



VANDERBILT-INGRAM CANCER CENTER

**APPLICATION FOR A PILOT PROJECT GRANT
AMERICAN CANCER SOCIETY
INSTITUTIONAL RESEARCH GRANT IRG# 22-145-62**

NOTE: Please use these form pages.

Specific Application Instructions

- Use English, avoid jargon and spell out all abbreviations.
- Applicants must use the templates provided.
- Font size must be 11 or greater point black font (e.g., Arial or Times New Roman).
- Documents should be single-spaced with all text visible and within the .5 margins (all sides).
- The Principal Investigator's name should be shown in the header of all application pages.
- Observe a **5-page** limit for the section "Description of Research Proposed". Additional pages can be included for references



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BIOGRAPHICAL INFORMATION

PI First Name, Last Name, Degree(s): Click here to enter text.

Click here to enter text. Click here to enter text.

Academic Title

Department

Click here to enter text.

School

Citizenship Status

- U.S. citizen or noncitizen national
Permanent resident of U.S.

Year last degree conferred: enter text. Year of first independent position: enter text.

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 Click here to enter text.

Signature Date:

Education

Table with 3 columns: Degree/year conferred, Institution/Location, Field of study

Training

Table with 4 columns: Title, Mentor, Institution/Location, Dates

PI First Name, Last Name, Degree(s): _____

Appointments

| Title | Institution/Location | Dates |
|-------|----------------------|-------|
| | | |

Other Research Support:

(Sponsor, Project Title, Project Number, PI, Project Dates, Your Effort, Annual Direct Costs, Brief Description of Major Goals)

Publications (use continuation page if necessary)

Continued on next page

PI 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 this abstract should summarize the focus and cancer relevance of the project in non-scientific terms.

PI First Name, Last Name, Degree (s):

PROJECT TITLE:

DESCRIPTION OF RESEARCH PROPOSED (may use up to 5 pages as necessary):

PI First Name, Last Name, Degree (s):

| DETAILED BUDGET FOR INITIAL BUDGET PERIOD | | | | | | FROM 12/1/2024 | THROUGH 11/30/2025 | |
|--|--------------------|---------------------------|----------------|-----------------|---------------------|---|-----------------------|-----------|
| <i>PERSONNEL (Applicant organization only)</i> | | Months Devoted to Project | | | INST.BASE SALARY | DOLLAR AMOUNT REQUESTED (<i>omit cents</i>) | | |
| NAME | ROLE ON PROJECT | Cal. Mnths | Acad. Mnths | Summer Mnths | | SALARY REQUESTED | FRINGE BENEFITS | TOTAL |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| SUBTOTALS | | | | | | | | |
| CONSULTANT COSTS | | | | | | | | |
| EQUIPMENT (<i>Itemize</i>) | | | | | | | | |
| SUPPLIES (<i>Itemize by category</i>) | | | | | | | | |
| TRAVEL | | | | | | | | |
| PATIENT CARE COSTS | | INPATIENT | | | | | | |
| | | OUTPATIENT | | | | | | |
| OTHER EXPENSES (<i>Itemize by category</i>) | | | | | | | | |
| DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | \$ |

COST CENTER NUMBER (FOR INDIRECT COSTS):

NAME OF DEPARTMENT ADMINISTRATOR:

SIGNATURE: _____

DATE: _____

PI First Name, Last Name, Degree (s):

BUDGET JUSTIFICATION

PI First Name, Last Name, Degree (s):

Cancer Relevance Information

The Society's donors and volunteers are interested in tracking the expenditures of the Society's research dollars. Often donors prefer to support priority areas or research on specific types of cancer. Please check the appropriate boxes that apply to your application. You may choose more than one, but please indicate the percent effort on each category.

I. Priority Areas (choose one or more areas)

| | |
|--|------|
| Prevention (includes Nutrition/Tobacco Control) | |
| Detection | |
| Treatment | |
| Cause/Etiology | |
| Total Effort | 100% |

II. Organ Sites (if applicable, choose one or more sites)

| | |
|--------------------------|--|
| Breast | |
| Prostate | |
| Lung | |
| Colon/rectum | |
| Leukemia | |
| Lymphoma | |
| Ovary | |
| Other (please list) | |
| None | |
| Total Effort (0 to 100%) | |

III. Does your application deal with:

1. Poor and Underserved?
Yes ___ No ___

2. Psychosocial and Behavioral, Health Policy or Health Services Research?
Yes ___ No ___

3. Childhood Cancer Research?
Yes ___ No ___

IV. Lay Audience Summary (describe briefly, **in non-scientific language**, how your project relates to cancer in general or specifically to one or more of the above categories)

PI First Name, Last Name, Degree (s):

Research Promotion Form

If your application for an American Cancer Society grant is funded, our National Home Office will work with your local American Cancer Society Division to announce your success. The following information will be used to determine your interest in working with the Society to promote your grant and/or research to the media and the general public. Thank you for your cooperation.

Name:

Institution:

Phone #:

Fax #:

Email address:

Please indicate your response to the following questions:

1. The American Cancer Society would like to distribute a news release to local media announcing your grant. Please list newspapers, newsletters, alumni publications, or other publications you would recommend receiving the release.
2. If you are conducting research, are you willing to discuss your project(s) with the media? **(yes/no or n/a)**
3. Would you assist your local ACS Division or Unit by speaking at Society-sponsored events, for example, fundraising, professional or public education, Board or committee meetings? **(yes/no)**
4. Would you assist your local ACS Division or Unit by serving as an expert in your research or professional field and/or as a member of a speaker's bureau? **(yes/no)**
5. Would you assist your local ACS Division or Unit in fundraising events - for example, organizing a team to participate in the Relay for Life? **(yes/no)**
6. If there are other ways you would like to assist the Society, please list here:
7. Please provide the name and telephone number of the person at your institution who will be responsible for coordinating publicity with your local American Cancer Society.
Mr. Tom Wilemon
Vanderbilt-Ingram Cancer Center
(615) 936-7245

Your Signature

Date

PI First Name, Last Name, Degree (s):

HUMAN SUBJECTS/VERTEBRATE ANIMALS (IF APPLICABLE)