

**Universitywide AIDS Research Program
Request for Qualifications for Research Teams to Conduct California Health Care Financing,
Delivery, and Policy Research**

Application Form

Applications are due in the UARP office not later than 5 p.m. PT on Wednesday, January 18, 2006, and must be submitted in the following manner and format:

- An electronic version of the application on the form below must be sent via e-mail to susan.carter@ucop.edu, no later than Wednesday, January 18, 2006 at 5:00 p.m. (Pacific Time). The electronic version shall be in a format readable by commonly available software. Examples include Adobe Acrobat, Microsoft Word, and WordPerfect.
- A hard copy original on the form below; signed by the Principal Investigator, and 10 copies shall also be submitted and are due in the UARP offices no later than 5:00 p.m. PT on January 18, 2006. An application received after the deadline will be acceptable only if it carries, or if the applicant can provide upon request, a legible proof-of-mailing date assigned by the carrier and the proof of mailing date is not later than two days prior to the deadline date. Private postage marks are not acceptable.
- **Applications submitted only by email or submitted by fax will not be considered.**
- The statement of qualifications must be prepared in accordance with the instructions in the RFQ.
- Late, incomplete or unsigned qualifications will not be reviewed.
- The original, signature copy of the application should not be bound or stapled.
- Send signed completed application to:

**The Universitywide AIDS Research Program
Health Care Financing and Policy RFQ
Attn: Susan Carter
300 Lakeside Drive, 6th Floor
Oakland, California 94612
(510) 987-9855**

RFQ Content/Instructions:

Please provide the requested information in the order listed below.

Please indicate at the top of the General Information page, by checking the appropriate box, whether the Applicant research team is applying for consideration of qualifications under Part A (Analysis of Severity of Need under the Ryan White Care Act), or Part B (Analysis of Non-Occupational Post-Exposure Antiretroviral Prophylaxis). If a research team wishes to be considered under more than one section of this RFQ, a separate application must be submitted for each.

1. General information (RFQ-00)
Information about the Principal Investigator (P.I.) and the person to contact for any questions during the review process should be clearly listed. The Principal Investigator must sign the application; Contract and Grant Officer review is not required for this step in the award process.
2. Overview of Capacity and Expertise (RFQ-1)

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Based on the research areas of expertise listed in the appropriate part of the RFQ, complete this form for each listed area of expertise in which the offeror is qualified. Provide an overview of the offeror's capacity to conduct research projects in this area of expertise. Do not exceed two pages per area of expertise listed.

3. Overview of Scope of Research (RFQ-2)

Provide a general overview of scope of research proposed to be provided, including a description of potential research question(s), research design and appropriate methodologies to address those questions, and identification of which types of work are to be performed by a subcontractor if any. Do not exceed three pages for this section of the Application.

4. Biographical Sketch (RFQ-3)

Provide the requested information for the **key personnel** and consultants listed in your response to the RFQ. Begin with the Principal Investigator. Complete this page for each person listed as key personnel or consultants. PHS forms may be substituted.

5. Other Support (RFQ-4)

Provide current and other research support information using standard PHS forms.

6. Resources and Facilities (RFQ-5)

Describe the resources and facilities to be used at the applicant organization and indicate their capacities, relative proximity and extent of availability relevant to the area of expertise. Use "OTHER" to describe the facilities at any other sites and at sites for field studies. Include an explanation of any consortium/contractual arrangements with other organizations regarding use of these resources or facilities.

7. Costing Information (RFQ-6)

Provide representative salary costs (hourly rates) for the various personnel categories used for the qualification proposal. For example: Principal Investigator, Co-investigator(s), Senior Associates, Sr. Scientists, Research Scientists, Post Doctoral Associates, Other professionals (Technicians, Programmers, etc.), Graduate Students, Undergraduate Students, etc.

- Identify and provide all applicable fringe benefit rates, equipment usage fees, allocated direct costs and negotiated indirect rates (for Non-UC institutions only, if negotiated indirect rate is less than 25% UARP capped rate) that would be charged on each research project awarded. Please provide a copy of the letter approving the organization's indirect cost rate.
- Although not required, any matching or cost sharing (including in-kind donations) listed in this section would be helpful.
- Include any travel costs, if applicable.

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NAME OF INSTITUTION AND PRINCIPAL INVESTIGATOR:	
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OVERVIEW OF CAPACITY AND EXPERTISE

Based on the research areas of expertise listed in the applicable Part of the RFQ, complete this form for each listed area of expertise in which the offeror is qualified. Provide overview of offeror's capabilities to conduct research projects in this particular area of expertise. Do not exceed two pages per area of expertise listed.

I. RESEARCH AREA OF EXPERTISE (List ONLY research area(s) for which this response is submitted):

(Please refer to areas of expertise listed under the applicable PART of this RFQ)

II. ABOUT THE OFFEROR (describe the project team's general working relationship; qualifications in the area(s) of expertise listed relevant to HIV/AIDS; and capacity related to areas of expertise listed under Part I above, including access to relevant data, record of working in collaboration with key public agencies, and past performance of the investigators, specific staff and sub-awardees that demonstrate capability to successfully complete similar projects):

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UARP RFQ-2

NAME OF INSTITUTION AND PRINCIPAL INVESTIGATOR:	
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OVERVIEW OF SCOPE OF RESEARCH

Provide a general overview of scope of research proposed to be provided, including a description of potential research question(s), research design and appropriate methodologies to address those questions, and identification of which types of work are to be performed by a subcontractor, if any.

Do not exceed three pages for this section of the Application.

UARP RFQ-3

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NAME OF INSTITUTION AND PRINCIPAL INVESTIGATOR:	
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BIOGRAPHICAL SKETCH

Give the following information for the **key personnel** and consultants listed on your response to the RFQ. Begin with the Principal Investigator/Program Director. Complete this information for each person listed.

NAME: _____ **POSITION TITLE:** _____

EDUCATION (Begin with baccalaureate or other initial professional education, including postdoctoral training)

INSTITUTION AND LOCATION	DEGREE	YEAR	FIELD OF STUDY
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RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list in chronological order, previous employment experience, and honors. List, in chronological order, the titles and complete references to all publications during the past three years; list any representative earlier publications pertinent to this application.

PROFESSIONAL EXPERIENCE

RESEARCH EXPERIENCE (only those relevant to areas of expertise offeror listed):

HONORS, AWARDS:

PUBLICATIONS (only those relevant to areas of expertise offeror listed):

PROFESSIONAL MEMBERSHIPS:

COLLABORATORS:

PRESENTATIONS (only those relevant to areas of expertise offeror listed):

REFERENCES (List 3 references relevant to areas of expertise. Provide Name, Address, Phone Number and Nature of Professional Relationship):

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UARP RFQ-5

NAME OF INSTITUTION AND PRINCIPAL INVESTIGATOR:

RESOURCES AND FACILITIES

FACILITIES: In the box to the left of the resource or facility, mark that it is to be used at the applicant organization. Then describe their capacities, relative proximity and extent of availability relevant to the area of expertise. Use "OTHER" to describe the facilities at any other performance sites and at sites for field studies. Using continuation pages if necessary include an explanation of any consortium/contractual arrangements with other organizations.

COMPUTER:

DATABASES:

OFFICE:

OTHER:

MAJOR EQUIPMENT: List the most important equipment items already available for the area(s) of expertise listed, noting the location and pertinent capabilities of each.

ADDITIONAL INFORMATION: Provide any other information describing the environment for the area(s) of expertise listed. Identify support services such as consultants, statisticians, clinicians, administrative support, and the extent to which they will be available to any project.

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UARP RFQ-6

NAME OF INSTITUTION AND PRINCIPAL INVESTIGATOR:	
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COSTING INFORMATION

Provide representative salary costs (hourly rates) for the various labor categories used for the qualification proposal. For example: Principal Investigator, Co-investigator(s), Senior Associates, Sr. Scientists, Research Scientists, Post Doctoral Associates, Other professionals (Technicians, Programmers, etc.), Graduate Students, Undergraduate Students, etc. In addition identify and provide all applicable fringe benefit rates, equipment usage fees, allocated direct cost and negotiated indirect (non-UC institutions only) rates that would be charged on each research project awarded. Although not required, any matching or cost sharing (including in-kind donations) which may come occur is helpful. Also include any travel costs if applicable.

I. SALARY COSTS:

A. Salaries based on hourly rate (List by positions – please see above for explanation)

Position or Individual	Hourly Rate
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B. Fringe Benefit Rate: Explain Basis Here (example: % of Hourly Rate):

Fringe Benefit Rate by Position(s) Listed Above, if Different: Position	Rate
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II. EQUIPMENT USAGE FEES (if applicable):

List or Describe Equipment	Fee and Basis (example \$/hour of use):
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III. TRAVEL COSTS (if applicable):

Describe Travel	Explain Purpose of Travel here:
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IV. ALLOCATED DIRECT COST RATE (if applicable):

Allocated Direct Cost Rate:		Explain Basis Here (example: % of Salary):
	<input style="width: 80%; height: 25px; border: 1px solid black;" type="text"/>	

IV. MATCHING FUNDS (not required): Amount and Source:

V. COST SHARING/IN-KIND DONATION(S) (not required) Amount and Source:
