

The Pediatric Cancer Research Foundation
Application Cover Sheet for 2017 Research Grant



Principal Investigator _____ Doctoral Degree(s) _____

Institution _____

Title _____

Department _____

Investigator's University or Institute Mailing Address

Address _____

City _____ State _____ Zip Code _____

Telephone _____ - _____ Fax _____ - _____ E-mail _____

Project Title _____

Grant Funding Level Basic Science Emerging Translational

Check Payable _____

Mailing Address for Check

Address _____

City _____ State _____ Zip Code _____

Sponsoring Institution Tax ID or EIN _____



Applicant Information

Name _____
Title _____
Institution _____
Department _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone _____ - _____ - _____ Fax _____ - _____ - _____ E-mail _____

Project Information

Grant Funding Level: Basic Science Emerging Translational

Project Title _____

Is this a renewal application? Yes No

*Funding Requested: First Year _____ Second Year _____ Third Year _____ TOTAL _____

** Multi-year grant funding schedule only applies to Translational and Basic Science level grants*

Are Human Subjects involved with this grant? Yes No

If yes, Exemption Number _____ Or IRB approval date _____
Assurance of compliance number _____

Are vertebrate animals involved with this grant? Yes No

If yes, IACUC approval date _____ Or Animal Welfare Assurance number _____

Research relevant to what area of Pediatric cancer or related disorder (check all that apply)

Leukemia/Lymphoma Solid Tumors Other Hematological Diseases
 Stem cell transplantation Immunotherapy Other



Research Administrator

Name _____
Title _____
Institution _____
Department _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone _____ - _____ Fax _____ - _____ E-mail _____

Fiscal Officer

Name _____
Title _____
Institution _____
Department _____
Street Address _____
City _____ State _____ Zip Code _____
Telephone _____ - _____ Fax _____ - _____ E-mail _____

Certification and Signatures

We, the undersigned have reviewed this application for a Pediatric Cancer Research Foundation (PCRF) research grant and are familiar with the policies, terms and conditions of PCRF concerning this research support and accept the obligation to comply with all such terms, polices and conditions.

_____ Applicant (Printed name)	_____ Signature	_____ Date
_____ Office Signing for Institution (Printed name)	_____ Signature	_____ Date
_____ Fiscal Officer (Printed name)	_____ Signature	_____ Date



Scientific Abstract

(Briefly describe your proposed project in 200 words or less)

Lay Abstract

(Briefly describe your proposed project in 200 words or less using lay language)



Biographical Information for Principal Investigator

Name _____ Position/Title _____

Education and Training			
Institution and Location	Degree	Year Conferred	Field of Study

Research and Professional Experience

(List chronologically previous employment and experience concluding with your current position. Also, list in chronological order any complete references to all publications during the past three years and any representative earlier publications pertinent to this application.)



Biographical Information for Other Key personnel

Name _____ Position/Title _____

<i>Education and Training</i>			
Institution and Location	Degree	Year Conferred	Field of Study

Research and Professional Experience

(List chronologically previous employment and experience concluding with your current position. Also, list in chronological order any complete references to all publications during the past three years and any representative earlier publications pertinent to this application.)



Budget

Budget Category	Year 1	Year 2	Year 3	TOTAL
Personnel Expenses (name, role on project, % effort)				
Supplies & Materials				
Equipment (itemize)				
Travel				
Other DIRECT expenses (itemize)				
Total Direct Costs (1+2+3+4+5)				
TOTAL COSTS				



Budget Justification

(Provide justification for each item in the budget.)

A large, empty rectangular box with a thin black border, intended for the user to provide budget justifications for each item.



Other Research Support (active and pending)

Active

Name of individual on this project _____

Source _____

Title of project actively funded _____

Dates of approved project _____

Annual direct costs/percent of effort _____

Pending

Name of individual on this project _____

Source _____

Title of project actively funded _____

Dates of approved project _____

Annual direct costs/percent of effort _____



Proposed Project Description in Full

(Please include the following: Title, Hypothesis & Specific Aims, Preliminary studies, Research Design & Methods, References and Work Environment & Resources. Limit to 10 pages.)

