	Providence/Boston Center for AIDS Research **Application for Developmental Research Funds**	**Date:**

DEMOGRAPHIC INFORMATION

First Name:	**Last Name:**	**Degree:**	☐ Male ☐ Female

Academic Title:			

Institution:	**Department/Division:**

Mailing Address:	**E-mail:**

Phone:	**Fax:**

PROJECT INFORMATION

Project Title:

Key Words: (*Maximum of 4*)

Type of Application:

Select one:
☐ New   **OR**   ☐ Resubmission

Select one:
☐ Initial AIDS Research Project (Mentor required)

    Name of Mentor: _____ E-mail: _____

☐ Pilot Project (Mentor required)

    Name of Mentor: _____ E-mail: _____

☐ Collaborative Project

    Name of Collaborator(s): _____E-mail: _____

International Project: ☐ Yes ☐ No If yes, complete boxes to the right.	**Foreign IRB/Ethics Approval:** ☐ Yes ☐ No ☐ IRB Approval letter attached _____ _____ Foreign IRB# Approval Date	**Federal wide Assurance (FWA) for Foreign Performance Sites(s):** ☐ FWA Number(s) _____ ☐ Pending (to be forwarded when obtained)

Please check all that apply to your proposal:	If you checked **human subjects,** please certify that you have utilized the <u>NIH decision tree</u> in determining that your proposed study would NOT be considered a clinical trial according to the new NIH policy.
☐ Animal Subjects ☐ Biohazardous Material ☐ Human Subjects ☐ Recombinant DNA ☐ Other_____	☐ **I certify that this proposed study is NOT a clinical trial.** *Clinical trials CANNOT be funded by CFAR. Any application that is received and is considered a clinical trial will be withdrawn prior to review.*

If applicable, describe how human subjects' 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*):

Please check the boxes below which best describe your investigator status:

☐ New investigator (no previous independent NIH funding – i.e. R01)

☐ New to HIV/AIDS research (has NIH funding in another area)

☐ Individual from racial/ethnic groups that are underrepresented (African Americans, Hispanics, American Indians, Alaska Natives, Native Hawaiians, Pacific Islanders); individual with disabilities; individual from disadvantaged backgrounds (see <u>NOT-OD-20-031</u> for more detailed information).

☐ Other _____

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

☐ Community Engagement Plan

☐ Timeline

☐ References

☐ Letters of Support:

     ☐Chair/Chief (required) ☐ Mentor ☐ Collaborators ☐Data Sharing ☐ International sites/collaborators

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 Providence/Boston CFAR support in publications and presentations, which may result from this project.

Principal Investigator Signature:	**Submission Date:**

Providence/Boston Center for AIDS Research
Developmental Application

ABSTRACT

Program Director/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:
Project/Performance Site Congressional Districts:		

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

DETAILED BUDGET FOR INITIAL BUDGET PERIOD
DIRECT COSTS ONLY

FROM	THROUGH

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 ⟶								

CONSULTANT COSTS

EQUIPMENT *(Itemize)*

SUPPLIES *(Itemize by category)*

TRAVEL

INPATIENT CARE COSTS

OUTPATIENT CARE COSTS

ALTERATIONS AND RENOVATIONS *(Itemize by category)*

OTHER EXPENSES *(Itemize by category)*

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	

SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)* | $

CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	

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 developmental grant will enhance chances for outside funding. For established investigators applying for Pilot Awards, please provide an additional statement addressing how the CFAR developmental application avoids duplication of any current NIH funded research. *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 must include the following components:
- a.   Specific Aims (1/2 page)
- b.   Significance (background) (1/2 – 1 page)
- c.   Preliminary data (1/2 – 1 page) – describe how your proposed project can be accomplished and is likely to have a high impact.
- 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.   Community Engagement Plan, if human subject research is proposed (limit 100 words) – see application [instructions and guidelines](#) for specific information regarding this component.
- f.   12-month timeline – must include table with expected timeline of completion
- g.   References

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

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 postdocs 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.

LETTERS OF SUPPORT

- <u>Academic Department Chief or Chair</u> (required)

- <u>Mentor</u> (required if submitting an Initial HIV/AIDS or pilot project) – Letter must acknowledge departmental support for applicant by the department and acceptance of mentor time commitments essential to the monitoring process.

- <u>Collaborators</u> (if appropriate)

- <u>Data Sharing</u>: 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.

- <u>International Applications</u> **-** If your project involves a foreign component or takes place in a foreign institution, please include a letter of collaboration from the foreign institute stating that the project has been initially reviewed and international IRB/IREC approval 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