University of California San Diego (858) 534-5545

9500 Gilman Drive, MC 0716 Fax: (858) 822-5840

La Jolla, CA 92093-0716 Email: [cfar@ucsd.edu](mailto:CFAR@ucsd.edu)

[http://cfar.ucsd.edu](http://cfar.ucsd.edu/)

**SD CFAR Specific Aims O-K Review Cover Sheet**

**Department of Medicine Applicants**

Please complete and attach with the submission of your Specific Aims. This document is for Department of Medicine-related applications submitted for SD CFAR O-K Review. See [website](https://cfar.ucsd.edu/en/grants/o-k-review/) for HIV-related forms. ***All fields are required.***

|  |  |
| --- | --- |
| Applicant name: |  |
| Applicant email address: |  |
| Applicant academic title: |  |
| Department / Division: |  |
| Title of application: |  |
| Type of application (K, R, F, Other):  *If Other, please link to online FOA. If no online link, please attach PDF of FOA with your Specific Aims submission. Please indicate due date for other application types.* |  |
| Is this a new OK-Review submission or a resubmission?  *Note: For NIH resubmissions, please include your NIH summary statement, your introduction as well as text marked with changes. If you did not submit to the NIH, but this is a resubmittal to the O-K Review, please mark changes you made to the text to address the feedback from the previous O-K Review panel.* |  |
| Have you previously participated in the OK-Review for this or any other grant application? (yes/no)  If so, what was the outcome of your grant application submission? (provide cycle and outcome) |  |
| Which NIH institution?  *If not applicable, enter “N/A.”* |  |
| General research area: |  |
| Link to online RFA (copy/paste): |  |
| Do you need a stats review? Although a stats review is not currently offered, we can try to connect you to resources to obtain one. Please provide details. |  |
| Mentor’s name(s): |  |
| Co-investigators and consultants on this application (list all): |  |
| Recommended reviewers for this draft (list at least 3): |  |