



VANDERBILT-INGRAM CANCER CENTER

**APPLICATION FOR A PILOT PROJECT GRANT
AMERICAN CANCER SOCIETY
INSTITUTIONAL RESEARCH GRANT IRG# IRG-R-25-1501229-66-IRG**

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.

Institution

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

Degree/year conferred	Institution/Location	Field of study

Training

Title	Mentor	Institution/Location	Dates

Continued on next page

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 12/1/26	THROUGH 11/30/27	
PERSONNEL <i>(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.

Yolanda James
Vanderbilt-Ingram Cancer Center
(615) 936-7245

Your Signature

Date

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

HUMAN SUBJECTS/VERTEBRATE ANIMALS (IF APPLICABLE)