

## UC SAN DIEGO CENTER FOR AIDS RESEARCH (SD CFAR) INTERNATIONAL PILOT GRANT APPLICATION INSTRUCTIONS

Please email [cfar@ucsd.edu](mailto:cfar@ucsd.edu) if you have questions about any aspect of your application.

1. Preference will be given to projects based in Mexico and Mozambique. Funds are also available to support meritorious projects in Brazil, India, Kenya, South Africa, or Zimbabwe.
2. An international Principal Investigator (PI) from one of the seven countries noted above is required as well as an SD CFAR collaborator (see item 5 below). Both the PI and the SD CFAR collaborator must have faculty appointments at or above the Assistant Professor level or equivalent at an academic or government institution that is eligible for and able to administer U.S. federal grants.
3. The San Diego-based CFAR collaborator must be a CFAR member on faculty at one of the following institutions: UC San Diego, the VA San Diego Healthcare System, the La Jolla Institute for Allergy and Immunology, The Scripps Research Institute in La Jolla, or the Sanford Burnham Prebys Medical Discovery Institute. **International Investigators:** If you need assistance in obtaining a CFAR collaborator, please email [cfar@ucsd.edu](mailto:cfar@ucsd.edu).
4. The international institution must be affiliated with an Institutional Review Board or ethics committee that has obtained [U.S. Federalwide Assurance](#).
5. Pilot grant applications will be considered only for projects that meet criteria for either High or Medium Priority topics, as established by NIH in [NOT-OD-15-137](#). Applications concerning Low Priority topics of interest will not be considered for San Diego CFAR funding.
6. **Investigators may only submit one International Pilot grant application per cycle and may only have one Pilot grant study active at any time.** If you are already working on a previous award, it must be scheduled to end before any new Pilot grant can begin. There is some flexibility in these restrictions when applying for supplemental funding (see next page).
7. **Optional:** Submit a one-page letter of intent summarizing your project to [cfar@ucsd.edu](mailto:cfar@ucsd.edu) at least one month before the application due date. Please let us know if you already have a CFAR Collaborator or if you would like us to help you find one. Feel free to ask any questions. We will review your letter, respond to your questions, and notify you if we have any concerns about your proposed research.
8. Follow the highlighted instructions in the application form, and delete the instructions before submitting your completed application.
9. Notice the Face Page request for eRA Commons identifications (IDs) for the foreign Principal Investigator and SD CFAR collaborator. See Recommendations on page 3 of these instructions.
10. Leave the From/Through budget periods blank on the budget form. See Award Period and Timelines on page 2 of these instructions.
11. If computers are needed for the study, they must be purchased within the first six months of the award period (see page 2).
12. Personnel effort on the budget is measured in calendar months. For example, 10% effort = 1.2 calendar months; 5% effort = 0.6 calendar months. If you need to estimate effort for academic or summer months, please contact [cfar@ucsd.edu](mailto:cfar@ucsd.edu).
13. Per NIH regulations, International Pilot grants **cannot** support the following, except as noted:
  - Studies involving clinical trials for new drugs, treatments, or devices, or off-label use of a licensed drug.
  - Salary for postdoctoral fellows. Predoctoral graduate students may only be supported if (a) they are not paid more than postdoctoral fellows at their home institution (international site or SD CFAR member institution), and (b) they have a tuition remission salary.
  - Travel to scientific meetings, with one exception: international PIs may budget for travel to a scientific meeting to present results from their CFAR-funded International Pilot grant.

14. The maximum award is US\$40,000 in direct costs. In general, it is expected that 50% of the direct costs will be intended for the foreign Principal Investigator's home country.
15. Facilities and administrative costs at foreign sites are fixed at 8% maximum per NIH regulations. This amount will be added automatically to all funded grants. List only direct costs on the budget forms.
16. Include NIH-formatted biographical sketches for the foreign Principal Investigator, the CFAR collaborator, and any co-investigators. A minimum of two biographical sketches are expected with every Pilot grant application: one for the international PI and one for the CFAR collaborator. (See biographical sketch sample and instructions below.)
17. The research plan should **not exceed four pages**. Literature citations at the end do not count in this page limit. If you are resubmitting an application, please include a one-page summary of responses to the prior review at the beginning of the Research Plan. This summary will be *in addition* to the four-page Research Plan.
18. If your research plan involves human subjects or specimens, please specify how many study participants or specimens in total, and the estimated number of male and female participants or specimen donors. We also ask that you 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. Let us know if you need help with this requirement. We will be happy to assist if your application is recommended for funding.
19. *Preferred but optional*: Include a photo of yourself and a descriptive paragraph that can be posted on the SD CFAR website.
20. E-mail the application form and related documents to [cfar@ucsd.edu](mailto:cfar@ucsd.edu) by 4:00 p.m. Pacific time, on April 1 or October 1. If either date falls on a weekend, applications will be due by 4:00 p.m. the following Monday. Applications may be submitted in either MS Word or PDF format.

### PRODUCTIVITY COUNTS!

Pilot grant recipients and their SD CFAR collaborators are expected to generate publications and new grants from the work accomplished in their CFAR-funded studies. CFAR staff will follow up with all Pilot grant recipients and their collaborators at least once a year during and after the award period to ask about new publications and grants resulting from funded Pilot grants.

**Investigators who previously received Pilot grant funding may apply for new Pilot grant funding. However, the number of publications and grants resulting from previously awarded CFAR grants will be considered when evaluating any new applications.**

### SUPPLEMENTAL FUNDING

Investigators whose Pilot grants have been approved and are currently within their award period may apply for a one-year supplement. The maximum supplement is US\$40,000. Supplemental applications will be evaluated on the basis of the scientific progress to date and the potential for new publications and independent grant funding **beyond those of the originally funded project**. Supplemental applications will be competitively reviewed along with new applications received for the same cycle. This is the only time you may apply for additional CFAR funding while you still have an active grant.

### AWARD PERIOD AND TIMELINES

The award process for International Pilot grants requires several steps because the National Institutes of Health (NIH) must evaluate and approve all international funding after the SD CFAR approves your Pilot grant application. Pilot grant awards will be active for one year as of the date of NIH approval. The award process is outlined below:

1. If your application is successful, you will receive a letter from the SD CFAR notifying you that your application has been recommended for funding.
2. Staff at the SD CFAR will provide a list of documents that must be submitted to the CFAR office in preparation for NIH review and approval of your grant.
3. **You must submit all required documents within three months of the notice of approval from the SD CFAR or the approval will be withdrawn.** Exceptions will be made on a case-by-case basis and generally involve international IRB/Ethics approvals. If you cannot submit a copy of your institution's IRB/Ethics approval within

three months of the CFAR award letter, you must *at a minimum* provide CFAR staff with evidence that you have submitted your study for approval.

4. CFAR staff will compile and submit all required documents related to your grant to the NIH for their review. The NIH review may take several weeks.
5. The NIH will send the UC San Diego CFAR a notice of award when your grant has been approved. **Your one-year award period will begin near the date of the NIH notice of award.** CFAR staff will notify you as soon as the NIH notice is received.
6. When the NIH notice of award is received, CFAR staff will work with your institution's financial office to set up funding.

## RECOMMENDATIONS

**To save time if your application is recommended for funding, please note the following:**

- A. **Foreign investigators:** It is highly recommended that you register your institution with the NIH [eRA Commons](#), [Grants.gov](#), and [SAM](#) systems before or at the same time you apply for your International Pilot Grant. The registration process for each may take several weeks. Contact your institution's business office for assistance. Registration is required for most NIH grant funding, so register your institution now if necessary and you will be ready for future grant applications!
- B. **Foreign investigators:** Ensure that your institution has access to an IRB or ethics committee that has [U.S. Federalwide Assurance](#). If it is not registered, ask the chair of your institution's IRB/ethics committee to complete the registration or select a different IRB/ethics committee to evaluate your study. You may wish to ask your SD CFAR collaborator to review your IRB/ethics application you submit it because he or she may have helpful suggestions.
- C. **San Diego-based collaborators:** In addition to foreign IRB approval, Pilot grants must be evaluated by your own institution's IRB. For collaborators based at UC San Diego, SD CFAR associates can submit the IRB application on your behalf to the UC San Diego IRB for approval or exemption **after foreign IRB approval is obtained**. Contact [cfar@ucsd.edu](mailto:cfar@ucsd.edu) if you have questions.

### **Sample NIH Biographical Sketch**

**Include for international Principal Investigator,  
San Diego CFAR collaborator, and all co-investigators.**

***No more than 5 pages per Biographical Sketch.***

Principal Investigator (Last, First, Middle):

## 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

**NOTE: The Biographical Sketch may not exceed five pages. Follow the formats and instructions below.**

### A. Personal Statement

Briefly describe why you are well-suited for your role(s) in the project described in this application. The relevant factors may include aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and your past performance in this or related fields (you may mention specific contributions to science that are not included in Section C). Also, you may identify up to four peer reviewed publications that specifically highlight your experience and qualifications for this project. If you wish to explain impediments to your past productivity, you may include a description of factors such as family care responsibilities, illness, disability, and active duty military service.

### B. Positions and Honors

List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

### C. Contribution to Science

Briefly describe up to five of your most significant contributions to science. For each contribution, indicate the historical background that frames the scientific problem; the central finding(s); the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and your specific role in the described work. For each of these contributions, reference up to four peer-reviewed publications or other non-publication research products (can include audio or video products; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware) that are relevant to the described contribution. The description of each contribution should be no longer than one half page including figures and citations. Also provide a URL to a full list of your published work as found in a publicly available digital database such as SciENcv or My Bibliography, which are maintained by the US National Library of Medicine.

### D. Research Support

List both selected ongoing and completed research projects for the past three years (Federal or non-Federally-supported). *Begin with the projects that are most relevant to the research proposed in the application.* Briefly indicate the overall goals of the projects and responsibilities of the key person identified on the Biographical Sketch. Do not include number of person months or direct costs.

Principal Investigator (Last, First, Middle):

## 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: Hunt, Morgan Casey

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

POSITION TITLE: Associate Professor of Psychology

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
University of California, Berkeley	B.S	05/1990	Psychology
University of Vermont	Ph.D.	05/1996	Experimental Psychology
University of California, Berkeley	Postdoctoral	08/1998	Public Health and Epidemiology

### A. Personal Statement

I have the expertise, leadership, training, expertise and motivation necessary to successfully carry out the proposed research project. I have a broad background in psychology, with specific training and expertise in ethnographic and survey research and secondary data analysis on psychological aspects of drug addiction. My research includes neuropsychological changes associated with addiction. As PI or co-Investigator on several university- and NIH-funded grants, I laid the groundwork for the proposed research by developing effective measures of disability, depression, and other psychosocial factors relevant to the aging substance abuser, and by establishing strong ties with community providers that will make it possible to recruit and track participants over time as documented in the following publications. In addition, I successfully administered the projects (e.g. staffing, research protections, budget), collaborated with other researchers, and produced several peer-reviewed publications from each project. As a result of these previous experiences, I am aware of the importance of frequent communication among project members and of constructing a realistic research plan, timeline, and budget. The current application builds logically on my prior work. During 2005-2006 my career was disrupted due to family obligations. However, upon returning to the field I immediately resumed my research projects and collaborations and successfully competed for NIH support.

1. Merrylye, R.J. & Hunt, M.C. (2004). Independent living, physical disability and substance abuse among the elderly. *Psychology and Aging*, 23(4), 10-22.
2. Hunt, M.C., Jensen, J.L. & Crenshaw, W. (2007). Substance abuse and mental health among community-dwelling elderly. *International Journal of Geriatric Psychiatry*, 24(9), 1124-1135.
3. Hunt, M.C., Wiechelt, S.A. & Merrylye, R. (2008). Predicting the substance-abuse treatment needs of an aging population. *American Journal of Public Health*, 45(2), 236-245. PMID: PMC9162292 Hunt, M.C., Newlin, D.B. & Fishbein, D. (2009). Brain imaging in methamphetamine abusers across the life-span. *Gerontology*, 46(3), 122-145.

### B. Positions and Honors

#### Positions and Employment

1998-2000	Fellow, Division of Intramural Research, National Institute of Drug Abuse, Bethesda, MD
2000-2002	Lecturer, Department of Psychology, Middlebury College, Middlebury, VT
2001-	Consultant, Coastal Psychological Services, San Francisco, CA
2002-2005	Assistant Professor, Department of Psychology, Washington University, St. Louis, MO
2007-	Associate Professor, Department of Psychology, Washington University, St. Louis, MO

## Other Experience and Professional Memberships

1995-	Member, American Psychological Association
1998-	Member, Gerontological Society of America
1998-	Member, American Geriatrics Society
2000-	Associate Editor, Psychology and Aging
2003-	Board of Advisors, Senior Services of Eastern Missouri
2003-05	NIH Peer Review Committee: Psychobiology of Aging, ad hoc reviewer
2007-11	NIH Risk, Adult Addictions Study Section, members

## Honors

2003	Outstanding Young Faculty Award, Washington University, St. Louis, MO
2004	Excellence in Teaching, Washington University, St. Louis, MO
2009	Award for Best in Interdisciplinary Ethnography, International Ethnographic Society

## C. Contribution to Science

1. My early publications directly addressed the fact that substance abuse is often overlooked in older adults. However, because many older adults were raised during an era of increased drug and alcohol use, there are reasons to believe that this will become an increasing issue as the population ages. These publications found that older adults appear in a variety of primary care settings or seek mental health providers to deal with emerging addiction problems. These publications document this emerging problem but guide primary care providers and geriatric mental health providers to recognize symptoms, assess the nature of the problem and apply the necessary interventions. By providing evidence and simple clinical approaches, this body of work has changed the standards of care for addicted older adults and will continue to provide assistance in relevant medical settings well into the future. I served as the primary investigator or co-investigator in all of these studies.
  - a. Gryczynski, J., Shaft, B.M., Merryle, R., & Hunt, M.C. (2002). Community based participatory research with late-life addicts. *American Journal of Alcohol and Drug Abuse*, 15(3), 222-238.
  - b. Shaft, B.M., Hunt, M.C., Merryle, R., & Venturi, R. (2003). Policy implications of genetic transmission of alcohol and drug abuse in female nonusers. *International Journal of Drug Policy*, 30(5), 46-58.
  - c. Hunt, M.C., Marks, A.E., Shaft, B.M., Merryle, R., & Jensen, J.L. (2004). Early-life family and community characteristics and late-life substance abuse. *Journal of Applied Gerontology*, 28(2), 26-37.
  - d. Hunt, M.C., Marks, A.E., Venturi, R., Crenshaw, W. & Ratonian, A. (2007). Community-based intervention strategies for reducing alcohol and drug abuse in the elderly. *Addiction*, 104(9), 1436-1606. PMCID: PMC9000292
2. In addition to the contributions described above, with a team of collaborators, I directly documented the effectiveness of various intervention models for older substance abusers and demonstrated the importance of social support networks. These studies emphasized contextual factors in the etiology and maintenance of addictive disorders and the disruptive potential of networks in substance abuse treatment. This body of work also discusses the prevalence of alcohol, amphetamine, and opioid abuse in older adults and how networking approaches can be used to mitigate the effects of these disorders.
  - a. Hunt, M.C., Merryle, R. & Jensen, J.L. (2005). The effect of social support networks on morbidity among elderly substance abusers. *Journal of the American Geriatrics Society*, 57(4), 15-23.
  - b. Hunt, M.C., Pour, B., Marks, A.E., Merryle, R. & Jensen, J.L. (2005). Aging out of methadone treatment. *American Journal of Alcohol and Drug Abuse*, 15(6), 134-149.
  - c. Merryle, R. & Hunt, M.C. (2007). Randomized clinical trial of cotinine in older nicotine addicts. *Age and Ageing*, 38(2), 9-23. PMCID: PMC9002364
3. Methadone maintenance has been used to treat narcotics addicts for many years but I led research that has shown that over the long-term, those in methadone treatment view themselves negatively and they gradually begin to view treatment as an intrusion into normal life. Elderly narcotics users were shown in carefully constructed ethnographic studies to be especially responsive to tailored social support networks that allow them to eventually reduce their maintenance doses and move into other forms of therapy. These studies also demonstrate the policy and commercial implications associated with these findings.
  - a. Hunt, M.C. & Jensen, J.L. (2003). Morbidity among elderly substance abusers. *Journal of the Geriatrics*, 60(4), 45-61.

Principal Investigator (Last, First, Middle):

- b. Hunt, M.C. & Pour, B. (2004). Methadone treatment and personal assessment. Journal Drug Abuse, 45(5), 15-26.
- c. Merrylye, R. & Hunt, M.C. (2005). The use of various nicotine delivery systems by older nicotine addicts. Journal of Ageing, 54(1), 24-41. PMID: PMC9112304
- d. Hunt, M.C., Jensen, J.L. & Merrylye, R. (2008). The aging addict: ethnographic profiles of the elderly drug user. NY, NY: W. W. Norton & Company.

### Complete List of Published Work in MyBibliography:

<http://www.ncbi.nlm.nih.gov/sites/myncbi/collections/public/1PgT7IEFIAJBtGMRDdWFmjWAO/?sort=date&direction=ascending>

## D. Research Support

### Ongoing Research Support

R01 DA942367                      Hunt (PI)                      09/01/08-08/31/16  
Health trajectories and behavioral interventions among older substance abusers  
The goal of this study is to compare the effects of two substance abuse interventions on health outcomes in an urban population of older opiate addicts.  
Role: PI

R01 MH922731                      Merrylye (PI)                      12/15/07-11/30/15  
Physical disability, depression and substance abuse in the elderly  
The goal of this study is to identify disability and depression trajectories and demographic factors associated with substance abuse in an independently-living elderly population.  
Role: Co-Investigator

Faculty Resources Grant, Washington University                      08/15/09-08/14/15  
Opiate Addiction Database  
The goal of this project is to create an integrated database of demographic, social and biomedical information for homeless opiate abusers in two urban Missouri locations, using a number of state and local data sources.  
Role: PI

### Completed Research Support

R21 AA998075                      Hunt (PI)                      01/01/11-12/31/13  
Community-based intervention for alcohol abuse  
The goal of this project was to assess a community-based strategy for reducing alcohol abuse among older individuals.  
Role: PI