Pre-Submission Form

Please refer to the **request for applications (RFA) (PDF)** when completing the Pre-Submission Form. The deadline for submissions and contact information can be found within the RFA.

Top of Form

Investigator Information

Principal Investigator

**Name \*:**

**Title \*:**

**School \*:**

**Institution \*:**

**Department \*:**

**Phone \*:**

**Email \*:**

**Co-Investigators** (Provide the names and institutional affiliations of all co-investigators.) **:**

Eligibility Information

Please indicate (YES/NO) if you belong to the following groups. For more information on new and early stage investigator status, please visit the [NIH website](http://grants.nih.gov/grants/new_investigators/index.htm).

**New Investigator \*:**

Applies to an investigator who has not previously competed successfully as a PD/PI for an NIH independent research award such as an R01 or equivalent. A complete list of excluded awards is available on the NIH website.

**Early Stage Investigator \*:**

Applies to New Investigators who are within ten years of completing their terminal research degree or medical residency.

**Newly Hired Faculty \*:**

Applies to investigators who began their appointment at a participating DC CFAR institution within the last two academic years.

**Underrepresented Racial or Ethnic Minority Groups and/or Woman (YES/NO) \*:**

**If yes, please specify which group(s):**

* Black/African American:
* Hispanic/Latino:
* American Indian/Alaskan Native:
* Native Hawaiian or other Pacific Islander:
* Woman:

**Established Investigators Newly Transitioning into HIV/AIDS Research (YES/NO) \*:**

Application Details

**Request a Primary Mentor or HIV Collaborator** **(YES/NO) \*:**

New and early stage investigators are required to have a primary mentor. Established newly transitioning investigators are required to have a HIV collaborator.

**If no, please provide the name and contact information of your self-identified Primary Mentor or HIV Collaborator:**

**Is your project in any of the DC CFAR Scientific Working Group (SWGs) or Scientific Interest Group (SIGs) focus areas? \*** - Select -Yes, No

**If yes, please specify all that apply.**

Ending the HIV Epidemic (EHE)

HIV Cure

Drug User Health

Women and HIV

Latina/x/o

Aging and Comorbidities

Global

Sexual and Gender Minorities

Core Services

Learn more about the [core services](https://dccfar.gwu.edu/node/59) we provide to determine if you'd like to utilize any of them during the development of your research.

**Request a consultation with a Biostatistician (YES/NO) \*:**

**Request a consultation with the Community Partnership Council (YES/NO) \*:**

**Request additional Core Service(s) during application development phase (YES/NO) \*:**

**If yes, please specify which services you would like to access:**

Project Documents

**Is this a resubmission of a previous DC CFAR application? (YES/NO) \*:**

**Project Description \*:**

*Please provide a 1-page description of your proposed project that includes the following: preliminary title, specific aims and brief description of the general approach. Acceptable extensions are .txt, .pdf, .doc and .docx.
Files must be less than****2 MB****.
Allowed file types:****txt pdf doc docx****.*

**NIH Biosketch \*:**

*Please provide your current NIH biosketch. Acceptable extensions are .txt, .pdf, .doc and .docx.
Files must be less than****2 MB****.
Allowed file types:****txt pdf doc docx****.*

Bottom of Form