**American Cancer Society**

**Institutional Research Grant**

**(1 of 7 pages)**

1. Guidelines for Application:

1. The Institutional Research Grant Policy guidelines and a summary document are available on the cancer center website <http://cancer.dartmouth.edu/res/acs_research_grants.html> or by request to [Audrey.A.Streeter@dartmouth.edu](mailto:Audrey.A.Streeter@dartmouth.edu)

b. Deadline for submission is February 15, 2019

c. Complete application

(1) Cover/approval page (this page)

(2) Budget and budget justification (2nd page)

(3) Cancer survey page and lay abstract (3rd page)

(4) Research description-limited to 3 pages (described on 4th page)

(6) Pertinent question page (5th and 6th page)

(7) Biographical information (7th and8th page)

d. Submit complete application electronically to [Audrey.A.Streeter@dartmouth.edu](mailto:Audrey.A.Streeter@dartmouth.edu). Send Page 1 with all required signatures to same at HB 7920.

2. Approvals

**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.)

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of your Department Chairman**
2. Human Subjects Yes  No  Approval Date
3. Animals Yes  No  Approval Date
4. Do you have assigned laboratory space? Yes  No

Location of lab:

1. If no, in whose laboratory will the work be done?\*

Location of lab:       Lab owner’s permission obtained Yes  No

f. Required: Name of Statistician consulted-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant's Signature**

3. Funding Support Information

1. Have you ever received ACS Institutional Grant support before? Yes  No

(You may only apply for a second year of funding for the same project. If applying for second year of same project funding, please submit a progress report (not included in page totals) with your submission.)

1. Has this project been submitted to: Hitchcock Foundation Yes  No

SYNERGY Yes  No

1. Has this project been submitted for extramural funding? Yes  No

If so, where and what is its current status?

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**PROJECT TITLE**

**INVESTIGATOR** (Name, Degree, Academic Title, Department, and School)

**AMOUNT REQUESTED TERM:** from 4/1/2019 to 3/31/2020

**New Application**  **Revised**

**BUDGET PROPOSED**: Do not exceed $30,000. If possible please budget for the full $30,000.

1. **Personnel**

|  |  |
| --- | --- |
|  |  |

**B. Permanent Supplies**

|  |  |
| --- | --- |
|  |  |

C. Supplies

|  |  |
| --- | --- |
|  |  |

D. Miscellaneous

|  |  |
| --- | --- |
|  |  |

**BUDGET JUSTIFICATION:**

Personnel (Neither PI salary nor administrative salary allowed):

Other significant research expenses:

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I. Does your application pertain to:

a.) Poor and Underserved? Yes  No

b.) Psychosocial and Behavioral, Health Policy or Health Services Research? Yes  No

c.) Childhood Cancer Research? Yes  No

II. **Lay Audience Summary** (briefly describe your project **in non-scientific language,** particularlyhow your project relates to cancer):

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**DESCRIPTION OF RESEARCH PROPOSED:**

The proposal must clearly state the rationale and background for the project, the hypothesis being tested (or question(s) being asked), a description of the experiment's Specific Aims, and a brief description of the methods. **This section should not exceed 3 pages (excluding references).**

**Background/Rationale:**

**Objective/Hypothesis:**

**Specific Aims**:

**Study Design/Method(s):**

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**Pertinent Questions: The following are questions to assist the reviewers in evaluating the merit of your proposal. This is your opportunity to highlight why your proposal should be funded. Please limit your response to these questions to one page or less.**

Relevance of the project proposal to cancer?

Statistical Analysis/Considerations: Have you consulted with a statistician to ensure the power of any statistical analysis (REQUIRED)? Contact the director of the cancer center biostatistics shared resource, Tor Tosteson, for direction and guidance if needed. It is important for validity and reproducibility of the study that attention be given to the statistical treatment of the data. Please provide a description of the key data/measurements that will be collected and the statistical methods that will be used to analyze these data.

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Does your project contain any novel approach or concept?

How would this pilot project lead to a bigger question or larger scope to serve as the basis for a future grant application, including alternate pathways forward if aim generates negative results?

Potential for publications (reminder any publications resulting from an ACS IRG award need to include a reference (“This research is supported through an American Cancer Society Research Grant, #IRG-16-191-33”)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICATION FOR A PILOT PROJECT GRANT FROM AMERICAN CANCER SOCIETY INSTITUTIONAL RESEARCH GRANT #IRG – 82-003-28** | | | | |
| **BIOGRAPHICAL INFORMATION** | | | | |
| 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. | | | | |
| School | | | | |
| Citizenship Status  U.S. citizen or noncitizen national  Permanent resident of U.S. | | | | |
| Year last degree conferred: Click here to enter text  Year of first independent research position: Click here to 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: Click here to enter text. | | | | |
| **Education** | | | | |
| Degree/year conferred | Institution/Location | | | Field of Study |
|  |  | | |  |
| **Training** | | | | |
| Title | Mentor | | Institution/Location | Dates |
|  |  | |  |  |
|  |  | | *Continued on next page* | |

|  |  |  |
| --- | --- | --- |
| First Name, Last name, Degree(s): Click here to enter text. | | |
| **Appointments** | | |
| Title | Institution/Location | Dates |
|  |  |  |
| **Other Research Support:** | | |
|  | | |
| **Publications** (use continuation page if necessary) | | |
|  | | |
|  | | |