



## Request for Proposals

**Synopsis (~2 pages) Submission Deadline: 1:00 PM, March 14, 2023**

### Award Amount and Performance Period:

- Type 1: Up to \$100,000 direct costs, plus up to 20% indirect costs. One-year duration starting July 1, 2023
- Type 2: up to \$400,000 direct costs, plus up to 20% indirect costs. Up to two years duration starting July 1, 2023

amfAR aims to support research projects focused on curing HIV.

### Proposals should be interventional

- The intervention must take place in any in vivo model including people with HIV, non-human primates, or humanized mice, or ex vivo in cells taken from PWH. An intervention tested only in cell lines, or ex vivo in animal cells, does not meet the criteria for this RFP.
- Submissions that propose only describing the reservoir (i.e. no intervention) will not be forwarded for review.
- Specific aims that are descriptive, within a submission that includes an intervention, may be cut by amfAR if the descriptive work does not pertain to changes to the reservoir in response to the intervention.

amfAR's preference is for interventions that eliminate infected cells or provirus, rather than those that provide for ART-free control of persisting virus.

If you are an HIV researcher holding a doctoral degree and affiliated with a nonprofit research institute, tell us:

- what you'd like to do
- why
- how much it will cost, and
- how long it will take

If it's an idea we think might be right for us, we'll be in touch to start talking through more specifics and, if we can find a mutually satisfactory study design, solicit a full proposal.

Send your brief synopsis (click here to download template) to [grants@amfar.org](mailto:grants@amfar.org) with the subject line, "Target Grants Synopsis." We regret we are unable to discuss every submission with applicants. Synopses must be submitted no later than 1:00 PM, Tuesday, March 14, 2022.

## **Background and Purpose**

amfAR's research initiatives are aimed at finding a cure for HIV that will be useful to the 38M people living with HIV. The urgency of our goal demands that we direct our funding to studies that uncover vital knowledge *directly* applicable to curing HIV.

Persistent reservoirs of virus not cleared by antiretroviral therapy (ART) represent the main barrier to a cure. amfAR prioritizes the development of an *eradicated* cure over ART-free control of persistent virus. Eradication is preferred by PWH, should obviate the need for ongoing monitoring, may result in seroreversion with its attendant benefits, and is an unambiguous improvement over treatment, including with long-acting ART.

An eradicated cure requires the removal of HIV proviruses, or the cells that harbor them. Although not strictly necessary, an eradicated cure that also protects individuals from reinfection is of particularly high interest.

The development of a cure will require a series of well-planned research steps. The development pipeline is commonly thought to proceed from in vitro through ex vivo and preclinical animal testing stages before proceeding to clinical trial. Applicants should be able to:

- describe the clinical intervention they are working towards;
- articulate the current stage of development of their product; and
- describe the steps needed to progress to clinical testing.

Applicants may propose laboratory, animal or clinical research. Applicants should articulate a series of milestones that culminate in a clinical trial of the cure concept under consideration. Applications must be interventional, not descriptive.

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# amfAR

MAKING AIDS HISTORY

## TARGET GRANTS – BRIEF SYNOPSIS

SUBMIT YOUR SYNOPSIS TO AMFAR ([AMFAR@GRANTS.ORG](mailto:AMFAR@GRANTS.ORG))

USE THE SUBJECT LINE: [YOUR LAST NAME], [YOUR FIRST NAME] – TARGET GRANT SYNOPSIS

Your (PI) name ; degree(s) ; Institution:

Working project title:

Describe the clinical intervention you're working towards:

- Intervention/product (i.e., pill(s), vaccine(s), etc; dosing schedule/timing; target population; other important details): (1-2 sentences)
- efficacy goal (primary endpoint): e.g., 6-month delay to virologic rebound, etc. The goal should be clinical (i.e., experienced by the participant), not assay-based.
- Other important outcome measures: (may be assay-based)

Provide information on the existing data supporting your idea:

Category of data	Available? Yes/No (provide a response on every row)	Link(s) to reference(s) (provide links for every yes)
In vitro safety		
Ex vivo safety		
Animal safety		
Clinical safety		
In vitro efficacy		
Ex vivo efficacy		
Animal efficacy		
Clinical efficacy		

Your plan:

Which model system? (ex vivo, animal or clinical)

Which does your goal pertain to - safety or efficacy?:

The cut-off, expressed quantitatively, at which the intervention/product would be deemed successful and worthy of further study (e.g., how many log drop in viral load, specific relative change in breadth or amplitude of specific immune response, etc.):

Total cost (including up to 20% indirect costs): \$

Performance period:  1 year  2 years

Plan narrative (250 words or less):

If successful, which research project comes next (250 words or less):