmAlliance collaborators to involved schools and PharmAlliance more generally
* The anticipated outcomes that the award will support
* The potential impact on PharmAlliance priority areas
* The academic credentials of the applicant and collaborators

**Award deadlines:**

1. Applications open 12 October
2. Application deadline 30 November
3. Awards announced 15 December
4. Reports due 12 months post-award announcement

Please submit completed applications to [Caroline Sasser](mailto:caroline_sasser@unc.edu?subject=PharmAlliance%20budget%20request) for routing to PharmAlliance leadership.

1. Applicant details – must be an ECR

Name:

Title:

Email:

Institution:

1. Other persons involved in this application (collaborators) – do not need to be ECRs

*(Delete this section if not relevant)*

Name:

Title:

Email:

Institution:

Name:

Title:

Email:

Institution:

1. Total amount requested, not to exceed $10,000 (USD):
2. Purpose of requested funds:
3. Other financial support available or obtained related to this request:
4. Impact of proposed use of funds:

* Describe the nature and potential value of the proposed collaboration between the applicant and other PharmAlliance collaborators (500 words)
* Describe the anticipated experimental (or other) outcomes that the award will support (500 words)
* How does the proposed use of funds impact the PharmAlliance [priority areas](https://www.pharmalliance.org/pharmalliance-about/)? (100 words)
* Summarise the academic credentials of the applicant and collaborators (300 words)

**Sign-off from applicant and other collaborators**

*Note – Proposed use of funds must benefit at least two of the three PharmAlliance institutions.*

Typed name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Typed name of other collaborator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Typed name of other collaborator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Sign-off from Research Domain chair or delegate at each institution.**

Typed name of Research Domain chair or delegate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Research Domain chair or delegate Date

Typed name of Research Domain chair or delegate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Research Domain chair or delegate Date

Typed name of Research Domain chair or delegate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Research Domain chair or delegate Date

Please send completed application to [Caroline\_sasser@unc.edu](mailto:Caroline_sasser@unc.edu).