**APPLICATION FOR HCCC DEI RESEARCH AWARD**

**Term: \_\_07/01/2023-06/30/2024\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | |
| 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** | | | | | | | | | | | | | | | | |
| Name of Department Chair | | | | | | |  | | | | | | | | |  |
| Signature | | | |  | | | | | | | | | Date: | |  |  |
|  | | | | |  | | | | | | | | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BIOGRAPHICAL SKETCH Provide the following information for the Principal Investigator and each Co-investigator.  Follow this format for each person. | | | | |
| NAME | | POSITION TITLE | | |
| EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)* | | | | |
| 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)**:**

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

**Continuation Page – Page 5**

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

**Continuation Page – Page 6**

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

**Continuation Page – Page 7**

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

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

**BUDGET PROPOSED:**

**A. Consumable Supplies**

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

**C. Miscellaneous**

**BUDGET JUSTIFICATION:**

**ATTACHMENT I**

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

|  |
| --- |
| **Approval Form Checklist**  Holden Comprehensive Cancer Center  DEI Research Award |

*(return with application submitted for a DEI Research 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. Contact the Division of Sponsored Programs, 100 Gilmore Hall (335-2123) for the appropriate forms, procedures, and instructions.

|  |  |  |
| --- | --- | --- |
| **Receipt of Approval copies prior to initiation of account**.  **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** | **YES** | **NO** |
| 1. The experiments described in this proposal involve the use of human research subjects. |  |  |
| 1. The experiments described in this proposal involve the use of laboratory animals. |  |  |
| 1. The experiments described in this proposal involve the use of radioactive isotopes. |  |  |
| 1. The experiments described in this proposal involve administration of new or experimental drugs to humans. |  |  |
| 1. The experiments described in this proposal involve DNA recombinant molecules. |  |  |

Signed:

Principal Investigator