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

**INSTITUTIONAL RESEARCH GRANT #IRG –\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| BIOGRAPHICAL INFORMATION | | | | | | | | | | | | | | | | | | |
| 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: | | |  |  |
|  | | | | |  | | | | | | | | | |  | | | |
|  | | | | | **Education** | | | | | | | | | |  | | | |
| Degree/year conferred | | | | | Institution/Location | | | | | | | | | | Field of study | | | |
|  | | | | |  | | | | | | | | | |  | | | |
|  | | | | | **Training** | | | | | | | | | |  | | | |
| Title | | | | | Mentor | | | | | Institution/Location | | | | | | Dates | | |
|  | | | | |  | | | | |  | | | | | |  | | |
| *\*\*\* Any applicant for IRG pilot project funding who is not a U.S. citizen must hold a visa that will allow him or her to remain in the U.S. long enough to complete the IRG pilot project. It is the responsibility of the institution to determine and document the visa status of any noncitizen recipient of IRG funds.*  Continued on next page | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| First Name, Last name, Degree(s) | | |  | |  |
|  | | | | | |
|  | **Appointments** | | |  | |
| Title | | Institution/Location | | Dates | |
|  | |  | |  | |
| **Current & Pending Research Support:** (For each include: Sponsor, Grant Title, PI, Start and End Dates, and Annual Direct Cost) | | | | | |
|  | | | | | |
| **Publications** (use continuation page if necessary) | | | | | |
|  | | | | | |
| Continued on next page | | | | | |

|  |  |  |
| --- | --- | --- |
| 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 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 continuation pages as necessary)**:**

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

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

**BUDGET PROPOSED:**

**A. Personnel**

**B. Permanent Equipment**

**C. Supplies**

**D. Miscellaneous**

**BUDGET JUSTIFICATION:**

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# VCU Massey Comprehensive Cancer Center

**Statement of Compliance with ACS-IRG Guidelines**

If I am selected to be a recipient of an American Cancer Society Institutional Research Grant from the VCU Massey Comprehensive Cancer Center, I agree to acknowledge this grant with the phrase “**Supported in part by Grant #IRG-21-134-46 from the American Cancer Society**” in all related publications.

In addition, I will email Alex Haynes ([haynesa4@vcu.edu](#_bookmark0)) information about any grants awarded and any published research along with the annual progress reports for a minimum of five years following the completion of this one-year award.

Signature Date

Name—Please print

## 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.

Virginia Commonwealth University

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. Are you willing to discuss your research project(s) with the media?

yes no

1. 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

1. 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

1. 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

1. If there are other ways you would like to assist the Society, please list here:
2. The name and telephone number of the person at VCU who will be responsible for coordinating publicity with your local American Cancer Society is Alexander Haynes   
   305-915-4200.

Signature Date