



Swiss Community Fellowship

Personal Data

Applicant name

Institution

Email

Phone number

Project Summary

Project title

Therapeutic area

Executive Summary (topline description, activities, objectives, outcomes, evaluation and sustainability):
maximum 7000 characters



Swiss Community Fellowship

Financial and Timeline Information

Budget items and amount

Total amount requested from Swiss Community Fellowship (in CHF)

Project start and duration

Funding requested from other sources?

Yes

No

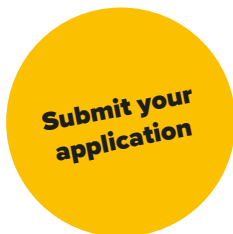
If yes, please provide details:

Is the project incorporating patient feedback or feedback from members of the public?

Yes

No

I confirm that if Gilead partially or fully approves this application, the cumulative funding provided by Gilead within this calendar year will not exceed 33% of the organization's revenue.



Submit your proposal using this application form and send it to: CHPublic.Affairs@gilead.com.

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