The UCLA AIDS Institute and Center for AIDS Research (CFAR) are accepting applications for seed grants to fund clinical therapeutics and biomedical prevention studies with special emphasis on collaborative and multi-disciplinary studies. The UCLA AI/CFAR and other private sources will fund these seed grants. Higher priority will be considered for NIH defined Early Stage and New Investigators (see Funding Criteria below).

Funding level: $30,000

Deadline for receipt of Letters of Intent: January 11, 2019
 Applicants whose Letters of Intent are favorably reviewed will be invited to submit a formal proposal. Formal proposals will then be due by March 11, 2019.

The project period will be two years, with the earliest start date of April 2019 pending renewal of the Los Angeles CFAR by NIH.

Investigator Eligibility

- Applicants must have UCLA Principal Investigator Status or be eligible for an exemption per UCLA Policy 900: Principal Investigator Eligibility. If qualifying via an exemption, you will need to submit a letter from your Department Chair verifying eligibility.

- All NIH defined Early Stage and New Investigators, and all applicants newly recruited to the UCLA faculty (less than 36 months at UCLA) must identify a senior faculty mentor to serve as Co-PI (without salary).

- All NIH defined Early Stage and New Investigators must justify a career path to independence, especially if the applicant does not have lab space assigned in their name in the letter of intent.

- Associate and Full professors are not eligible to apply for seed grant awards unless the applicant is new to the field of HIV or is proposing innovative and novel areas of research that are not an extension of current research. This must be fully justified in the Letter of Intent.

- Previous seed grant awardees may reapply with NEW projects, however as described below under Funding Criteria, productivity on prior seed grants will be considered as part of the review process.

Note that dissertation research is not eligible for this RFA.

Funding Criteria

- The Institute is accepting clinical research proposals in AIDS areas that include studies on the clinical manifestations of HIV and its associated diseases, their treatment or complications of therapy, clinical observational studies, retrospective or prospective clinical outcomes research, treatment interventions or epidemiology studies with a clear clinical focus. Basic laboratory studies, preclinical investigations and social or group observational or interventional studies are not supported by this RFA.

- 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).

- The proposal must address one of the 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.
  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 clinical studies of viral persistence, latency, reactivation, and eradication. Basic research into mechanisms of viral persistence, latency, reactivation and eradication are not eligible under this RFA.

4. HIV-associated comorbidities, coinfections, and complications including: HIV-associated comorbidities, including tuberculosis, malignancies; cardiovascular, neurological, and metabolic complications; and premature aging associated with long-term HIV disease and antiretroviral therapy.

• 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.

• Grants that fall into one of the following categories will be given higher priority when funds are limited:
  1. Funds for NIH defined Early Stage and New Investigators, and for newly recruited UCLA faculty (less than 36 months at UCLA) who are eligible to hold Principal Investigator Status or are eligible for an exemption per UCLA Policy 900: Principal Investigator Eligibility.
  2. Multi-disciplinary projects that involve novel collaborations involving two or more faculty members from clearly distinct disciplines. The application must demonstrate that:
     → Each party's contribution to the collaboration comes from expertise in distinct disciplines without overlapping areas of research or technical know-how.
     → A substantial contribution is made by each party in the collaboration (for example, simple provision of reagents or advice by one party would not qualify)
     → The work could not be performed effectively without the collaboration.
  3. Bridge funding for existing externally funded projects, which will have lost ongoing grant support prior to the start date of the proposed seed grant, and for which a competing renewal application is submitted or is in preparation.

Applications not meeting the above criteria will be returned without review.

• Although IRB approval is not required prior to application, release of funding will be contingent on receipt of IRB approval for proposed project.

• 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.

• 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.

Core facilities are available, on a recharge basis, in these areas: virology, cytometry, humanized mice, gene and cellular therapy, biostatistics, mucosal immunology, clinical research facilitation (IRB and patient registry). For contact information, please see https://www.uclahealth.org/aidsinstitute/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)
• Justification of eligibility including discussion of career path to independence if appropriate as outlined above
• Letter from Department Chair if required per Investigator Eligibility
• 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 January 11, 2019.** They can be sent via post or email to: UCLA AIDS Institute, 11075 Santa Monica Blvd., Ste. 100, Los Angeles, CA 90025, 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 March 11, 2019.**

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 can be directed to Jina Lee, jinalee@mednet.ucla.edu, 310.794.5335**