*Target Grants*

## Request for Proposals

## Synopsis (~2 pages) Submission Deadline: no later than 1:00 p.m. (EDT), March 5, 2024

## Award Amount and Performance Period:

- Type 1: Up to $400,000 direct costs, plus up to 20% indirect costs. Up to two years duration starting July 1, 2024
- Type 2: up to $100,000 direct costs, plus up to 20% indirect costs. One-year duration starting July 1, 2024

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

We will review your synopsis quickly. If it's an idea we think might be right for us, we'll be in touch within two weeks to solicit a full proposal.

Send your brief synopsis (click here to download template) to grants@amfar.org with "[Your Last Name], [Your First Name] – Target Grants Synopsis." We regret we are unable to discuss every submission with applicants. **Synopses must be submitted no later than 1:00 p.m. (EDT), Tuesday, March 5, 2024.**

If an application is solicited, it will be due **Tuesday, April 30, 2024.**

## Details

## 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 *eradicative* 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 eradicative cure requires the removal of HIV proviruses, or the cells that harbor them. Although not strictly necessary, an eradicative 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.


amfAR's mission is to end the global AIDS epidemic through innovative research.