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| HIV/HCV No Co-Infection (NoCo) Program:  Micro-Elimination of HCV in HIV-Infected Populations - Letter of Intent | | |
|  | | |
| Please answer all sections below and submit the completed form to [NoCo@Gilead.com](mailto:NoCo@Gilead.com) with the email subject heading “HIV/HCV NoCo LOI – [Principal Investigator Name, Organization Name]. The completed Letter of Intent must be received by Gilead by **August 20, 2018**. Letters received after this date will not be accepted for consideration. If you have any questions about the application form, please ask your local Gilead Medical Scientist or email [NoCo@Gilead.com](mailto:NoCo@Gilead.com). | | |
| **Investigator/Institution Information** | | |
| Organization/Institution Name | |  |
| Principal Investigator | |  |
| Degree/Title(s) | |  |
| Department | |  |
| Address | |  |
| City, State, Zip/Province, Postal Code | |  |
| Country | |  |
| Website Address (if available) | |  |
| Telephone | |  |
| Email | |  |
| Is your organization/institution an existing  Gilead grantee? | | Yes No   |  |  | | --- | --- | | If yes, please explain: |  | |
| Has your organization/institution applied for  or received funding from Gilead in the past? | | Yes No   |  |  | | --- | --- | | If yes, please explain: |  | |
| **Executive Summary** | | |
| Project Title  (Do not exceed 25 words) | |  |
| Estimated Budget Requested from Gilead  *Must not exceed $600,000 USD. Must include   overhead costs and all applicable taxes if   applicable. Overhead in excess of 30% will* ***not*** *be approved.* | |  |
| List of other Supporters to the Project  (Include name and amount in USD currency) | |  |
| Request Type | | Clinical Research Modelling/ Simulation  Epidemiology Other |
| Abstract (Do not exceed 200 words) | | |
|  | | |
| **Letter of Intent Details** | | |
|  | **Organization/Institution Description (eg, academic institution)**  (Do not exceed 50 words) | |
|  | | |
| 1. **Research Plan (Entire plan overview should not exceed two pages)**  * *Provide an abbreviated proposal overview including background/ rationale, preliminary studies (if applicable), specific aims, design, and scalability -sustainability (if relevant)* | | |
|  | | |
| 1. **Biographical Sketches**    * *Use the NIH biosketch format in Appendix A to provide abbreviated bio sketches for the principal investigator and up to two additional key co-investigators or collaborators, if applicable*    * *An example can be provided upon request*    * *Online access to these documents can be found at the following hyperlink:*   [*http://grants.nih.gov/grants/funding/424/index.htm*](http://grants.nih.gov/grants/funding/424/index.htm) | | |
| **By entering my name below, I hereby certify that the above statements are true and correct to the best of my knowledge.** | | |  |
| Name & Title Date | | |  |
|  | | |  |

**APPENDIX A**

OMB No. 0925-0001 and 0925-0002 (Rev. 10/15 Approved Through 10/31/2018)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | Completion Date  MM/YYYY | FIELD OF STUDY |
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*A sample Biographical Sketch may be provided upon request to help complete Sections A, B, C, and D (these forms can also be found at* [*http://grants.nih.gov/grants/funding/424/index.htm*](http://grants.nih.gov/grants/funding/424/index.htm)*):*

1. **Personal Statement**
2. **Positions and Honors**
3. **Contribution to Science**
4. **Research Support**