



CIPHER Grant Programme 2020/2021

Instructions for the Submission of the Letter of Intent

Letters of Intent must be submitted no later than **30 October 2020, 18:00 CET**.

1. Please read the [Call for Letters of Intent](#) and [FAQs](#) carefully. Only applications that fully adhere to the requirements set out in the Call for Letters of Intent will be considered to be eligible.
2. You must complete the following electronic Letter of Intent form. As you complete it, you will be able to save your modifications and go back to the updated version of your form later in time. When you are finished, save the form and press the Submit button on the last page.
3. The Letter of Intent can only be submitted electronically, in the format provided. Applications not submitted through the online system will not be accepted.
4. Only applications in English or French will be accepted.
5. Please have **a scan copy of your terminal research degree** ready to upload, as well as the **letter of support from your institution** and the **letter of commitment from your mentor**.

Eligible Letters of Intent will be reviewed by the CIPHER Scientific Committee. Applications will be prioritized on their ability to demonstrate maximum impact on the optimization of paediatric and adolescent HIV diagnosis, prevention, treatment and care, on its potential to inform policy and programmes in resource-limited settings, as well as on collective capacity building in the grantee's home country and/or research performance sites.

Short-listed candidates will be notified in mid-December 2020 and will be invited to submit a Full Proposal. Candidates will have approximately six to seven weeks to prepare and submit the Full Proposal. Details and instructions for the preparation of the Full Proposal will be provided upon notification.

I have read and understand the application requirements (in lieu of Applicant's Signature)*

I have read and understand the application requirements and the data protection terms (in lieu of Applicant's Signature) *

Submit

Please note that this section will assess your eligibility to submit a CIPHER letter of intent. Please have a scanned copy of your diploma ready to upload. Please note that once you click SAVE and move forward, you will not be able to come back to this page and change the details you entered.

Eligibility criteria

First/Given Name*

Include all first names as they appear in your passport

Last/Family Name*

Include all last names as they appear in your passport

Email address (preferred)*

All-important communication will be sent to this e-mail address

1. Did you obtain your terminal research degree¹ (e.g., PhD, MD, MBBS or equivalent) before 30 October 2010? Please attach a copy of your diploma.*

- Yes
 No

Select file

2. Have you ever been a primary PI for a non-training research grant over US\$ 30,000?*

- Yes
 No

3. Please select the criteria that would apply to you prior to the submission deadline for the Letter of Intent, and extend throughout the grant period:*

- You are a clinical/research trainee (e.g. fellow, senior resident) at an academic institute or an institute whose primary mission is research.
- You have a faculty or comparable position (e.g. assistant professor, lecturer) at an academic institute or an institute whose primary mission is research.
- You have an established position at an organization with adequate research infrastructure to undertake the proposed research activities.
- None of the above.

4. Which identified research gaps does your research project address?*

PAEDIATRIC HIV (infants and children 0-10 years old, including the perinatal and in-utero period, studies on mother-baby pairs and HIV-exposed uninfected children)

- Service Delivery - Strategies or interventions to improve access to, uptake of and retention in care, and factors that impact their success.
- Service Delivery - Service delivery models to improve individual and programmatic outcomes along the HIV cascade, including integration of comprehensive HIV treatment and care into the maternal and child health platform.
- Service Delivery - Psychosocial and family support strategies or interventions to improve individual and programmatic outcomes.

¹ Note: Masters Degree, Masters of Public Health or equivalent are not considered to be terminal research degrees.

- Service Delivery - Strategies or interventions to improve and support parents, caregivers and healthcare providers to facilitate HIV disclosure to children, as well as factors that impact their success.
- Service Delivery - Strategies or interventions to reduce stigma and discrimination experienced by children and their caregivers.

ADOLESCENT HIV (from 10 to 19 years old)

- Service Delivery - Interventions to improve retention in care and factors that affect their success.
- Service Delivery - Strategies or interventions to improve sexual and reproductive health outcomes in adolescents living with HIV.
- Service Delivery - Strategies or interventions to support pregnant adolescents living with HIV and improve both maternal and child health outcomes.
- Service Delivery - Service delivery models to improve outcomes along the HIV cascade, including peer interventions and differentiated service delivery models.
- Service Delivery - Psychosocial support strategies or interventions to improve individual and programmatic outcomes

5. Does your mentor have relevant expertise in paediatric or adolescent HIV research? (Mentor's contact details and a letter of commitment will be requested later on in the LOI submission process. Make sure to have them ready).*

- Yes
- No

BUDGET CRITERIA

The CIPHER Grant Programme has very strict budget criteria. Please note that we will not consider proposals that do not respect the budget requirements.

6. Will at least 80% of your direct grant expenses be spent in LMICs?*

- Yes
- No

7. Will your indirect cost rate be limited to a maximum of 10%?*

- Yes
- No

8. Will a maximum of US\$ 5,000 of your CIPHER grant be spent on travel expenses (e.g. traveling for research, to present results, to meet with your mentor) in any one year?*

- Yes
- No

Save

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Section I
Applicant information

First/Given name*

Include all first names as they appear in your passport

Last/Family name*

Include all last names as they appear in your passport

Date of birth (month, day, year)*

Sex*

Highest degree/year obtained*

Nationality*

As it appears in your passport

E-mail address (preferred)*

All-important communication will be sent to this e-mail address

E-mail address (alternative)*

Only to be used if an error message is received from your preferred e-mail address

Telephone number*

Start with a "+" and country code, i.e. +1 234 567 890

Permanent mailing address*

This address will be used for all courier deliveries

Country*

Applicant's current position

Applicant's position title*

Date employment began (month, year)*

Name of institution*

Department, service, laboratory, or equivalent*

Institution mailing address*

Country where institution is located*

Institution type*

Select one from list provided

Save

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Section II
Applicant's education and training history
<i>Education: Please list all post-secondary education and/or training in which a diploma or degree has been or/and will be obtained, beginning with the most recent.</i>

1. **Name and location of institution***

Major field(s) of study*

Starting date (month and year)*

Name of diploma or degree*

Date received (month and year)*

If not yet received, please indicate the approximate date of completion

Title(s) of theses/dissertations (if any)

2. Name and location of institution

Major field(s) of study

Starting date (month and year)

Name of diploma or degree

Date received (month and year)

If not yet received, please indicate the approximate date of completion

Title(s) of theses/dissertations (if any)

3. Name and location of institution

Major field(s) of study

Starting date (month and year)

Name of diploma or degree

Date received (month and year)

If not yet received, please indicate the approximate date of completion

Title(s) of theses/dissertations (if any)

4. Name and location of institution

Major field(s) of study

Starting date (month and year)

Name of diploma or degree

Date received (month and year)

If not yet received, please indicate the approximate date of completion

Title(s) of theses/dissertations (if any)

Additional Training: Please list any relevant training completed.

1. Activity

Field

Institution

Beginning date (month and year)

Ending date (month and year)

2. Activity

Field

Institution

Beginning date (month and year)

Ending date (month and year)

3. Activity

Field

Institution

Beginning date (month and year)

Ending date (month and year)

4. Activity

Field

Institution

Beginning date (month and year)

Ending date (month and year)

List your most significant publications in peer-reviewed journals.
(limited to 500 words)

List your most significant honours, awards and other relevant accomplishment.
(limited to 500 words)

Save

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Section III
Applicant's past positions
<i>Employment history: Please list your four most recent employers.</i>

1. Institution name

Job title

Beginning date (month and year)

Ending date (month and year)
2. Institution name

Job title

Beginning date (month and year)

Ending date (month and year)
3. Institution name

Job title

Beginning date (month and year)

Ending date (month and year)
4. Institution name

Job title

Beginning date (month and year)

Ending date (month and year)

Save

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Section IV
Applicant's research proposal

Project title*
(maximum 50 words)

Research topic*
(taken from selected topic in the first page)

Does the research involve use of Human Subject?*

- Yes
 No

If "yes"

Is there an Institutional Review Board (IRB) approval?*

- Yes
 No

If "yes"

Date of Approval*

Upload Approval*

If "no"

Choose one option from drop down menu

Duration of proposed period of support*

Number of months (months 1-24)

Funds requested for total period*

Cost in US\$ (a maximum of US\$ 75,000 per year, for a maximum of two years can be requested)

Primary performance site of the proposed research project*

Institution/Organization name*

Address*

Country*

Secondary site of the proposed research project

Institution/Organization name

Address

Country

Please provide a summary of your research project*

(maximum 300 words)

Background, specific aims, and potential impact on policy and programmes*

(maximum 500 words)

Preliminary data (if any) and research methods*

(maximum 500 words)

Upload figures and graphs here, if any

(be sure to number and title all figures and graphs and clearly indicate their placement in the text)

Select file

Literature citations*

(maximum 600 words)

Authorized officer of institute (name and position title)*

Contact details (email, phone, mailing address)*

Letter of support*

*Please upload the letter of support from your institution indicating the commitment of the institute to support the proposed project**

Select file

Mentor information

First/Given name*

Last/Family name*

Gender*

Nationality*

As it appears in your mentor's passport

Mentor's institution name*

Permanent mailing address*

This address will be used for all courier deliveries

Mentor's email address (preferred)*

All important communication will be sent to this e-mail address

Mentor's email address (alternative)*

Only to be used if an error message is received from your mentor's preferred email address

Telephone number*

Start with a "+" and country code, i.e. +1 234 567 890

Fax number

Start with a "+" and country code, i.e. +1 234 567 890

Mentor's statement*

Please upload the letter of commitment from your mentor.

Select file

**Note to applicant: Please discuss the research proposal with your mentor in detail before submission. Once submitted, changes to the application will not be allowed.*

Save

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Section V
Budget

Budget period 1* start date
 end date
(first year must start by 1 November 2021 and is limited to 12 months)

Budget period 2 start date
 end date
(second year as of starting date of project and limited to 12 months)

Applicants invited to submit a Full Proposal will have to provide a detailed copy of their budget. The CIPHER Grant Programme has very strict budget criteria. Please note that we will not consider proposals that do not respect the following budget requirements:

- Awards will be funded for up to two years and for up to US\$ 75,000 per year (including direct research costs and applicable indirect costs).
- The budget must reflect that at least 80% of the direct grant expenses will be spent in LMICs.
- The indirect cost rate must be limited to a maximum of 10%.
- The maximum allowance for travel is US\$ 5,000 per year.
- Award funds may be used for salaries, technical support, laboratory supplies, equipment or other direct research-related costs.
- Purchase of equipment and technology must be fully justified with a clear connection to the scientific aspects of the project and not for general use.

Yes, I read the budget criteria and confirm that my budget complies with the CIPHER Grant Programme budget requirements.*

Have you ever been a PI on a non-training research grant before?*

- Yes
 No

1. If yes, please list the title of the project, the funding source, the period of funding month/year-month/year, the function of application in the study and the objectives of the project.*

If yes, please mention the amount of funding you received for this project.*

2. If yes, please list the title of the project, the funding source, the period of funding month/year-month/year, your role in the study and the objectives of the project.

If yes, please mention the amount of funding you received for this project.

Current research funding for all studies involving the applicant*

(Title of project, name of PI, funding source, amount of funding in US\$, period of funding month/year-month/year, your role in the study, objectives of project)

Past research funding for all studies involving the applicant*

(Title of project, name of PI, funding source, amount of funding in US\$, period of funding month/year-month/year, your role in the study, objectives of project)

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<u>Submission</u>
Applicant - Signature of acceptance and certification

I, the undersigned, certify that: (a) the information herein is true and complete to the best of my knowledge. I am aware that any false, fictitious or fraudulent statement may subject me to criminal, civil or administrative penalties.

I accept the applications requirements (in lieu of applicant's signature)*

For consultation only