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| **UNIVERSITY OF CALIFORNIA SAN DIEGO**  **CENTER FOR AIDS RESEARCH**  **Next Generation Grant Application**  **For Post-Doctoral Fellows supported by T32, D43, R25 awards** | | | | |
| **FACE PAGE** | | | |
| **1. APPLICANT NAME** | | | |
| **2.** **TITLE OF APPLICATION** | | | |
|  | | | |
| **3. T32 Support** | | | | |
| Title of T32, D43 or R25: | | | | |
| Principal Investigator of T32, D43 or R25: | | | |
| Date T32, D43 or R25 support started: | | | |
| Date T32, D43 or R25 support will end: | | | |
| When do you plan to submit your Career Development Award, and to what NIH Institute: | | | |
| **4. Mentor for planned Career Development Award (Letter of support required)** | | | |
| Name: | | | |
| Title: | | | |
| Title: | | | |
| Phone: | | | Mail Code: |
| E-mail Address: | | | |
| **5. DEPARTMENT FUND MANAGER** | | | |
| Name: | | | |
| Title: | | | |
| Title: | | | |
| Phone: | | | Mail Code: |
| E-mail Address: | | | |
|  | | | |
| **6.** Human Subjects: | Yes | No | Approval Enclosed |
| Animal Subjects: | Yes | No | Approval Enclosed |
| **7.** **BUDGET REQUESTED (DIRECT COSTS)**: $ | | | |
| **8.** **PERFORMANCE SITE(S)**: | | | |

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| **INVESTIGATOR DEMOGRAPHIC DATA**  The National Institute of Allergy and Infectious Diseases (NIAID), which funds the CFAR, requires that we collect demographic data on our Developmental grant applicants. This information will not affect consideration of your grant application. Reporting the requested information is voluntary. | |
| **Gender (please check one)**  \_\_\_\_ Male  \_\_\_\_ Female  \_\_\_\_ Decline to state  **Racial category (please check one)**  \_\_\_\_ American Indian/Alaska Native  \_\_\_\_ Asian  \_\_\_\_ Native Hawaiian or Other Pacific Islander  \_\_\_\_ Black or African American  \_\_\_\_ White  \_\_\_\_ More than one race  \_\_\_\_ Decline to state | **Ethnic category (please check one)**  \_\_\_\_ Hispanic or Latino/Latina  \_\_\_\_ Not Hispanic or Latino/Latina  \_\_\_\_ Decline to state |
| Electronic Signature | **Date** |
|  | |

**UCSD CENTER FOR AIDS RESEARCH**

**NEXT GENERATION GRANT APPLICATION**

**A**. **ABSTRACT**

1. TITLE OF APPLICATION:

2. ABSTRACT OF RESEARCH PLAN:

|  |  |  |  |
| --- | --- | --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): |  | | |
|  | | | |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | | FROM | THROUGH |
|  |  |

List PERSONNEL *(Applicant organization only)*

Use Cal, Acad, or Summer to Enter Months Devoted to Project

Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ON PROJECT | Cal.  Mnths | Acad.  Mnths | Summer  Mnths | | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | | TOTAL |
|  | PD/PI |  |  |  | |  |  |  | |  |
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| SUBTOTALS | | | | | | |  |  | |  |
| CONSULTANT COSTS | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | |  |
| TRAVEL | | | | | | | | | |  |
| INPATIENT CARE COSTS | | | | | | | | | |  |
| OUTPATIENT CARE COSTS | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | DIRECT COSTS | | | |  | |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)* | | | | | | | | | $ |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | FACILITIES AND ADMINISTRATIVE COSTS | | | |  | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | $ |  |

PHS 398 (Rev. 03/16 Approved Through 10/31/2018) OMB No. 0925-0001

**BUDGET JUSTIFICATION:** Please explain how each item in your requested budget will further your research plan. Briefly describe the specific expertise and role of each person listed in the budget, and the reasons you are requesting specific equipment, supplies, or other expenses.

Follow NIH guidelines for typeface and size (minimum 11 point type).

***Please delete the above instructions before submitting your proposal.***

OMB No. 0925-0001 and 0925-0002 (Rev. 11/16 Approved Through 10/31/2018)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | Completion Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

**B. Positions and Honors**

**C. Contributions to Science**

**D. Additional Information: Research Support and/or Scholastic Performance**

**CORE RESOURCES:** Please list the UCSD CFAR Core services you will request for your application. You are encouraged but not required to use all of the Cores that will benefit your project. For details about each of the Cores and their services, please check our [Core Facilities.](http://cfar.ucsd.edu/core-facilities)

Follow NIH guidelines for typeface and size (minimum 11 point type).

***Please delete the above instructions before submitting your proposal.***

**RESEARCH PLAN AND LITERATURE CITED:** Starting with this page, describe your research plan following the outline below:

1. Specific Aims

2. Significance

3. Describe how the proposed work will support your planned Career Development Award application

4. Preliminary Studies (if applicable)

5. Experimental Design and Methods

6. Literature Cited (not included in 4 page limit)

Items 1-5 must be covered in four pages. You may take as many pages as needed for item 6. Follow NIH guidelines for typeface and size (minimum 11 point type).

***Please delete the above instructions before submitting your proposal.***