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| **UNIVERSITY OF CALIFORNIA SAN DIEGO**  **CENTER FOR AIDS RESEARCH**  **DEVELOPMENTAL GRANT APPLICATION** | | | | | |
| **FACE PAGE** | | | | |
| **1.** **TITLE OF APPLICATION** | | | | |
|  | | | | |
| **2. APPLICATION TYPE** | | | | | |
| Please check ***one*** of the following:  \_\_\_\_ New Developmental grant application  \_\_\_\_ Resubmission of a previous application  \_\_\_\_ Supplement to a funded Developmental grant that is within its award period | | | | Please check ***all*** that apply:  \_\_\_\_ Junior Investigator (Assistant Professor level or equivalent)  \_\_\_\_ Investigator in another field new to AIDS Research  \_\_\_\_ HIV researcher exploring new area  \_\_\_\_ Feasibility Study  \_\_\_\_ International Study | |
| **3.** **PRINCIPAL INVESTIGATOR** | | | | |
| Name: | | | | |
| Title: | | | | |
| Department | | | | |
| Phone: | | | | Mail Code |
| E-mail Address: | | | | |
| **4. MENTOR (required for junior 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)**: | | | | |

PLEASE UPLOAD THIS FACE PAGE AND OTHER DOCUMENTS PER THE APPLICATION INSTRUCTIONS ON THE UC SAN DIEGO CFAR WEBSITE.

***SEE NEXT PAGE.***

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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 |