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| **UNIVERSITY OF CALIFORNIA SAN DIEGO**  **CENTER FOR AIDS RESEARCH**  **DEVELOPMENTAL GRANT APPLICATION** | | | | | |
| **FACE PAGE** | | | | |
| *Use this file for reference only. Do not upload.*  *You will be entering this information directly into InfoReady Review.* | | | | |
| **1.** **TITLE OF APPLICATION** | | | | |
|  | | | | |
| **2. APPLICATION TYPE** | | | | | |
| Please check ***one*** of the following:  \_\_\_\_ New Developmental grant  \_\_\_\_ New ASSET Developmental grant  \_\_\_\_ Resubmission of a previous application  \_\_\_\_ Supplement to a funded Developmental grant that is within its award period | | | | Please check ***all*** that apply:  \_\_\_\_ Early stage investigator (pre-R01)  \_\_\_\_ ASSET scholar (see instructions)  \_\_\_\_ New recruit to SD CFAR member institution  \_\_\_\_ International study | |
| **3.** **PRINCIPAL INVESTIGATOR** | | | | |
| Name: | | | | |
| Title: | | | | |
| Department | | | | |
| Phone: | | | | Mail Code |
| E-mail Address: | | | | |
| **4. MENTOR (required for early stage investigators)** | | | | |
| Name: | | | | |
| Title 1: | | | | |
| Title 2: | | | | |
| Phone: | | | | Mail Code: |
| E-mail Address: | | | | |
| **5. DEPARTMENT FUND MANAGER** | | | | |
| Name: | | | | |
| 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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| **REVIEWERS** | |
| *Please provide contact information for 3 – 6 reviewers at any accredited academic institution worldwide who have expertise in your proposed research and no conflicts of interest. A conflict of interest includes friendships, current or recent mentorships, collaboration on current or recent projects (especially in the same subject), recent co-authorships, and other factors. If you are uncertain about conflicts of interest, please ask the prospective reviewers first before listing them below.* | |
| **Reviewer 1 (required)**  **Name:** | **Email:** |
| **Reviewer 2 (required)**  **Name:** | **Email:** |
| **Reviewer 3 (required)**  **Name:** | **Email:** |
| **Reviewer 4 (optional)**  **Name:** | **Email:** |
| **Reviewer 5 (optional)**  **Name:** | **Email:** |
| **Reviewer 6 (optional)**  **Name:** | **Email:** |

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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  **What sex were you assigned at birth? (please check one):**  \_\_\_\_ Male  \_\_\_\_ Female  \_\_\_\_ Intersex  \_\_\_\_ 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 |