**The HIV Accessory and Regulatory Complexes Center**

|  |
| --- |
| **2023 Collaborative Development Awards Research Application** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. TITLE OF PROJECT | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **2. PRINCIPAL INVESTIGATOR** | | | | | | | |  | | | | |
| 2a. NAME (Last, first, middle) | | | | | | | | 2b. DEGREE(S) | | | |  |
|  | | | | | | | |  |  |  | |  |
| 2c. POSITION TITLE | | | | | | | |  | | | | |
| 2d. INSTITUTION | | | | | | | |
| E-MAIL ADDRESS OF PI: | | | | | | | | E-MAIL ADDRESS OF MENTOR: | | | | |
|  |  | | |  |  | | |  | | | | |
| 3. HUMAN SUBJECTS  RESEARCH\*  No  Yes | | | 3a.IRB number | | | | | 4. VERTEBRATE ANIMALS  No  Yes | | | | |
|  | |  | | | 4a. If “Yes,” IACUC approval  Date and protocol | | |  | |
|  | | |  | | |  | |  | | |  | |
| 5. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | | | | | | | 6. COSTS REQUESTED FOR BUDGET PERIOD | | | | | |
| From | | Through | | | | | 6a. Total Costs ($) | | | | | |
| 5/1/2023 | | 4/30/2024 | | | | |  | | | | | |

|  |
| --- |
| \* Note: For human and animal studies IRB or IUCAC approval is required prior to the start of the research (but not necessarily at time of the submission).  PERSONAL STATEMENT: |
|  |
|  |

Cover Sheet **Form Page 1**

|  |
| --- |
|  |
| **PROJECT ABSTRACT** |

|  |
| --- |
|  |
| **SPECIFIC AIMS** (1 page maximum) including a justification  **Font Requirement: Requires the use of Arial and a font size of 11 points** |

|  |
| --- |
|  |

**SCIENTIFIC APPROACH (**6 page maximum) including: Significance/Innovation; Approach & Preliminary Data; and Milestones.

**Font Requirement: Requires the use of Arial and a font size of 11 points or larger. Font size of 10 points may be used for figure legends.**

**ELIGIBILITY STATEMENT (**1 page maximum)

**REFRENCES**

|  |
| --- |
| **BIOGRAPHICAL SKETCHES OF KEY PERSONNEL** (NIH FORMAT) *Use continuation pages as needed* to provide the required information. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | |
| DETAILED BUDGET FOR INITIAL BUDGET PERIOD | | | | | | | | FROM | | THROUGH | | |
|  | |  | | |
| PERSONNEL *(Applicant organization only)* | | | |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | |
| NAME | | ROLE ON PROJECT | | TYPE APPT. *(months)* | EFFORT ON PROJ. | INST. BASE SALARY | SALARY REQUESTED | | FRINGE BENEFITS | | | TOTAL |
|  | | Principal Investigator | |  |  |  |  | |  | | |  |
|  | |  | |  |  |  |  | |  | | |  |
|  | |  | |  |  |  |  | |  | | |  |
|  | |  | |  |  |  |  | |  | | |  |
|  | |  | |  |  |  |  | |  | | |  |
|  | |  | |  |  |  |  | |  | | |  |
|  | |  | |  |  |  |  | |  | | |  |
| SUBTOTALS | | | | | | |  | |  | | |  |
|  | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | |  |
| TRAVEL | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | |  | | | | | | | | |  |
| OUTPATIENT | |  | | | | | | | | |  |
|  | | | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | |  |
| DIRECT COSTS FOR BUDGET PERIOD | | | | | | | | | | | $ |  |
| INDIRECT COSTS FOR BUDGET PERIOD | | | | | | | | | | | $ |  |
| TOTAL COSTS FOR BUDGET PERIOD | | | | | | | | | | | $ |  |

# BUDGET JUSTIFICATION

# FACILITIES/RESOURCES