

APPLICATION FOR AN ADOLESCENT AND YOUNG ADULT CANCER PROGRAM AWARD

RESEARCH GRANT Term: 01/01/2025 - 12/31/2025

| | |
|---|-------------------|
| First Name, Last name, Degree(s) | _____ |
| Email | _____ |
| Office Address | _____ |
| Phone Number | _____ |
| Project Title | _____ |
| Amount Requested | _____ |
| Is this request full or partial funding? | _____ |
| _____ | _____ |
| Academic Title | Department |
| _____ | _____ |
| Verification of Applicant Eligibility by Department Chair <i>(Applicants must be within six years of their first independent research or faculty appointment and must be salaried faculty with appropriate committed research facilities.)</i> | |
| Name of Department Chair | _____ |
| Signature | _____ Date: _____ |

BIOGRAPHICAL SKETCH

Provide the following information for the Principal Investigator and each Committee Member.
Follow this format for each person.

| | | | |
|---|---------------------------|----------------|----------------|
| 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:

Positions and Honors. List in chronological order previous positions, concluding with your present position. State duration, title, and institution. List any honors.

PROFESSIONAL SOCIETY MEMBERSHIPS AND SERVICE

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

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

Publications. Give complete references for all peer reviewed publications over the last five years, including titles; begin each citation on a new line. If the number of publications is extensive, you may give a partial listing; indicate total number of publications (excluding abstracts, non-peer reviewed articles or book chapters).

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 up to four pages as necessary): 1) Title of Project, 2) Objective, 3) Background and Significance (emphasizing cancer relevance), 4) Specific Aims of the project, 5) Methods, 6) Selected Publications and Cited Literature related to the research project, and 7) description of research facilities. Explain how this request is aligned with the AYA mission and primary population(s) served by this request.

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

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First Name, Last name, Degree(s)

Continuation Page – Page 5

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

6

First Name, Last name, Degree(s)

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

7

First Name, Last name, Degree(s)

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First Name, Last name, Degree(s) _____

TOTAL AMOUNT REQUESTED: _____ **TERM:** from 7/1/2024 to 6/30/2025

BUDGET PROPOSED:

A. Personnel

B. Permanent Equipment (less than \$2,000)

C. Consumable Supplies

D. Travel (Domestic only when necessary to carry out the proposed research)

D. Miscellaneous

BUDGET JUSTIFICATION:

ATTACHMENT I

Adolescent and Young Adult Cancer Program Grant - Research Promotion Form

If your application for an AYA grant is funded, we would like to promote your success. The following information will be used to determine your interest in working with us to promote your grant and/or research to the media and the general public. Thank you for your cooperation.

Name University of Iowa Hospitals and Clinics
Institution

Phone Number Email address

Please indicate your response to the following questions:

1. The AYA Cancer Program 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. Would you assist the AYA program by speaking at the annual Symposium or other events, fundraising, professional or public education, or AYA steering committee meetings?

yes no

3. If there are other ways you would like to assist the AYA Cancer Program, please list here:

ATTACHMENT II

First Name, Last name, Degree(s) _____

Approval Form Checklist
 Holden Comprehensive Cancer Center
 Adolescent and Young Adult Cancer Program Grant Applicants

(Return with application submitted for an AYA Research Grant award)

Date: _____

Principal Investigator: _____

Department: _____

Title of Grant/Proposal: _____

If the answer to any of these questions is affirmative, the proposal must be reviewed by the University's Institutional Review Board, prior to the initiation of the project or the establishment of an account.

| Receipt of Approval copies prior to initiation of account. | YES | NO |
|---|------------|-----------|
| Note: If any of these three categories is involved, institutional approval is required before award activation; Please allow a maximum of 60 days from the award notification date to obtain relevant approval | | |
| 1. The experiments described in this proposal involve the use of human research subjects. | | |
| 2. The experiments described in this proposal involve the use of laboratory animals. | | |
| 3. The experiments described in this proposal involve the use of radioactive isotopes. | | |
| 4. The experiments described in this proposal involve administration of new or experimental drugs to humans. | | |
| 5. The experiments described in this proposal involve DNA recombinant molecules. | | |

Signed: _____
 Principal Investigator