|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | **No Co-Infection (NoCo) Program**:  HCV Elimination in HIV-Infected Populations  Letter of Intent |  | | |
|  | |
| Please answer all sections below and submit the completed form (as a MS Word document) to [NoCo@Gilead.com](mailto:NoCo@Gilead.com) with the email subject heading “**NoCo LOI – [Principal Investigator Name, Organization Name, Country]**” by **August 9, 2019**. Letters received after this date will not be accepted for consideration. If you have questions about this 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 |  |
| Telephone |  |
| Email |  |
| Description of Organization/Institution | Hospital  Academic Research  Government Entity  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Does your organization/institution have an  active grant from Gilead? | Yes No   |  |  | | --- | --- | | If yes, please explain; include program name(s) |  | |
| Has your organization/institution applied for  or received funding from Gilead in the  past? | Yes No   |  |  | | --- | --- | | If yes, please explain; include program name(s) |  | |
| **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. Overhead in excess of 30% will* ***not*** *be approved.* |  |
| Funding Requested from Other Sources?  *If yes, include name and amount in USD.* |  |
| Study Design (check all that apply) | Prospective Retrospective  Observational Interventional  Modelling  Implementation |
| Study Population (check all that apply) | * Children/Adolescents      * Children * Clinic or Health System * Corrections * Homeless * Men who have sex with men * Mental health conditions * Migrants * Minorities * Older adults * People on HIV PrEP * Poverty * Rural communities * Sex workers * Substance use disorders * Transgender * Urban cities * Women      * Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Study Topics (check all that apply) | * Access to health care services * Collocation of care (harm reduction, social services, etc) * Correction settings * Cost effectiveness * Diagnosis algorithm * Harm-reduction measures * Integrating models in hardest-to-treat populations * Interventions by HCPs and/or technology * Joined efforts within networks and organizations * Rapid treatment initiation * Re-infection * Screening * Stigma * Transmission networks * Other: Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Abstract (Do not exceed 200 words) | |
|  | |
| **Research Plan** | |
| **Provide your responses to Questions 1 through 5 below. Please limit your response to 1,000 words.**  **References do not count toward the word count.**   1. *Background/ scientific rationale* 2. *Specific study objectives* 3. *Research methods/ study design/ analytic considerations including sample size* 4. *Potential impact of the research project* 5. *Study duration (in months)*   **If relevant, include preliminary studies and scalability/sustainability of the project** | |
|  | |
| 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**