

**HPTN Domestic Scholars Application Checklist**

**Cohort 10**

**Proposals due for initial review: 5pm ET, Friday, 11 January 2019**

**Full applications due: 5pm ET, Friday, 25 January 2019**

**Application**

Scholars Program Application

* Use “lastname\_Application Domestic C10”
* This should be in .pdf format

Additional copy of project proposal

* Use “lastname\_Project Proposal Domestic C10”
* This should be in .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 Domestic C10”. It should include:

**Signed** Face Page

Detailed budget

* + This consists of Form Page 4 – two total detailed budgets:
  + one for the first six months (Year 1 – 1 June 2019 through 30 November 2019)
  + one for the next twelve months (Year 2 – 1 Dec 2019 through 30 November 2020)

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)

**Budget** (in .pdf, titled “lastname\_Attachment 1 Domestic C10”) - must be customized for the applicant’s situation and encompass:

* Salary support up to 30%
* Fringe benefits as per the Scholar’s institution of origin
* Travel to the mentor’s location for meetings throughout the 18 months
* Travel to HPTN Annual Meeting in April 2019 and 2020 (2019 dates: 1-5 June 2019)
  + Travel to 2019 networking/skills-building workshop in Seattle
  + Travel to one other professional/scientific meeting
  + Scholar-related expenses 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 Domestic C10”

Verfication of current good clinical practice (GCP) training

* Use “lastname\_HSP Domestic C10”

The last available financial audit from your institution

* Use “lastname\_Fin Audit Domestic C10”

**Letters of Support** must be sent separately, directly to Erica Hamilton ([ehamilton@fhi360.org](mailto:ehamilton@fhi360.org)) from the author.

Check with proposed HPTN Mentor as to whether s/he has sent letter of

support.

Check with current supervisor as to whether s/he has sent letter of support.

Check with other recommender as to whether s/he has sent additional letter of

support.

**Signatures:**

Scholar applicant name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholar applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mentor name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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