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

**INSTITUTIONAL RESEARCH GRANT # IRG -24-1291246-49\_Term: \_\_01/01/2025-12/31/2027\_\_\_\_\_\_**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BIOGRAPHICAL SKETCH Provide the following information for the Principal Investigator.  Follow this format. | | | | |
| 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. 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**

**American Cancer Society Institutional Research Grant - 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 Number Fax Number 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 to receive the release.

2. If you are conducting research, are you willing to discuss your project(s) with the media?

yes no 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:

**\*Laura Shoemaker, Public Relations Manager and Spokesperson for UI Health**  **Care, Office of Strategic Communication; 319-356-3945**

**ATTACHMENT II**

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

|  |
| --- |
| **Approval Form Checklist**  Holden Comprehensive Cancer Center  ACS-IRG Seed Grant Applicants |

*(return with application submitted for an ACS Seed 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. 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