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| B/F/TAF Program: Request for Novel HIV Research Applications - Letter of Intent |
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| Please answer all sections below and submit the completed form to bftaf-rfa@Gilead.com with the email subject heading “BFTAF LOI – [Principal Investigator Name, Organization Name]. The completed Letter of Intent must be received by Gilead by **May 10, 2019**. Letters received after this date will not be accepted for consideration. If you have any questions about the application form, please ask your local Gilead Medical Scientist or email bftaf-rfa@Gilead.com.  |
| **Investigator/Institution Information** |
| Organization/Institution Name  |  |
| Principal Investigator |  |
|  Degree/Title(s) |  |
|  Department |  |
|  Address |  |
|  City, State, Zip/Province, Postal Code |  |
|  Country |  |
|  Website Address (if available) |  |
|  Telephone  |  |
|  Email |  |
|  Is your organization/institution an existing  Gilead grantee? |  **[ ]** Yes **[ ]** No

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| If yes, please explain: |  |

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|  Has your organization/institution applied for  or received funding from Gilead in the past?  | **[ ]** Yes **[ ]** No

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| If yes, please explain: |  |

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| **Executive Summary** |
| Project Title (Do not exceed 25 words) |  |
| Estimated Budget Requested from Gilead *Must not exceed $500,000 USD. Must include  overhead costs and all applicable taxes if  applicable. Overhead in excess of 30% will* ***not*** *be approved.* |  |
|  List of other Supporters to the Project(Include name and amount in USD currency) |  |
|  Request Type |  **[ ]** Clinical Research **[ ]** Modelling/ Simulation **[ ]**  Epidemiology **[ ]** Other |
|  Abstract (Do not exceed 200 words) |
|  |
| **Letter of Intent Details** |
|  |  **Organization/Institution Description (eg, academic institution)** (Do not exceed 50 words) |
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| 1. **Research Plan (Entire plan overview should not exceed two pages)**
* *Provide an abbreviated proposal overview including background/ rationale, preliminary studies (if applicable), specific aims, design, and scalability -sustainability (if relevant)*
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| 1. **Biographical Sketches**
	* *Use the NIH biosketch format in Appendix A to provide abbreviated bio sketches for the principal investigator and up to two additional key co-investigators or collaborators, if applicable*
	* *An example can be provided upon request*
	* *Online access to these documents can be found at the following hyperlink:*

[*http://grants.nih.gov/grants/funding/424/index.htm*](http://grants.nih.gov/grants/funding/424/index.htm) |
| **By entering my name below, I hereby certify that the above statements are true and correct to the best of my knowledge.** |  |
| Name & Title Date |  |
|  |  |

**APPENDIX A**

OMB No. 0925-0001 and 0925-0002 (Rev. 10/15 Approved Through 10/31/2018)

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:

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 DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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*A sample Biographical Sketch may be provided upon request to help complete Sections A, B, C, and D (these forms can also be found at* [*http://grants.nih.gov/grants/funding/424/index.htm*](http://grants.nih.gov/grants/funding/424/index.htm)*):*

1. **Personal Statement**
2. **Positions and Honors**
3. **Contribution to Science**
4. **Research Support**