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**HPTN Scholars Program Application Checklist**

*\*Domestic Program applicants use “DSP13” as document prefix.*

*\*International Program applicants use “ISP8” as document prefix.*

**Application**

Scholars Program Application

* Use “lastname\_Application *[DSP13] or [ISP8] “*
* This should be in .**pdf** format

Additional copy of project proposal

* Use “lastname\_Project Proposal *[DSP13] or [ISP8]* ”
* This should be in **Word** (.**doc)** format

**PHS 398 proposal** (a proposal package used by the U.S. NIH for new grants). The file should be all one .pdf and should be titled “lastname\_PHS 398 *[DSP13] or [ISP8]* ”. It should include:

**Signed** Face Page

Detailed budget

* + This consists of Form Page 4 – two total detailed budgets:
  + One for the first six-month (6) funding period (6), **01 June 2023 through 30 November 2023**
  + One for the following twelve-month funding period, **01 December 2023 through 30 November 2024)**

Budget justification for each period of performance

* + This should be listed on the “Continuation Format Page” (which is a written justification of Attachment 1, in next section, below)
  + Justifications should be very detailed and thorough; use a separate justification for each funding period (total=2)

Biographical Sketch format page(s)

PHS 398 Other Support page

Checklist Form Page

Include a copy of your institutional Negotiated Indirect Cost Recovery Agreement (NICRA) – *Domestic*

*Applicants Only*

**Budget** (in .**pdf**, titled “lastname\_Attachment 1 *[DSP13] or [ISP8]* ”) - must be customized for the applicant’s situation and encompass:

* Salary support of 10% to 30%
* Fringe benefits as per the Scholar’s institution of origin
* Travel to the mentor’s location (local or out-of-town, depending on the location of the site and the home of the Scholar)
* Travel to two HPTN Annual meetings in 2023 and 2024 (3-9 June 2023 and 15-19 June 2024)

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* Travel to one other professional meeting
* Travel to networking and skills-building training (date TBA; Seattle, WA)
* Scholar-related expenses up to $2,250/year that may include books, software, communication, photocopying, and/or a computer or related hardware

**Additional information:**

Verification of current human subjects protection (HSP)

* Use “lastname\_GCP *[DSP13] or [ISP8]* ”

Verfication of current good clinical practice (GCP) training

* Use “lastname\_HSP *[DSP13] or [ISP8]* ”

The last available financial audit from your institution

* Use “lastname\_Fin Audit *[DSP13] or [ISP8]* ”

**Letters of Support** must be sent directly to [the](mailto:sjohnson@fhi360.org) Scholars Program Management Team ([scholarspm@hptn.org](mailto:scholarspm@hptn.org)) from the recommender. Confirm letters of support have been submitted by:

HPTN Mentor (Name, Email, Phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Supervisor (Name, Email, Phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Professional Recommender (Name, Email, Phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mentorship Agreement:**

Signed and dated by the Scholar and mentor(s)

**Signatures:**

Scholar Name (printed): \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholar Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Mentor Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_