



RESEARCH GRANT OPPORTUNITIES International Research on HIV/AIDS



The UCLA CFAR/AIDS Institute and UCLA Center for World Health are accepting seed grant proposals to fund global HIV prevention, clinical, and policy research. The objective is to provide pilot funding for projects that foster collaboration between UCLA and scientists from low- and middle-income countries, in order to stimulate HIV/AIDS research in these countries.

Funding level: \$25,000 to \$50,000

Deadline for receipt of Letters of Intent: October 2, 2017

Applicants whose Letters of Intent are favorably reviewed will be invited to submit a formal proposal. Formal proposals will then be due by **December 11, 2017**.

The project period will be two years, with the earliest start date of February 2018.

Investigator Eligibility

Applicants are strongly encouraged to confirm eligibility as an investigator and the eligibility of your proposal as early as possible prior to submission. You may do so by contacting Greg Szekeres at gszekeres@mednet.ucla.edu.

Investigators applying for seed grants must be:

- Faculty or fellow (to be appointed to faculty), at UCLA, affiliated institution, or collaborating community-based organization or an emerging fellow (to be appointed to faculty)
- An established faculty member who wants to move toward a new area in international HIV research
- All AIDS investigators newly recruited to the UCLA faculty, less than 36 months at UCLA or without previous R01 support (or equivalent) must identify a senior faculty mentor to serve as co-PI (without salary).

Note that dissertations are not eligible for this RFA.

Funding Criteria

- The Institute is accepting research proposals in AIDS areas that address one of the 8 NIH High Priority Topics of research support using AIDS designated funds:
 1. Reducing Incidence of HIV/AIDS including: developing and testing promising vaccines, developing and testing microbicide and pre-exposure prophylaxis candidates and methods of delivery, especially those that mitigate adherence issues; and developing, testing, and implementing strategies to improve HIV testing and entry into prevention services.
 2. Next generation of HIV therapies with better safety and ease of use including: developing and testing HIV treatments that are less toxic, longer acting, have fewer side effects and complications, and easier to take and adhere to than current regimens. Additionally, implementation research to ensure initiation of treatment as soon as diagnosis has been made, retention and engagement in these services, and achievement and maintenance of optimal prevention and treatment responses.
 3. Research toward a cure including: developing novel approaches and strategies to identify and eliminate viral reservoirs that could lead toward a cure or lifelong remission of HIV infection, including studies of viral persistence, latency, reactivation, and eradication.
 4. HIV-associated comorbidities, coinfections, and complications including: addressing the impact of HIV-associated comorbidities, including tuberculosis, malignancies; cardiovascular, neurological, and metabolic complications; and premature aging associated with long-term HIV disease and antiretroviral therapy.
 5. Cross cutting areas: Basic research, health disparities, and training including:

- Basic Research: understanding the basic biology of HIV transmission and pathogenesis; immune dysfunction and chronic inflammation; host microbiome and genetic determinants; and other fundamental issues that underpin the development of high priority HIV prevention, cure, co-morbidities, and treatment strategies.
 - Research to Reduce Health Disparities in the incidence of new HIV infections or in treatment outcomes of those living with HIV/AIDS.
 - Research Training of the workforce required to conduct High Priority HIV/AIDS or HIV/AIDS-related research.
- Proposed work is in a country classified as low-income or middle-income (either lower-middle-income or upper-middle-income) by the World Bank. See list: <http://data.worldbank.org/about/country-classifications/country-and-lending-groups>
 - Foster development of collaboration between UCLA and in-country institutions.
 - Provide evidence of existing projects on which to build, as well as how the work will interface with other existing projects.
 - Proposals should outline clearly how research funded by the seed grant could be translated into a larger project, particularly an NIH R01 level grant, an R34, an R21 or equivalent funded by a non-governmental source (e.g. amfAR, CIRM, pharmaceutical company, or private foundation).
 - Evidence of investigator productivity will be considered during the review. This includes, but is not limited to evidence of ongoing application for outside funding by PI, funding received as a result of any previous CFAR pilot project, PI publication record especially if applicant is a previous CFAR pilot project recipient.
 - Must agree to have projects monitored and mentored by the UCLA CFAR/AIDS Institute and the UCLA Center for World Health. A mentor/monitor will be assigned to each grant to ensure that it moves along on schedule and that progress is made toward submission of a larger multi-year grant to an extramural funding agency.
 - Although IRB and/or IACUC approval is not required prior to application, release of funding will be contingent on receipt of IRB and/or IACUC approval notice(s).
 - No indirect costs may be included.
 - Grants will be peer reviewed by committee.
 - Progress reports and end of project reports will be required.
 - All successful seed grant recipients will be required to serve as peer reviewers in subsequent funding rounds.
 - Please note that human subjects younger than 18 are classified as children (per NIH guidelines) and additional approvals such as informed consent will be required before funding can be released.

CFAR core facilities are available, on a recharge basis, in these areas: virology, cytometry, humanized mice, gene and cellular therapy, biostatistics, mucosal immunology, and clinical research facilitation (IRB and patient registry). For contact information, please see <http://aidsinstitute.ucla.edu/cfar>

Instructions for Letters of Intent

Letters of intent must be no longer than 2 pages, and must include the following:

- Your name, degrees, and full contact information (email, phone, mailing address)
- Identification of High Priority topic for AIDS research
- Identification of senior faculty mentor to serve as co-PI (if applicant meets criteria for bullet #3 under "Investigator Eligibility" above).
- Brief summary of the proposed research project

- Brief summary of your experience conducting similar research
- Total amount of funding requested
- Must also include NIH biosketch (does not count towards the 2 page limit)

Letters of intent must be received **no later than 4:00 pm on October 2, 2017**. They must be sent via email to Greg Szekeres; Deputy Director, UCLA Center for World Health at: gszekeres@mednet.ucla.edu.

Instructions for formal proposals will then be forwarded to applicants whose letters of intent are approved. Formal proposals will then be due **no later than 4:00 pm on December 11, 2017**.

Successful applicant PIs must provide their NIH Commons ID number. During the award period and for up to ten years post-award, awardees must provide the following information to the UCLA AI/CFAR by November 30 of each year: (1) all publications that resulted from AI/CFAR -supported research with PubMed ID, and (2) all PHS and non-PHS federal support that contributed to or resulted from the AI/CFAR-supported research.

Questions about eligibility, letters of intent, or formal proposals should be directed to Greg Szekeres at gszekeres@mednet.ucla.edu.