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| **No Co-Infection (NoCo) Program**: HCV Elimination in HIV-Infected PopulationsLetter of Intent |  |

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| Please answer all sections below and submit the completed form (as a MS Word document) to 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.  |
| **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

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| If yes, please explain; include program name(s) |  |

 |
|   Has your organization/institution applied for  or received funding from Gilead in the  past?  | **[ ]** Yes **[ ]** No

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| If yes, please explain; include program name(s) |  |

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| **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 DateMM/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**