



Providence/Boston CFAR
International Research Developmental Application
 Applications due January 10, 2022

International Principal Investigator

First Name:	Last Name:	Academic Title:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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International Institution:	Department/Division:
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Mailing Address:	E-mail:
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Phone:	Fax:	ERA Commons ID:
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CFAR Collaborator/Mentor (Brown or Boston University Faculty Member)

Name of CFAR Collaborator:	Title:
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Institution:	Department/Division:
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Email:	Phone:	Fax:	ERA Commons ID:
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Project Information

Project Title:

Type of Application:	<input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Initial AIDS Research Project <input type="checkbox"/> Pilot Project
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FOREIGN Dollar Award Amount: \$	US Dollar Award Amount: \$
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Performance Site:
Country:

IRB

Foreign IRB/Ethics Approval Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> IRB Application Pending <input type="checkbox"/> IRB Approval letter Attached Foreign IRB# _____ Approval Date _____	Federal wide Assurance (FWA) for Foreign Performance Sites(s): <input type="checkbox"/> FWA Number(s) _____ <input type="checkbox"/> Pending (to be forwarded when obtained)
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<p>Please check all that apply</p> <input type="checkbox"/> Animal Subjects <input type="checkbox"/> Biohazardous Material <input type="checkbox"/> Human Subjects <input type="checkbox"/> Recombinant DNA <input type="checkbox"/> Other _____	<p>If you checked human subjects, please certify that you have utilized the NIH decision tree in determining that your proposed study would NOT be considered a clinical trial according to the new NIH policy.</p> <p><input type="checkbox"/> I certify that this proposed study is NOT a clinical trial.</p> <p><i>Clinical trials CANNOT be funded by CFAR. Any application that is received and is considered a clinical trial will be withdrawn prior to review.</i></p>
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If applicable, describe how human subject protection will be maintained (e.g. informed consent, confidentiality, etc.)

Describe the CFAR Cores that will be used and the type of support that will be provided (*you are strongly encouraged to utilize the CFAR cores for your research project*):

Checklist for required attachments:

- Abstract
- Budget/Budget Justification (include separate budget for each site)
- Future Outside Funding Statement
- Alignment with NIH HIV/AIDS Priorities Statement
- Biosketches for PI, mentor, collaborators, etc.
- Research Plan
- Timeline
- References
- Letters of Support:
 - Chair/Chief (required)
 - Mentor
 - Collaborators
 - Data Sharing

Certifications and Authorizations:

I agree to accept responsibility for the scientific conduct of this project and to comply with the procedures of the Providence/Boston CFAR in providing progress reports as requested in the application instructions. I also agree to acknowledge the Providence/Boston CFAR support in publications and presentations, which may result from this project.

Principal Investigator Signature:

Date:

Certifications and Authorizations:

I certify that I have the time and expertise to provide mentorship to this applicant. I have provided expertise in the development of the application and ensure that all required documents are provided for the review committee. If awarded, I will be responsible for working with the awardee in completing and reviewing the required supplemental documentation for accuracy as required by NIH and that all required documents are submitted in a timely manner, including obtaining the necessary domestic IRB approval for the project.

CFAR Collaborator/Mentor Signature:

Date:

Certifications and Authorizations:

I certify that the applicant meets all eligibility criteria to submit this proposal and that an appropriate CFAR collaborator has been named. If awarded, I will ensure that the appropriate IRB paperwork is submitted in a timely manner by the Principal Investigator.

In-country contact Signature:

Date:

In-country contact name (print):

US contact Signature:

Date:

US contact contact name (print):

**Providence/Boston Center for AIDS Research
International Research Developmental Application**

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ABSTRACT

Principal Investigator (Last, First, Middle):

PROJECT SUMMARY - describing the research (500 words or less):

PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page)

Project/Performance Site Primary Location

Organizational Name:

DUNS:

Street 1:

Street 2:

City:

County:

State:

Province:

Country:

Zip/Postal Code:

Project/Performance Site Congressional Districts:

Additional Project/Performance Site Location

Organizational Name:

DUNS:

Street 1:

Street 2:

City:

County:

State:

Province:

Country:

Zip/Postal Code:

Program Director/Principal Investigator (Last, First, Middle):

SENIOR/KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first.

Name	eRA Commons User Name	Organization	Role on Project

OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project

Human Embryonic Stem Cells No Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp>. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

BUDGET - INTERNATIONAL SITE (INDIRECT COSTS ARE NOT ALLOWED)

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY	FROM	THROUGH
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List PERSONNEL (*Applicant organization only*)
 Use Cal, Acad, or Summer to Enter Months Devoted to Project
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnth	Acad. Mnth	Summer Mnth	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							

SUBTOTALS →

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CONSULTANT COSTS	
EQUIPMENT (<i>Itemize</i>)	
SUPPLIES (<i>Itemize by category</i>)	
TRAVEL	
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
ALTERATIONS AND RENOVATIONS (<i>Itemize by category</i>)	
OTHER EXPENSES (<i>Itemize by category</i>)	

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (<i>Item 7a, Face Page</i>)		\$
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	Not allowed
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD		\$

BUDGET- US SITE (INDIRECT COSTS ARE NOT ALLOWED)

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY	FROM	THROUGH
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List PERSONNEL (*Applicant organization only*)
 Use Cal, Acad, or Summer to Enter Months Devoted to Project
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							

SUBTOTALS →

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CONSULTANT COSTS	
EQUIPMENT (<i>Itemize</i>)	
SUPPLIES (<i>Itemize by category</i>)	
TRAVEL	
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
ALTERATIONS AND RENOVATIONS (<i>Itemize by category</i>)	
OTHER EXPENSES (<i>Itemize by category</i>)	

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (<i>Item 7a, Face Page</i>)		\$
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	Not allowed
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD		\$

BUDGET JUSTIFICATION

Explain the purpose of each expense in the budget and describe the role of each person (paid or unpaid) who is listed under Personnel. You may use more than one page if needed

FUTURE OUTSIDE FUNDING STATEMENT

Include a statement of how the awarding of the international developmental grant will enhance chances for outside funding. For established investigators applying for Pilot Awards, please provide an additional statement addressing how the CFAR international developmental application avoids duplication of any current NIH funded research or International Agency (USAID, UNAIDS, WHO, etc.) funding. ***Please delete instructions before submitting your proposal.***

ALIGNMENT WITH NIH HIV/AIDS RESEARCH PRIORITIES

Include a paragraph of how the developmental grant application addresses the NIH HIV/AIDS Research Priorities. The NIH has developed a series of guidelines for determining whether a research project has a high-, medium-, or low-priority for receiving AIDS designated funding. Since subsequent NIH awards are contingent on these priorities, it is important that developmental applications describe which of the priority areas the application addresses. (Please review the [NIH HIV/AIDS Research Priorities](#)) ***Please delete instructions before submitting your proposal.***

RESEARCH PLAN (Starting with this page, describe your research plan, following the outline below. There is a **four-page** limit. *Please delete instructions before submitting your proposal.*)

Maximum 4 pages which should include the following:

- a. Specific Aims (1/2 page)
- b. Significance (background) (1/2 – 1 page)
- c. Preliminary data (1/2 – 1 page)
- d. Approach (Experimental design and methods) (2 pages), which should include appropriate analytical program for the proposal and data transfer plan, as appropriate.

Excluded from 4-page limit:

- e. 12-month timeline – must include table with expected timeline of completion
- f. References

BIOGRAPHICAL SKETCHES (International Principal Investigator, CFAR Collaborator(s) and all co-investigators must be included).

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2. Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME		POSITION TITLE	
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY

NOTE: The Biographical Sketch may not exceed four pages. Follow the formats and instructions below. (Please delete the section instructions before submitting your proposal)

A. Personal Statement

Briefly describe why you are well-suited for your role(s) in this project. 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/or your past performance in this or related fields.

You may cite up to four publications or research products that highlight your experience and qualifications for this project. Research products can include audio or video products; conference proceedings such as meeting abstracts, posters or other presentations; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware.

B. Positions and Honors

List in chronological order positions held since the completion of your most recent degree, concluding with your present position. High school students and undergraduates may include any previous positions. For individuals, such as fellowship applicants or career development award candidates, who are not currently located at the applicant organization, include the expected position at the applicant organization, with the expected start date.

C. Contribution to Science

Briefly describe up to five of your most significant contributions to science. While all applicants may describe up to five contributions, graduate students and postdoctorates are encouraged to consider highlighting two or three they consider most significant. Descriptions may include a mention of research products under development, such as manuscripts that have not yet been accepted for publication.

D. Research Support

List your current research support including the sponsor, title, grant period, percentage effort and a brief description of the project.

APPENDIX

Letters of Support

- Academic Department Chief or Chair (required)
- Mentor– Letter must acknowledge acceptance of mentor time commitments essential to the monitoring process. If primary mentor is providing guidance to more than one applicant within the cycle, the letter of support must describe the mentor's ability and capacity to advise multiple applicants.
- Collaborators (if appropriate)
- Data Sharing: If you are utilizing data from another source for this proposal, please include a letter of support from the individual/institution providing the data stating that all relevant approvals have been or will be provided in a timely manner.

All Letters should be addressed to: CFAR Review Committee, Providence/Boston Center for AIDS Research, 164 Summit Avenue, CFAR Building, Room 134, Providence, RI 02906