RFP Schedule

- Due Date for Proposals: 5:00PM on Monday, December 4, 2017
- Application Review: December 2017
- Projected Award Date: January 2017
- Period of Award: Award period is 12 months or less

Application Submission Process

Applications should contain the following components in order and be submitted as one complete PDF document. (No SPS Record)

1. The completed CFAR Small Grant Cover Page with signatures.
   2017CFAR.CoverPage

2. The completed CFAR Small Grant Checklist.
   2017CFAR.Checklist

3. A current NIH Biosketch of PIs
   - NIH Notice
   - NIH blank 5 page format page
   - NIH sample

4. A faculty level position is required to apply for a CFAR Small Grant.
   - Applicants on T32 grants are not eligible.
   - Applicants with a current K award must have NIH pre-approval.
     Please discuss your eligibility with the developmental core leaders, Herman Staats or Sallie Permar.

5. Budget and Budget Justification on NIH 398 form pages. Applicants may request up to $60,000 in total direct costs for 1 year.
   - Research effort is allowed on the grant (no admin or clerical). Faculty effort must comply with primary department policy.
   - Sub awards for external collaborations are allowable, but must comply with Duke sub-award policies.
   - Restrictions for the CFAR P30 mechanism. Travel must be specific to the funded project. Travel must be in support of project completion or presenting results from the CFAR Developmental Project Award.

6. Research Proposal using the current NIH R03/R21 format (Specific Aims is limited to 1 page. Research Strategy is limited to 6 pages). The Research Strategy should include sections to address Significance, Innovation and Approach. For a multi-PI application, include a Project Leadership Plan, per NIH guidelines.
7. All applications must include a document addressing the “Authentication of Key Biological and/or Chemical Resources” as discussed in NIH notice NOT-OD-17-068.

8. All applicants must have a letter of support from the CFAR Biostatistics and Computational Biology Core documenting that the Biostatistics and Computational Biology Core has provided a pre-submission statistical/informatics review of your proposal. Please email the BCB Core to schedule a consult.

9. Involvement of CFAR Cores in the proposed research is required when applicable.
   - Immunology Core – Flow Cytometry, Cellular Cytotoxicity, Antibody Binding, etc.
   - Clinical Core – Regulatory Support, Access to Subjects/Data, Community Engagement, etc.
   - Social and Behavioral Sciences Core – Consultation, Peer Review, etc.
   - Biostatistics and Computational Biology Core – Statistical and Bioinformatics support, etc.

Applications should be prepared as a single PDF file, using the proper naming convention (e.g. first initial.lastname.cfar.dec2016), and uploaded directly to: upload.CFAR_Sm.wa5umi9g7e@u.box.com

Simply email your completed Application to the above address. You will receive a confirmation email stating that your upload was successful. If you do not receive a confirmation within a few minutes of submission, your application was not submitted, and you should try again.

Questions concerning the application or submission should be directed to the CFAR Developmental Core inbox.

Funding Pre-Requisites

Projects with an International Component: Start dates for funded awards involving international research will be dependent upon NIH international clearance for the project. Note that no study that involves an international component can be initiated until such clearance is received and a revised Notice of Grant Award is received from the NIH. The CFAR Administrator, Mary Oris, will provide guidance to awardees on this process.

Projects Involving Clinical Trials: Projects involving clinical research (e.g., observational studies or sub-studies using existing data from an ongoing clinical trial) may be funded by the CFAR. Clinical trials that involve testing of biomedical or behavioral interventions, particularly those that involve more than minimal risk, may not be eligible for CFAR funding.
Applicants considering submission of proposals that might be considered clinical trials are strongly encouraged to seek advice from the CFAR Developmental Core Director (herman.staats@duke.edu) before submitting a proposal.

Start dates for funded awards involving clinical research entailing above minimal risk to the subjects will be based on the date that the NIH issues clearance for the project. The CFAR Administrator, Mary Oris, will provide guidance to awardees on this process.

**Conditions of Award**

- Awardees are required to meet with the CFAR Administrative Core within 30 days of receiving the Notice of Award.

- CFAR Developmental Core Small Grant Awards provide funding for a **one year term**. Any extension to the one year term must be approved by the CFAR Developmental Core.

- You will be required to submit a yearly progress report to the CFAR and present a poster presentation of results at the annual CFAR Fall Scientific Retreat.

- You must agree to participate as a reviewer in future CFAR Grant Reviews.

- You must acknowledge CFAR support in all publications and manuscripts derived from CFAR funding. This language is available on the [CFAR website](http://cfar.duke.edu).

- Prior to funding, you must forward a copy of all Institutional Biohazard, Animal Care and IRB approvals to the CFAR Administrator. If the pilot involves human subjects and the institutional IRB Committee has deemed the study "more than minimal risk", you must submit an Implementation Plan before funding is released.

- All junior faculty awardees (i.e. Instructor or Assistant Professor) and researchers new to HIV/AIDS will be required to have a CFAR Mentoring Plan.

**Review Process**

Applications will be reviewed by the CFAR Review Committee that will be comprised of highly-qualified scientific leaders within the Duke CFAR and will be appointed by the CFAR leadership. If necessary, the Review Committee may request outside expertise to evaluate the scientific merit of a proposal.
The Committee will review the application based on the following criteria:

- NIH Next Generation Researchers Policy
- NIH HIV/AIDS Priority Areas
- Overall scientific merit, level of innovation, and relevance of the proposal to AIDS research.
- Utilization of Duke CFAR Cores
- Potential for generating independent funding
- Potential for drawing investigators from other fields into AIDS research
- Potential for developing new interactions between or among CFAR investigators.

Awardees will be notified in writing. All applications are subject to NIH approval and all applicants will receive a written review of their proposals, regardless of funding.

**Duke University Center for AIDS Research Mission**

The principal mission of the Duke Center for AIDS Research (CFAR) is to establish, enrich, and provide continued infrastructure support to an academic research environment that will effectively promote collaboration and coordination among the community of HIV/AIDS investigators at Duke and its principal international research partners at the Kilimanjaro Christian Medical Center (KCMC) in Moshi, Tanzania, thereby enhancing both the quality and quantity of their collective significant global contributions to the field.

The **CFAR program is co-funded by:**
- National Institute of Allergy and Infectious Diseases (NIAID)
- *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD)
- National Institute of Aging (NIA)
- National Institute of Dental and Craniofacial Research (NIDCR)
- National Institute on Drug Abuse (NIDA)
- National Cancer Institute (NCI)
- National Heart, Lung, and Blood Institute (NHLBI)
- National Institute of Mental Health (NIMH)
- National Institute of General Medical Sciences (NIGMS)
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
- National Institute on Minority Health and Health Disparities (NIMHD)
- Fogarty International Center at the National Institutes of Health (FIC)
- Office of AIDS Research (OAR)

The CFAR program emphasizes the importance of interdisciplinary collaboration, especially between basic and clinical investigators, translational research in which findings from the laboratory are brought to the clinic and vice versa, and an emphasis upon inclusion of minorities and of prevention and behavioral change research.