**DUKE CENTER FOR HIV STRUCTURAL BIOLOGY**

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| **2022 Collaborative Development Awards Research Application** |

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| 1. TITLE OF PROJECT       |
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| **2. PRINCIPAL INVESTIGATOR**       |  |
| 2a. NAME (Last, first, middle) | 2b. DEGREE(S) |  |
|       |       |       |       |  |
| 2c. POSITION TITLE      |  |
| 2d. INSTITUTION      |
| E-MAIL ADDRESS OF PI:  | E-MAIL ADDRESS OF MENTOR:  |
|       |       |  |  |  |
| 3. HUMAN SUBJECTS RESEARCH\*[ ]  No [ ]  Yes |  3a.IRB number        | 4. VERTEBRATE ANIMALS [ ]  No [ ]  Yes |
|   |  | 4a. If “Yes,” IACUC approval  Date and protocol |  |
|  |  |  |  |  |
| 5. DATES OF PROPOSED PERIOD OF  SUPPORT *(month, day, year—MM/DD/YY)* | 6. COSTS REQUESTED FOR BUDGET PERIOD  |
| From | Through | 6a. Total Costs ($) |
| 12/01/2022 | 11/30/2023 |  |

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| \* Note: For human and animal studies IRB or IUCAC approval is required prior to the start of the research (but not necessarily at time of the submission).PERSONAL STATEMENT: |
|       |
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Cover Sheet **Form Page 1**

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| **PROJECT ABSTRACT** |

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| **KEY PERSONNEL.** See instructions. *Use continuation pages as needed* to provide the required information.Start with Principal Investigator. List all other key personnel, last name first and role on project. |

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| **BIOGRAPHICAL SKETCHES** (5 PAGE NIH FORMAT) *Use continuation pages as needed* to provide the required information.  |

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| DETAILED BUDGET FOR INITIAL BUDGET PERIOD | FROM | THROUGH |
|       |       |
| PERSONNEL *(Applicant organization only)* |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | TYPEAPPT.*(months)* | EFFORTONPROJ. | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PrincipalInvestigator |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |
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| SUBTOTALS |       |       |       |
|  |       |
| EQUIPMENT *(Itemize)*      |       |
| SUPPLIES *(Itemize by category)*      |       |
| TRAVEL      |       |
| PATIENT CARE COSTS | INPATIENT |       |       |
| OUTPATIENT |       |       |
|  |  |
| OTHER EXPENSES *(Itemize by category)*      |       |
| DIRECT COSTS FOR BUDGET PERIOD | $ |  |
| INDIRECT COSTS FOR BUDGET PERIOD | $ |  |
| TOTAL COSTS FOR BUDGET PERIOD | $ |  |

# BUDGET JUSTIFICATION

# FACILITIES/RESOURCES

# SPECIFIC AIMS

**Font Requirement: Requires the use of Arial or Helvetica and a font size of 11 points or larger. (A Symbol font may be used to insert Greek letters or special characters). Font size of 10 points may be used for figure legends.**

# RESEARCH STRATEGY (6 pages limit)

**Font Requirement: Requires the use of Arial or Helvetica and a font size of 11 points or larger. (A Symbol font may be used to insert Greek letters or special characters). Font size of 10 points may be used for figure legends.**

# REFERENCES