### SECTION 1
#### PRINCIPAL INVESTIGATOR (PI) INFORMATION

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<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tr>
<td>Last Name</td>
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<td>First Name</td>
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<td>Middle Name or Initial</td>
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<td>Phone Number where we can easily reach you for clarifications (You may enter more than one)</td>
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<td>UM Email Address</td>
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<tr>
<td>Primary Department</td>
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<td>Division (If not applicable, enter N/A)</td>
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<td>Degree(s)- Check all that apply</td>
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<td>MD</td>
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<td>PHD</td>
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<td>Other</td>
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If other, please specify

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05/24/2021 12:31pm
SECTION 2
COLLABORATORS, OTHER SIGNIFICANT CONTRIBUTORS, and MENTORS

Co-Investigator 1: (1) Name, (2) Department & (3) Role in this project (Max. 20 words)
(Note: A Co-Investigator is someone with a key role in the project.)
__________________________________

Co-Investigator 2: (1) Name, (2) Department & (3) Role in this project (Max. 20 words)
__________________________________

Co-Investigator 3: (1) Name, (2) Department & (3) Role in this project (Max. 20 words)
__________________________________

Significant Contributor 1: (1) Name, (2) Department & (3) Role in this project (Max. 20 words)
(Note: Other significant contributors are typically investigators contributing a key element/expertise to the project
but not necessarily a mentor.)
__________________________________

Significant Contributor 2: (1) Name, (2) Department & (3) Role in this project (Max. 20 words)
__________________________________

Significant Contributor 3: (1) Name, (2) Department & (3) Role in this project (Max. 20 words)
__________________________________

Do you have a mentor?
(Note: Mentors are typically senior investigators responsible for advising the PI during the project. Applications
submitted by junior investigators at assistant professor level, researchers new to HIV/AIDS and mental health
research and post-doctoral fellows require a mentor to be listed on their project.)

☐ Yes ☐ No ☐ Not applicable

Name and Department / Division of Mentor(s)
__________________________________

If you do not have a mentor, would you like assistance with identifying a mentor?

☐ Yes ☐ No
SECTION 3
PROJECT INFORMATION

Proposal Title

______________________________

COMMUNITY ENGAGEMENT

Upload a document with a:

1) list of proposed community partner(s) or agency(ies) AND

2) paragraph explaining a) how the project will engage the community, b) the role of the proposed community partner(s) or agency(ies), AND c) how the findings may impact the community.

Format: Arial 11 point font, single-spacing, 0.5” margins
File name: Last name_community

(Note: The chosen community partner/agency should be engaged in the design and execution of the project as well as in the interpretation and publication of findings. Community partners can be engaged at varying levels from a consultative role to community-based participatory research. The full application must include a letter of support from the community partner or agency.)

SPECIFIC AIMS

State concisely the goals of the proposed research and summarize the expected outcome(s), including the impact that the results of the proposed research will have on the research field(s) involved.

List succinctly the specific objectives of the research proposed (e.g., to test a stated hypothesis, create a novel design, solve a specific problem, challenge an existing paradigm or clinical practice, address a critical barrier to progress in the field, or develop new technology).

Format: 1 page, Arial 11 point font, single-spacing, 0.5” margins.
File name: Last name_Specific Aims

Reviewers: Consider that all UM faculty are potential reviewers. You may name any potential reviewers who you believe could not provide an impartial review and request they not review your application. The Review Committee will consider this request but is not required to accommodate it. You may include a justification for your selection (optional). In addition, if possible, please provide any recommendations for reviewers. They should not be current collaborators or mentors.