**The HIV Accessory and Regulatory Complexes Center**

| **2024 Collaborative Development Awards Research Application** |
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| 1. TITLE OF PROJECT       |
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|  |
| **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 ($) |
| 5/1/2024 | 4/30/2025 |  |

| \* 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: |
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Cover Sheet **Form Page 1**

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| **PROJECT ABSTRACT** |

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

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**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.  |
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| DETAILED BUDGET FOR INITIAL BUDGET PERIOD | FROM | THROUGH |
|       |       |
| PERSONNEL *(Applicant organization only)* |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | TYPEAPPT.*(months)* | EFFORTONPROJ. | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PrincipalInvestigator |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
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| **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