###### APPLICATION FOR A PILOT PROJECT GRANT FROM AMERICAN CANCER SOCIETY

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| BIOGRAPHICAL INFORMATION | | | | | | | | | | | | | | | | | | | |
| First Name, Last name, Degree(s) | | | | | | | |  | | | | | | | | | | |  |
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|  | Academic Title | | | | | | | | | |  | Department | | | | | | |  |
|  |  | | | | | | | | | |  |  | | | | | | |  |
|  |  | | | | | | | | | |  | School | | | | | | |  |
| Citizenship Status | | | | | | | | | | | | | | | | | | | |
|  |  |  | U.S. | | | | | | | | | |  | Non-U.S. citizen (temporary resident) \*\*\* | | | | | |
|  |  |  | Non-U.S. citizen (permanent resident) | | | | | | | | | |  | Non-U.S. citizen \*\*\* | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Year last degree conferred: | | | | | |  | | | Year of first independent position: | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | |
| **Verification of Applicant Eligibility by Department Chair** *(applicants must be within six years of their first independent research or faculty appointment, must be salaried faculty with appropriate committed research facilities, and may not have competitive national funding active at the start date of the proposed IRG allocation)* | | | | | | | | | | | | | | | | | | | |
| Name of Department Chair | | | | | | |  | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | Date: | | |  |  |
|  | | | | |  | | | | | | | | | | |  | | | |
|  | | | | | **Education** | | | | | | | | | | |  | | | |
| Degree/year conferred | | | | | Institution/Location | | | | | | | | | | | Field of study | | | |
|  | | | | |  | | | | | | | | | | |  | | | |
|  | | | | | **Training** | | | | | | | | | | |  | | | |
| Title | | | | | Mentor | | | | | Institution/Location | | | | | | | Dates | | |
|  | | | | |  | | | | |  | | | | | | |  | | |
| *\*\*\* any applicant for IRG pilot project funding who is not a U.S. citizen must hold a visa that will allow him or her to remain in the U.S. long enough to complete the IRG pilot project. It is the responsibility of the institution to determine and document the visa status of any non-citizen recipient of IRG funds.*  Continued on next page | | | | | | | | | | | | | | | | | | | |

**INSTITUTIONAL RESEARCH GRANT #IRG-16-143-07-IRG**

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| --- | --- | --- | --- | --- | --- |
| First Name, Last name, Degree(s) | | |  | |  |
|  | | | | | |
|  | **Appointments** | | |  | |
| Title | | Institution/Location | | Dates | |
|  | |  | |  | |
| **Other Research Support:** | | | | | |
|  | | | | | |
| **Publications** (use continuation page if necessary) | | | | | |
|  | | | | | |
| Continued on next page | | | | | |

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| --- | --- | --- |
| First Name, Last name, Degree(s) |  |  |
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PROJECT TITLE:

**DESCRIPTION OF RESEARCH PROPOSED** (including Background, Objective/Hypothesis, Specific Aim(s), Study Design, and Cancer Relevance.):

**Specific Aims** (limited to one page)

**Research Strategy** organized into the following sections (not to exceed 5 pages total for sections a-c below):

*(a) Significance*

• Explain how the proposed project will improve scientific knowledge, technical capability, and/or clinical practice in one or more broad fields.

• Describe how the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field will be changed if the proposed aims are achieved.

*(b) Innovation*

• Explain how the application challenges and seeks to shift current research or clinical practice paradigms.

• Describe any novel theoretical concepts, approaches or methodologies, instrumentation or intervention(s) to be developed or used, and any advantage over existing methodologies, instrumentation or intervention(s).

• Explain any refinements, improvements, or new applications of theoretical concepts, approaches or methodologies, instrumentation or interventions.

*(c) Approach*

• Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project. Include preliminary data (if any) and/or how the data will be collected, analyzed, and interpreted.

• Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the aims.

• Describe strategy to establish feasibility and prospects for successor funding.

• Point out any procedures, situations, or materials that may be hazardous to personnel and precautions to be exercised.

**TOTAL AMOUNT REQUESTED:**  **TERM:** from to

**BUDGET PROPOSED:**

##### A. Personnel

##### B. Permanent Equipment

##### C. Supplies

##### D. Miscellaneous

**BUDGET JUSTIFICATION:**

**Please attach as an appendix copies of IRB, IACUC, and Institutional Biohazards Committee (IBC) approval. If approval has not been obtained, provide evidence that protocols have been or will be submitted to the relevant institutional review committees within 8 weeks of receipt of notification of funding.**