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| **UNIVERSITY OF CALIFORNIA SAN DIEGO**  **CENTER FOR AIDS RESEARCH (SD CFAR)**  **INTERNATIONAL PILOT GRANT APPLICATION** | | | | | | | | |
| **1. TITLE OF APPLICATION** (not to exceed 81 characters, including spaces): | | | | | | | | |
| **2. PRINCIPAL INVESTIGATORA** | | | | | **3. PI FINANCIAL CONTACTB** | | | |
| Name: | |  | | |  | | | |
| Title (e.g., MD, PhD): | |  | | |  | | | |
| eRA Commons ID**C** | |  | | |  | | | |
| Institution | |  | | |  | | | |
| Mailing Address: | |  | | |  | | | |
| Mail Code | |  | | |  | | | |
| Department | |  | | |  | | | |
| Telephone No: | |  | | |  | | | |
| E-mail Address: | |  | | |  | | | |
| **4. SD CFAR COLLABORATOR** | | | | | **5. COLLABORATOR FINANCIAL CONTACTB** | | | |
| Name: | |  | | |  | | | |
| eRA Commons ID**C** | |  | | |  | | | |
| Institution: | |  | | |  | | | |
| E-mail Address: | |  | | |  | | | |
| **6. SD CFAR COLLABORATOR AGREEMENT** | | | | | | | | |
| I have reviewed this application and attest to its scientific merit and potential for publications and subsequent funding. If this application is funded, I agree to advise the applicant on all aspects of protocol development, regulatory approval, study conduct, and data analysis. I further agree to advise the applicant on at least one subsequent, directly related publication that acknowledges the SD CFAR grant number (P30 AI036214) and one directly related NIH grant proposal. | | | | | | | | |
| Collaborator’s electronic signature: | |  | | | | Date: | | |
| **7. APPLICATION STATUS**  Please check ***one*** of the following to identify the application status:  \_\_\_\_New Pilot grant application  \_\_\_\_Resubmission of a previously reviewed application (include in the Research Plan section a one‑page summary of responses to the prior review)  \_\_\_\_Supplement to a funded Pilot grant that is within its award period | | | | | | | | |
| **8. ETHICS APPROVALS:** Please indicate the ethics approvals needed for the proposed study: | | | | | | | | |
| Human Subjects: | \_\_\_\_Yes | | \_\_\_\_No | Approval(s) attached? | | | \_\_\_\_Yes | \_\_\_\_No |
| Animal Subjects: | \_\_\_\_Yes | | \_\_\_\_No | Approval(s) attached? | | | \_\_\_\_Yes | \_\_\_\_No |
| **8. TOTAL BUDGET REQUESTED (DIRECT COSTS):D $** | | | | | | | | |
| **9. PERFORMANCE SITE:** | | | | | | | | |
| **NOTES**   1. **Principal Investigator and SD CFAR collaborator must have faculty appointments at or above the Assistant Professor level or equivalent.** 2. **Your financial contact is the person or group that will take care of funds if your application is approved.** 3. **Recommended, not required. See instructions.** 4. **The maximum award is US$50,000. At least 50% of the budget requested must be allocated to the foreign Principal Investigator’s home country.** | | | | | | | | |

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| **INVESTIGATOR DEMOGRAPHIC DATA**  The National Institute of Allergy and Infectious Diseases (NIAID), which funds the SD CFAR, requires that we collect demographic data on our grant applicants. This information will not affect consideration of your grant application. Reporting the requested information is voluntary. Additionally, as part of SD CFAR’s commitment to diversity and inclusion, this form expands the options provided to us by our funders to allow applicants to self-identify beyond the binary male/female. | |
| **What is your current gender identity? (please check one):**  \_\_\_\_ Man  \_\_\_\_ Woman  \_\_\_\_ Transgender Man/Trans Masculine  \_\_\_\_ Transgender Woman /Trans Feminine  \_\_\_\_ Non-binary/Genderqueer  \_\_\_\_ Prefer to self-describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_ Decline to state | **Racial category (please check one):**  \_\_\_\_ American Indian/Alaska Native  \_\_\_\_ Asian  \_\_\_\_ Filipino/Filipina  \_\_\_\_ 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 Latinx  \_\_\_\_ Not Hispanic or Latinx  \_\_\_\_ Decline to state |

**INVESTIGATOR GOALS AND MENTORING PLAN**

***Required for applicants who have not yet earned NIH R01 or equivalent funding.***

Please tell us how this grant—if awarded—will help you further your career in HIV research. If you already have a comprehensive mentoring plan on file, you may upload it instead of this document. If not, please discuss the following with the SD CFAR member who will collaborate with you during and after this International Pilot grant. Please limit this document no more than **three pages.**

|  |
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| **How will this project benefit your career?**  What will you learn from this research that will support your career in the next two to five years? |
| Response: |
| **What new skills will you acquire through this project?**  Examples may include instruction in lab equipment, software, statistical analysis, research methods, study design and implementation, writing (this Developmental grant application, protocols, informed consents, conference abstracts, manuscripts, NIH grant submissions), and any other technical or leadership skills that will benefit your career. |
| Response: |
| **How well does your SD CFAR collaborator understand your needs?**  Does your collaborator publish and have grant funding in the same or related topic as your proposed research? Does your collaborator understand your potential, your strengths and your areas needing improvement? Does your collaborator have previous mentoring experience? |
| Response: |
| **How will your collaborator help you acquire your new skill set?**  How often will you meet either online or in person? Will there be formal classroom or online instruction? Hands-on training? Field work? Will your collaborator facilitate introductions to persons or groups that can further your research and career? How will you and your collaborator measure successful skill acquisition? |
| Response: |
| **How will you use the results of your research if funded?**  What conference abstracts or manuscripts are planned and when? What NIH grant submissions and when? How else will you use these results? |
| Response: |
| **How will you proceed if your application is not funded?**  For example, you may have the option to revise and resubmit. You may choose to continue working with your collaborator or find a new one. You may choose to strengthen the above skills or learn new ones. You may choose to apply for different grants. You may always reach out to the SD CFAR International Core for guidance. We are here to help! *Think about how you can repurpose the time and effort you devoted to this application.* |
| Response: |

# SAN DIEGO CENTER FOR AIDS RESEARCH

**INTERNATIONAL PILOT GRANT APPLICATION ABSTRACT**

PROJECT TITLE (not to exceed 81 characters, including spaces):

ABSTRACT OF RESEARCH PLAN

Text must fit within the box below, 11 point type, single spaced, 30 lines maximum.

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| DETAILED BUDGET FOR INITIAL BUDGET PERIODINTERNATIONAL DIRECT COSTS ONLY | FROM | THROUGH |
| **Leave blank. The one-year budget period will begin near the date of NIH approval if recommended for funding.** | |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | | ROLE ON PROJECT | Cal.  Mnths | Acad.  Mnths | Summer  Mnths | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | | TOTAL |
|  | | Principal Investigator |  |  |  |  |  |  | |  |
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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)* | | | | | | | | | | **N/A** |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | |  |
| INTERNATIONAL DIRECT COSTS\*  Copy this total into indicated space on domestic (U.S.) budget page. | | | | | | | | | $ |  |

**\*Direct costs only here. SD CFAR will pay indirect costs on international budgets per NIH regulations.**

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| DETAILED BUDGET FOR INITIAL BUDGET PERIODDOMESTIC (U.S.) DIRECT COSTS ONLY | FROM | THROUGH |
| **Leave blank. The one-year budget period will begin near the date of NIH approval if recommended for funding.** | |

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 |
|  | | SD CFAR Collaborator |  |  |  |  |  |  | |  |
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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)* | | | | | | | | | | **N/A** |
| OTHER EXPENSES *(Itemize by category)*  **Remember to consult SD CFAR service cores so you can budget for services that are not available for free. See checklist on next page.** | | | | | | | | | |  |
| DOMESTIC (U.S.) DIRECT COSTS\* | | | | | | | | | $ |  |
| INTERNATIONAL DIRECT COSTS\*  Copy from international budget page. | | | | | | | | | $ |  |
| TOTAL DIRECT COSTS FOR BUDGET PERIOD (Maximum US$50,000) | | | | | | | | | $ |  |

**\*Direct costs only here. SD CFAR will pay indirect costs on international budgets and will either pay or negotiate indirect costs with the domestic institution.**

**SD CFAR CORE SERVICES AND CONTACTS FOR GRANT APPLICANTS**

**Do you anticipate needing assistance from SD CFAR service cores?**

*If so, you* ***must*** *contact the cores* ***before submitting your application****. Discuss your research needs and budget* ***now*** *to avoid project delays or funding shortfalls!*

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact these core representatives** | **If you plan to use these services** | **Date emailed** | **Services requested** |
| Sonia Jain, PhD  [sojain@health.ucsd.edu](mailto:sojain@health.ucsd.edu)  Natasha Martin, DPhil  [natasha@health.ucsd.edu](mailto:natasha@health.ucsd.edu) | [Biostatistics and Modeling Core](https://cfar.ucsd.edu/en/core-services/biostatistics/)  *Examples: pre-award grant support (power, sample size, statistical considerations); experimental design and analysis; observational studies (e.g., cohort, case-control); epidemic modeling of HIV and co-infections; health economic evaluations* |  |  |
| Maile Karris, MD  [m1young@health.ucsd.edu](mailto:m1young@health.ucsd.edu) | [Clinical Investigation Core](https://cfar.ucsd.edu/en/core-services/clinical-investigation/)  *Examples: specimen collection, IRB, clinical database access, REDCap database design, participant recruitment, clinical and translational study design* |  |  |
| Jamila Stockman, PhD, MPH  [jstockman@health.ucsd.edu](mailto:jstockman@health.ucsd.edu)  Eileen Pitpitan, PhD  [epitpitan@sdsu.edu](mailto:epitpitan@sdsu.edu) | [Health Equity Sociobehavioral Science Core](https://cfar.ucsd.edu/en/core-services/health-equity/)  *Examples: recruitment and retention of underserved populations; survey development; grant preparation assistance; Community Advisory Board guidance; mentorship of underrepresented junior investigators* |  |  |
| SD CFAR Administrative Core  [cfar@ucsd.edu](mailto:cfar@ucsd.edu)  *The Administrative Core will refer your questions to the appropriate contacts.* | [International Core](https://cfar.ucsd.edu/en/core-services/international/)  *Examples: guidance on budgets and justifications, referrals to international sites or partners, regulatory guidance, information on shipping/receiving specimens, memoranda of understanding* |  |  |
| Nadejda Beliakova Bethell, PhD  [nbeliakovabethell@health.ucsd.edu](mailto:nbeliakovabethell@health.ucsd.edu)  Jennifer Dan, MD, PhD  [jdan@health.ucsd.edu](mailto:jdan@health.ucsd.edu) | [Molecular and Cellular Immunology Core–Flow Cytometry](https://cfar.ucsd.edu/en/core-services/mci/flow-cytometry-unit/)  *Examples: consultation on experimental design and panel development; cell sorting; biohazardous cell sorting; data acquisition for analysis; training* |  |  |
| David Looney, MD  [dlooney@health.ucsd.edu](mailto:dlooney@health.ucsd.edu) | [Molecular and Cellular Immunology Core—Genomics](https://cfar.ucsd.edu/en/core-services/mci/genomics/)  *Examples: nucleic acid isolation, quantification and quality control; quantification of gene expression using real-time quantitative qPCR technology and droplet digital PCR (ddPCR); single cell separation and sequencing, next generation sequencing, bioinformatics* |  |  |
| Dennis Burton, PhD  [burton@scripps.edu](mailto:burton@scripps.edu)  Bryan Briney, PhD  [briney@scripps.edu](mailto:briney@scripps.edu) | [Molecular and Cellular Immunology Core—Single-cell –Omics](https://cfar.ucsd.edu/en/core-services/mci/single-cell-omics-unit/)  *Examples: Sequencing (Illumina Nova and Next Seq, ONT Minion and P2), 10X genomics (5’ or 3’ chemistry, HT or standard, multiple addons), data analysis (adaptive sampling, post-run basecalling, CellRanger processing)* |  |  |
| Sara Gianella, MD  [gianella@health.ucsd.edu](mailto:gianella@health.ucsd.edu) | [Translational Virology Core](https://cfar.ucsd.edu/en/core-services/translational-virology/)  *Examples: clinical specimen processing and storage, HIV genotyping, nucleic acid extractions, viral quantification, next generation sequencing, BSL-3 access, data processing* |  |  |

**\_\_\_\_ I do not anticipate needing core services for my SD CFAR grant research. If my plans change, I will contact the relevant core(s) immediately.**

**INTERNATIONAL BUDGET JUSTIFICATION**

Explain the purpose of each expense in the international budget and describe the role of each person (paid or unpaid) who is listed under Personnel and Consultant Costs. Use 11 point type. You may use more than one page if needed. *Please delete this instruction before submitting your application.*

**DOMESTIC BUDGET JUSTIFICATION**

Explain the purpose of each expense in the domestic budget and describe the role of each person (paid or unpaid) who is listed under Personnel and Consultant Costs. Use 11 point type. You may use more than one page if needed. *Please delete this instruction before submitting your application.*

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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***Please refer to*** [***this NIH webpage***](https://grants.nih.gov/grants/forms/biosketch.htm) ***for non-fellowship biosketch instructions, a sample biosketch and frequently asked questions (FAQs).***

***A minimum of two biosketches are needed: one for you, and one for your collaborator. Biosketches are also needed for each co-investigator. No more than 5 pages total per biosketch.***

***Please delete these instructions before submitting your application.***

**A. Personal Statement**

**B. Positions, Scientific Appointments, and Honors**

**C. Contributions to Science**

# INTERNATIONAL RESEARCH OBJECTIVES

# The SD CFAR seeks to fund international research that can be completed in a timely manner, contribute to the careers of international HIV/AIDS investigators, and build capacity for future HIV/AIDS research. Please respond to the following items so we can evaluate your proposed study in terms of our overall objectives. *Delete all highlighted instructions before submitting your application.*

# Previously Funded CFAR Grants

# Have you (the international Principal Investigator) previously received one or more grants from the SD CFAR? If YES, please provide the information requested below.

# Title of previously funded Pilot grant(s)

# Year(s) awarded

* Publications and subsequent grants resulting from previously funded CFAR International Pilot grants.

1. **International Administration**

Please describe the following at the international institution:

1. How does your institution manage contracts with U.S. institutions?
2. If the proposed study requires ethics approvals, please estimate the length of time needed to apply for and obtain your institution’s approval for this study and please note whether national approval is needed.
3. ***In a half-page or less***, describe the international site(s): population(s) served, equipment and space available, and other details to help reviewers determine whether the site(s) and resources are adequate for the proposed study.
4. **Community Involvement**

If your study involves human subjects research, please briefly describe whether and how you plan for representatives of the local community (e.g., key informants) to be involved in the study’s development. This includes the informed consent process, data collection, and/or presentation and interpretation of findings. Asking your community members for suggestions and comments helps you design a study that better serves everyone’s needs, and helps the SD CFAR ensure that local concerns about your study are properly addressed.

There are many ways to involve your community: focus groups, questionnaires, Community Advisory Boards, and others. Some methods are confidential, so respondents would not need to reveal their names or identities in any way. *If you do not know how to involve your community, please let us know. If your application is recommended for funding, we will help you.*

**Research Plan**

*Only if you are resubmitting your application, please include a one-page summary of responses to the prior review. This summary will be in addition to the 4-page Research**Plan.*

# *Delete all highlighted instructions before submitting your application.*

Starting with this page, describe your research plan per the outline below. For those of you who are unfamiliar with National Institute of Health grant formats, we have provided a description of the subtopics you may wish to address in each section. These subtopics, and the suggested length of each section, are only suggestions. Sections A-D together, inclusive of figures and tables, must be limited to 4 pages. Use 11-point type throughout!

1. **Specific Aims**

“State concisely the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the proposed research will exert” on the field of HIV/AIDS research.”[[1]](#footnote-1) In the context of this application, you may wish to:

1. Identify the relevant gap in knowledge and rationale for the research
2. Highlight the objective of the proposal
3. Describe the hypothesis to be tested and expected outcome
4. State how the successful completion of this project will impact the field

This section is typically about a half-page in length.

1. **Significance**

“Explain the importance of the problem or critical barrier to progress in the field that the proposed research addresses… Explain how the proposed project will improve scientific knowledge, technical capability, and/or clinical practice” in the field of HIV/AIDS.”1 In this section, you may wish to:

1. Critically review the relevant literature, including its strengths and weaknesses
2. Establish the scientific premise of your proposal
3. Describe the importance of the research, including its relevance to High and/or Medium Priority Topics for HIV/AIDS Research.[[2]](#footnote-2)

This section is typically about half to three-quarters of a page in length.

1. **Preliminary Studies**

“Discuss [your team’s] preliminary studies, data, and or experience pertinent to this application.”1 You may wish to highlight these data in particular:

1. The preliminary data that supports your hypothesis
2. The preliminary data that supports your ability to complete the work successfully

This section is typically about half to three-quarters of a page in length and often includes tables or figures.

1. **Experimental Design and Methods**

“Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project.”1 This section details the approach and typically answers the following questions:

* 1. What will be done and how will you do it (Research Design, Analytic Strategy, Timeline, etc.)?
  2. What are the possible challenges, expected outcomes (e.g., including but not limited to research findings, potential publications, and external grant funding), and future directions?

In addition to the above standard sections that would be included in an NIH grant, strong applications also should clearly emphasize:

1. The potential for capacity building at the foreign site
2. How the project would benefit the foreign site PI’s career

This section is typically about 2 to 2.5 pages in length and often includes tables or figures.

1. **Literature Cited**

*Not included in 4-page limit.*

1. <https://grants.nih.gov/grants/how-to-apply-application-guide/forms-d/general/g.400-phs-398-research-plan-form.htm> [↑](#footnote-ref-1)
2. <https://www.oar.nih.gov/hiv-policy-and-research/research-priorities> [↑](#footnote-ref-2)