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

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

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| BIOGRAPHICAL INFORMATION | | | | | | | | | | | | | | | | | | |
| First Name, Last name, Degree(s) | | | | | | | |  | | | | | | | | | |  |
|  |  | | | | | | | | | | |  | | | | | |  |
|  | Academic Title | | | | | | | | | | | Department | | | | | |  |
|  |  | | | | | | | | | | |  | | | | | |  |
|  | School | | | | | | | | | | |  | | | | | |  |
| Citizenship Status | | | | | | | | | | | | | | | | | | |
|  |  |  | U.S. citizen | | | | | | | |  | | 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 | | | | | | | | | | | | | | | | | | |

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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 | | | | | |

|  |  |  |
| --- | --- | --- |
| First Name, Last name, Degree(s) |  |  |

**PROJECT TITLE:**

**ABSTRACT:** Provide a brief (300-500 words) summary of the research, including Background, Objective/Hypothesis, Specific Aim(s), Study Design, and Cancer Relevance. *The final sentence of the abstract should summarize the focus and cancer relevance of the project in non-scientific terms.*

|  |  |
| --- | --- |
| First Name, Last name, Degree(s) |  |

**PROJECT TITLE:**

**DESCRIPTION OF RESEARCH PROPOSED** (use five pages as necessary for proposed research, references limited to two pages)**:**

|  |  |  |
| --- | --- | --- |
| First Name, Last name, Degree(s) |  |  |

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

**BUDGET PROPOSED:**

**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.**