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

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

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| --- | --- |
| Applicant name: |  |
| Pronouns: |  |
| 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 (please choose one):* *Basic/Laboratory*
* *Clinical/Translational*
* *Behavioral*
* *Implementation Science*
 |  |
| Link to online RFA (copy/paste): |  |
| Statistics review requested? (yes/no) |  |
| Mentor’s name(s): |  |
| Co-investigators and consultants on this application (list all): |  |
| Recommended reviewers for this draft (list at least 3): |  |