

Grant Application	Date Submitted:		
	Proposal Type:		
	If renewal, current grant:		
	Resubmission?	Comm Code:	
		1st or 2nd:	
TITLE OF PROJECT <i>(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)</i>			
APPLICANT NAME		HIGHEST DEGREE(S)	
POSITION TITLE:		APPLICANT'S CURRENT INSTITUTION	
ACADEMIC RANK:			
DIVISION:			
DEPARTMENT:			
E-MAIL ADDRESS:			
Tel:		Fax:	
MAILING ADDRESS <i>(Street, city, state, postal code, country)</i>			
PROGRAM ELIGIBILITY INFORMATION: <i>(Responses to selected fields displayed below. For some grant programs this section may be blank.)</i>			
DATES OF PROPOSED PROJECT <i>(MM/DD/YYYY)</i>		TOTAL PROJECT BUDGET:	
From		Through	
Name		SIGNING OFFICIAL FOR	
Address		Name	
		Title	
		Address	
Tel:		Tel:	
Fax:		Fax:	
EIN		E-MAIL ADDRESS	
DUNS			
HUMAN SUBJECTS <input type="checkbox"/> No <input type="checkbox"/> Yes		VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes	
Human Subjects Assurance No.		Animal welfare assurance no.	
IRB Status:		IACUC Status:	
IRB Date:		IACUC Date:	
ASSURANCE OF THOSE SIGNING THIS APPLICATION: I certify that the statements in this Application that pertain to me and my Institution are true, complete, and accurate to the best of my knowledge, and that I have provided all information required by this Application. I am aware that false, fictitious, or fraudulent statements or claims may result in criminal, civil, or administrative penalties. I agree that I will (and the Signing Official further represents that the institution will) comply with all Grant Policies of the Society, including reporting requirements, to the extent applicable. I understand that a failure to comply with such Policies, or the the terms of the Application, or any additional terms associated with a Grant, may result in the Society suspending or cancelling Grant funding, to be decided by the Society at its sole discretion. The Applicant certifies, and the Signing Official certifies that the Institution has verified, that the Applicant is legally eligible to work in the <u>United States of America for the period of the award.</u>			
SIGNATURE OF APPLICANT		DATE	SIGNATURE OF DEPARTMENT HEAD
			DATE
		SIGNATURE OF SIGNING OFFICIAL	
		DATE	

Applicant:

Application Contacts

Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Fax:	
E-mail		E-mail	
Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Fax:	
E-mail		E-mail	
Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Fax:	
E-mail		E-mail	
Role		Role	
Name		Name	
Institution		Institution	
Title		Title	
Division		Division	
Dept		Dept	
Address		Address	
Tel:		Fax:	
E-mail		E-mail	

GENERAL AUDIENCE SUMMARY

APPLICANT NAME	DATE SUBMITTED
TITLE OF PROJECT <i>(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)</i>	

This General Audience Summary will become public information; therefore, do not include proprietary/confidential information.

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REPLY TO PREVIOUS REVIEW (NOT APPLICABLE TO NEW APPLICATIONS)

SAMPLE

DESCRIPTION OF THE PROGRAM (limit to 4 pages or less)

SAMPLE

CAREER DEVELOPMENT ACTIVITIES FOR BEGINNING INVESTIGATORS

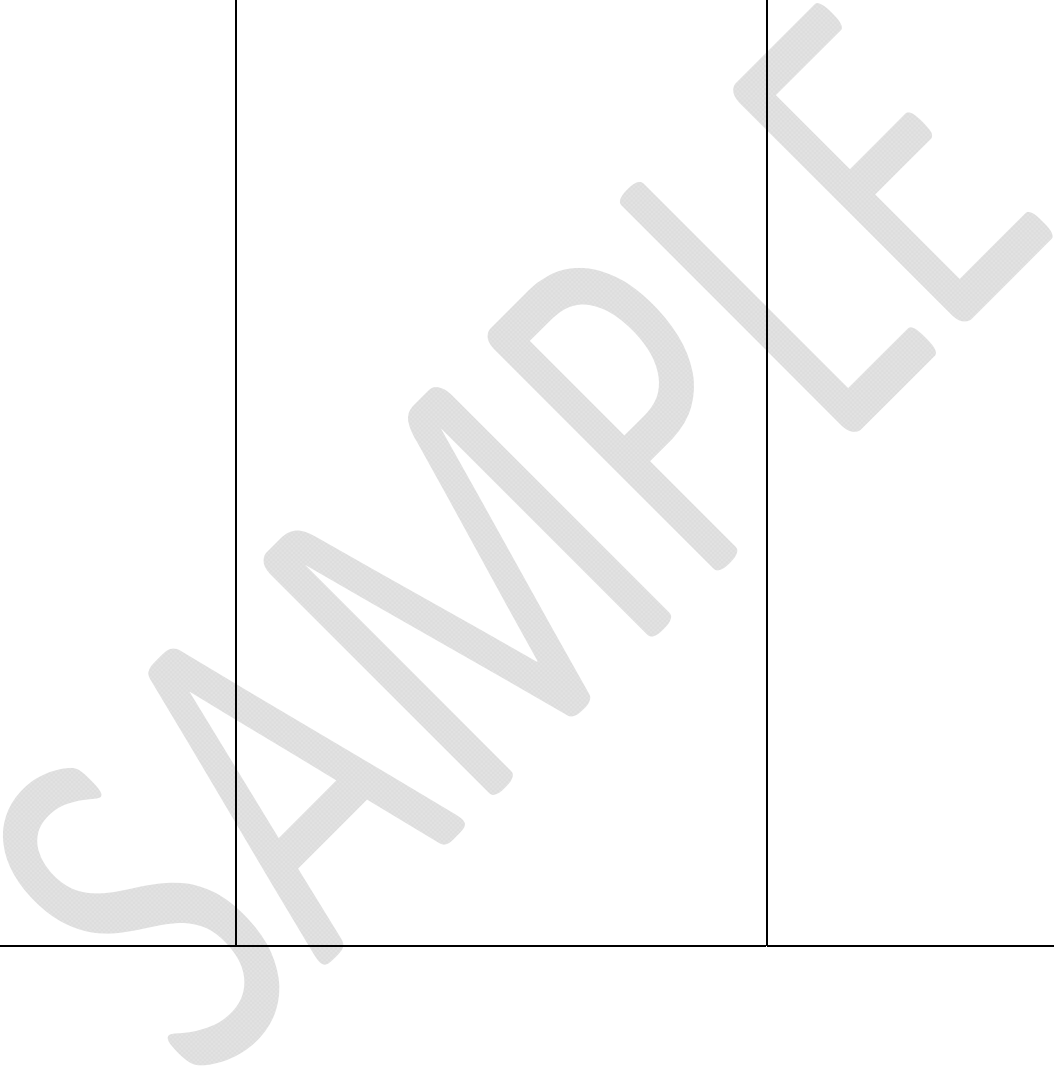
SAMPLE

PRINCIPAL INVESTIGATOR AND INSTITUTIONAL RESEARCH GRANT REVIEW COMMITTEE

Summary of Committee Composition

	Basic Research	Clinical Research	Cancer Control and Population Sciences	Total
Professor				
Associate Professor				
Assistant Professor				
Other				
Total				
Percentage				

MEMBERS OF LOCAL INSTITUTIONAL RESEARCH GRANT REVIEW COMMITTEE (Add lines as needed.)

Name, Degree, Title	Department, School	Research Interest
		

BIOGRAPHICAL SKETCH

Provide the following information for the Principal Investigator and each Committee Member.

Follow this format for each person. **DO NOT EXCEED THREE PAGES.**

NAME		POSITION TITLE	
EDUCATION/TRAINING (<i>Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.</i>)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

POSITIONS AND HONORS:

PROFESSIONAL SOCIETY MEMBERSHIPS AND SERVICE:

| *Principal Investigator:* [Click here and type last name, first name]

[#] .2

GRANT FUNDING HISTORY (Include current and previous funding related to cancer research.):

PUBLICATIONS (List in chronological order; if you provide a partial list, indicate total number of publications):

SAMPLE

DOCUMENTATION OF INTERACTION WITH THE LOCAL AMERICAN CANCER SOCIETY

A. IRG Awardees' Interaction with the American Cancer Society

B. All Other Interactions with the American Cancer Society

SAMPLE

Principal Investigator: [Click here and type last name, first name]

9.1

PROCEDURE FOR PUBLICIZING AVAILABILITY OF FUNDS

SAMPLE

HOW ALLOCATIONS ARE TO BE MADE

SAMPLE

JUSTIFICATION FOR FUNDS REQUESTED

CATEGORY	Renewal applications only*		Requested number of new awards (Maximum of four per year)			TOTALS (Maximum of 12)	Requested funding (\$30,000 maximum per pilot project grant)
	Current number of awards	Current funding	Year 1	Year 2	Year 3		
Pilot projects							
Special interest pilot projects (limit 1 per year)			SUSPENDED				
TOTALS							

*For a renewal application, provide the first year _____ and length of IRG funding: _____

DOCUMENTATION OF APPLICANT POOL SIZE (NEW APPLICATIONS ONLY)


Name, Degree, Academic Title	Department, School	Date Appointed	Research Interest
			

TABLE I – SEVEN YEAR SUMMARY OF PILOT PROJECT GRANTS¹ (Use continuation pages as needed.)

Term of Award ² (MM/YY – MM/YY)	Investigator Name, Degree Academic Title ³	Department, School	Project Title ⁴	Priority Score	Amount of Award ⁵
SAMPLE					

¹ For **seven** years, starting with the most recent year (January – December) and working backwards. A first renewal will show fewer years.

² These dates should match those on **Table V**.

³ At time of award and currently, if known.

⁴ Use an asterisk (*) to indicate if a **Special Interest Award**.

⁵ If relevant, amount should also reflect any supplemental funds.

**EXAMPLES OF RESEARCH TO BE SUPPORTED
(NEW APPLICATIONS ONLY)**

BIOGRAPHICAL INFORMATION

First Name, Last name, Degree(s) _____

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 noncitizen recipient of IRG funds.

Continued on next page

First Name, Last name, Degree(s) _____		
Appointments:		
Title	Institution/Location	Dates
Other Research Support:		
Publications (use continuation page if necessary):		

Continued on next page

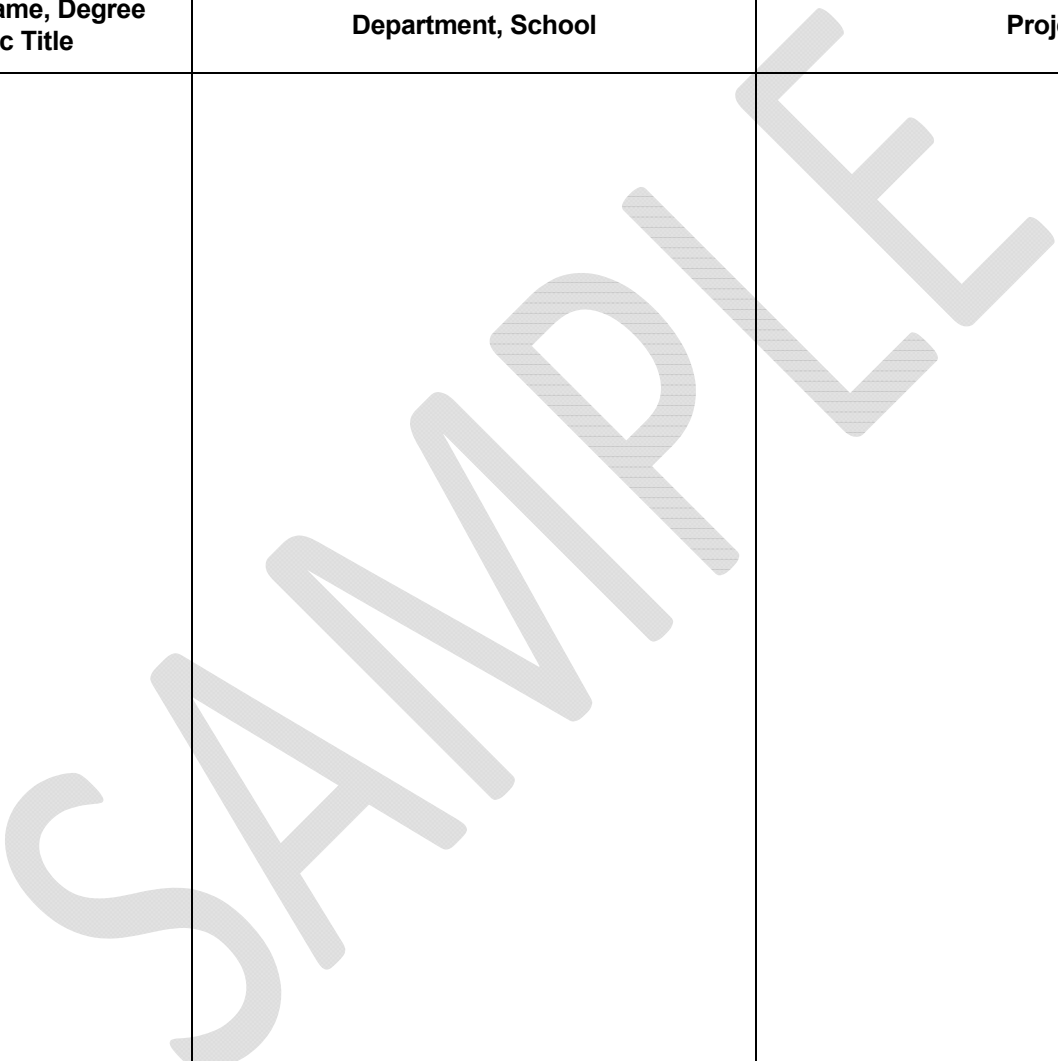
First Name, Last name, Degree(s) _____

PROJECT TITLE:

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

SAMPLE

TABLE II — SEVEN YEAR SUMMARY OF UNFUNDED APPLICATIONS * (Use continuation pages as needed.)

Review Dates (MM/YY)	Investigator Name, Degree Academic Title	Department, School	Project Title	Priority Score
				

*For **seven** years starting with the most recent year (January-December). A first renewal will show fewer years.

TABLE III — SUMMARY OF ALL GRANTEE PUBLICATIONS SUBSEQUENT TO IRG SUPPORT

(Add / adjust table rows and continuation pages as needed; totals must match totals on Table VI.)

IRG	Non-IRG	Term of Award (MM/YY–MM/YY)	Investigator Name, Degree Academic Title IRG Project Title	Publications <i>(Include first or senior author publications only)</i>

SAMPLE

IRG	Non-IRG	Term of Award (MM/YY–MM/YY)	Investigator Name, Degree Academic Title IRG Project Title	Publications <i>(Include first or senior author publications only)</i>

SAMPLE

TABLE IV—SUMMARY OF SUBSEQUENT GRANTS FOR EACH GRANTEE
 (Add table rows and continuation pages as needed; totals must match totals on Table VI.)

IRG	Non-IRG	Term of Award (MM/YY – MM/YY)	Investigator Name, Degree, and Role on Grant <i>(Include PI or mPI only)</i>	IRG Project Title	Agency, Grant #, Term, and Amount <i>(total direct costs; awarded or funded nationally competitive grants only.)</i>

IRG	Non-IRG	Term of Award (MM/YY – MM/YY)	Investigator Name, Degree, and Role on Grant <i>(Include PI or mPI only)</i>	IRG Project Title	Agency, Grant #, Term, and Amount <i>(total direct costs; awarded or funded nationally competitive grants only.)</i>



TABLE V— SEVEN-YEAR SUMMARY OF FUNDING*

Year (MM/YY)	Number of Eligible Applications Reviewed (Table I and II data)	Number of Applications Funded (Table I data)	% Applications Funded
Totals			

*Information here must be consistent with numbers on Tables I and II.

TABLE VI—SUMMARY OF ALL PUBLICATIONS AND GRANTS OBTAINED ¹

Term of Award (MM/YY–MM/YY)	Investigator Name, Degree	Resulting From ACS-IRG SUPPORT			Resulting From OTHER FUNDING SOURCES		
		Grants Awarded	Grants Pending	Publications	Grants Awarded	Grants Pending	Publications
	SUBTOTAL						
	Totals ²:						

¹ Enumerate only national peer reviewed grants and published or in-press peer reviewed publications that acknowledge ACS funding.

² Provide subtotals for each year and an overall total in the space indicated.

**APPLICATION FOR A PILOT PROJECT GRANT FROM AMERICAN CANCER SOCIETY
INSTITUTIONAL RESEARCH GRANT #IRG – _____**

BIOGRAPHICAL INFORMATION			
First Name, Last name, Degree(s) _____			
_____		_____	
Academic Title		Department	

School			
Citizenship Status			
<input type="checkbox"/> U.S. citizen	<input type="checkbox"/> Non-U.S. citizen (temporary resident) ***		
<input type="checkbox"/> Non-U.S. citizen (permanent resident)	<input type="checkbox"/> Non-U.S. citizen ***		
Year last degree conferred: _____		Year of first independent position: _____	
Verification of Applicant Eligibility by Department Chair <i>(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.)</i>			
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 noncitizen recipient of IRG funds.

Continued on next page

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.*

SAMPLE

First Name, Last name, Degree(s) _____

PROJECT TITLE:

DESCRIPTION OF RESEARCH PROPOSED (use up to four continuation pages as necessary):

SAMPLE

First Name, Last name, Degree(s) _____

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

BUDGET PROPOSED:

A. Personnel

B. Permanent Equipment

C. Supplies

D. Miscellaneous

BUDGET JUSTIFICATION:

SAMPLE

INSTITUTIONAL RESEARCH GRANT #IRG – _____
PILOT PROJECT PROGRESS REPORT (Revision date: _____)

Amount	Term: from	to
Investigator (Name with degree(s), Title, Department, School)		
Project Title		
<p>Results: Summarize the work accomplished under the grant and the results achieved. Include the relevance of the work to cancer. <i>Limit this portion of the report to one page.</i></p>		

SAMPLE

PILOT PROJECT PROGRESS REPORT

(2 of 3 pages)

Investigator:
Published or in-press peer reviewed publications <u>resulting from this support</u> (<i>first or senior author publications only</i>). Attach a copy of the publication cover page(s), including the abstract and acknowledgement of ACS funding, for each relevant publication.
Abstracts, book chapters, and other publications (published or in-press only) during or after this support
National competitive grants obtained <u>as a result of this support</u> (<i>PI or mPI only</i>).
Other grants obtained after this support (<i>PI or mPI only</i>).
Patents granted or applied for:
Interactions with the local American Cancer Society: