RESEARCH GRANT OPPORTUNITIES

Prevention and Implementation Research

The UCLA CFAR and UCLA AIDS Institute are accepting Letters of Intent for this seed grant proposal to fund behavioral science research. The objective is to provide pilot funding for projects that will eventually be submitted to NIH and private funders to fund larger grants.

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

Investigators applying for seed grants must be:

- Faculty (Assistant Research Series and higher), at UCLA affiliated institution
- 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).
- An established scientist who will work in collaboration with a multi-disciplinary team from UCLA or a community affiliate.

Note that dissertation research is not eligible for this RFA.

Funding criteria

- The Institute is accepting prevention and implementation 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: Health disparities, and training including:

        → 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.

- An evaluation of the impact of the intervention or program on behavior change related to HIV/AIDS and/or STI prevention is central to these proposals.
- A focus on HIV/AIDS or STI prevention should include social, socio cultural, behavioral, biomedical or health services research, using established or new technologies such a hand held devices or social media. Inclusion of such technology however needs to address the realities of community organizations to sustain prevention efforts without the active involvement of investigators and outside funding. Secondary analyses are also acceptable.
- Proposals should describe and document the active involvement of community organizations or stakeholders in the development of the proposal and its implementation.
- Investigators should provide evidence of existing projects on which to build, as well as how the work will interface with other existing projects at agencies or universities.
- 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.
- The involvement of junior level investigators who will be mentored through this process, especially those who represent underserved populations or who wish to include these populations in their own research, is encouraged.
- 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.
- No indirect costs may be included.
- This mechanism is for **domestic** projects only.
- Although IRB and/or IACUC approval is not required prior to the submission of the application, release of funding will be contingent on receipt of IRB and/or IACUC approval notice(s).
- 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.
- Presentations of posters at national or international conferences or CHRP supported events along with presentations of published or unpublished findings are strongly encouraged with the grant number of the CFAR funding source acknowledged.

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
- 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 can be sent via post ***or*** email to: UCLA AIDS Institute, 10940 Wilshire Blvd., Ste 960, Los Angeles, CA 90024, *aidsinst@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 4:00pm 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 can be directed to Dr. Gail Wyatt at 310-206-9860 or *gwyatt@mednet.ucla.edu*.