

**HPTN International Scholars Application Checklist**

**Cohort 5**

**Proposals due for initial review: 5pm ET, Monday, 8 February 2019**

**Full applications due: 5pm ET, Monday, 22 February 2019**

**Application**

[ ]  Scholars Program Application

* Use “lastname\_Application ISP C5”
* This should be in .pdf format

[ ]  Additional copy of project proposal

* Use “lastname\_Project Proposal ISP C5”
* 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 ISP C5”. 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; one justification should be submitted for each budget 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 ISP C5”) - 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 (if applicable)
* Travel to the mentor’s location for meetings throughout the 18 months
* Travel to HPTN Annual Meeting in April 2019 and 2020 (2020 dates TBA)
	+ 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\_HSP ISP C5”

[ ]  Verfication of current good clinical practice (GCP) training

* Use “lastname\_GCP ISP C5”

[ ]  The last available financial audit from your institution (if applicable)

* Use “lastname\_Fin Audit ISP C5”

**Letters of Support** must be sent separately, directly to Erica Hamilton (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_