

APPLICATION FOR INDIVIDUAL ALLOCATION
American Cancer Society Institutional Research Grant #131567-IRG-17-178-22-IRG

APPLICATION CHECKLIST

In order to be considered for the ACS-IRG Individual Allocation Award, please ensure that the following items have been submitted:

- General Information Form**
At time of application, all applicants must be either U.S. citizens, non-citizen nationals or permanent residents
- Budget**
The Budget requested should reflect actual need. Limited to \$30,000. No indirect costs are permitted. Please complete using the PHS398 Form Page 4 <https://grants.nih.gov/grants/funding/phs398/phs398.html>
- Budget Justification**
- Biographical Sketch** (5 pages max. per biosketch)
Complete using the NIH Biographical Sketch format. Templates and samples can be found at: <https://grants.nih.gov/grants/forms/biosketch.htm>
- Other Research Support**
- Research Plan** (6 pages max -11pt Ariel font; including relevant figures)
The Research Plan should be written in a way to be sufficiently broad so that scientist reviewers who are not experts in the PI's specific field will be able to judge the significance and scientific merit of the application. The Research Plan must include:
 - Abstract (≤ 200 words)
 - Description of Research Background and Objectives
 - Description of Methods and Analytic Strategies to be used
 - Statement describing the Significance, Potential Impact and Cancer Relevance of the project and its Implication for Future Research
 - Bibliography

Renewal applications should focus on research accomplishments including publications, presentations and grant submission. Applicants are encouraged to provide strong evidence that one more year of funding will substantially increase competitiveness for external funding.
- Environmental and Future Plans**
 - Space and Facilities Available for the Project
 - Time Available for the Research
 - Association with Mentor
 - Interactions with the Research Community
 - Specific Plan for Transition to External Funding
- Cancer Relevance Information Form**
- Research Promotion Form**
- Letter from Department Chair or Division Chief**
This letter should endorse your project and choice of mentor. It should also include a plan for transition to independence and confirm your release time for research.
- Letter from Mentor**
This letter must provide a detailed mentoring plan for the applicant.
- Appendix**
Charts, figures, publications/manuscripts, supplemental explanations essential to the proposal. If project has previously been externally reviewed, include critique.

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GENERAL INFORMATION FORM

Please select type of application:

- Research Award
- Renewal Application

Amount Requested:

\$ _____

Citizenship Status:

- U.S. Citizen
- Non-U.S. Citizen National
- Permanent Resident of U.S.

Applicant Information:

First Name	Middle Initial	Last Name	Degree(s)
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Academic Title

Department

School or College

Telephone (with area code)	E-mail
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Proposal Title

Mentor information:

First Name	Middle Initial	Last Name	Degree(s)
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Academic Title

Department

School or College

Telephone (with area code)	E-mail
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Institutional Compliance:

1. Does the project involve human subjects? Yes No
a. If yes, has it been approved by the HRRC? Yes; approval number: _____
 No
b. If not approved, has it been submitted? Provide time frame for approval decision. (explain)

2. Does this project involve laboratory animals? Yes No
a. If yes, has it been approved by the IACUC? Yes; protocol number: _____
 No
b. If not approved, has it been submitted? Provide a time frame for approval decision. (explain)

Note that applications lacking approval cannot be awarded until approval is received.

Acknowledgements:

Please read the following statements and note your understanding below:

All ACS-IRG awardees are expected to attend a year-long Professional Development Colloquium to assist their transition to independence, external grant support. Please contact Dr. Laurie Hudson LHudson@salud.unm.edu I understand

Awardees agree to submit, within 30-days of its expiration, a Research Grant Report in ACS format. They must update this information upon request for future renewal of the IRG program. I understand

All publications that benefited from ACS support must acknowledge with the following statement, "Support by Grant#131567-IRG-17-178-22-IRG from the American Cancer Society." I understand

All of this information presented in this application for ACS-IRG Individual Allocation is accurate and true to the best of my knowledge:

Signature (Applicant) _____ Date _____

Signature (Mentor if applicable) _____ Date _____

Signature (second Mentor if applicable) _____ Date _____

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CANCER RELEVANCE INFORMATION

The general public, and specifically our donors, need to be aware and informed about the Society's research programs so they may continue supporting these programs. The American Cancer Society emphasizes that it is the investigator's responsibility to explain the relevance, importance, and potential impact of the proposed research in terms which can be easily understood by neighbors, the voting public, children in schools, and by individuals donating money for cancer research. Donors frequently have an interest in funding particular types of cancer research and priority areas and organ sites must be selected for these summaries to be presented to donors for special funding opportunities. In Section I, II, III and IV, please provide the requested information by following the instructions provided.

Name of Applicant: _____

Title of Project: _____

Section I – Priority Areas

*Next to all terms that apply to your proposal, indicate the percentage of effort devoted to each Use decimal format, for example, .30 will signify 30%. **Note: Total must equal 100%***

CATEGORY (<i>Note: Error if total not 100%</i>)	% Effort	CATEGORY (<i>Note: Error if total not 100%</i>)	% Effort
BIOLOGY		TREATMENT (cont'd)	
1.1-Cancer Related Biology		5.2-Localized Therapies-Clinical Applications	
1.2-Resources and Infrastructure Related to Biology		5.3-Systemic Therapies-Discovery and Development	
ETIOLOGY		5.4-Systemic Therapies-Clinical Applications	
2.1-Exogenous Factors		5.5-Combinations of Localized and Systemic Therapies	
		5.6-Complementary and Alternative Treatment Approaches	
2.2-Endogenous Factors		5.7-Resources and Infrastructure Related to Treatment	
2.3-Interactions of Genes and/or Genetic Polymorphisms with Exogenous and/or Endogenous Factors		CANCER CONTROL, SURVIVORSHIP, AND OUTCOMES	
2.4-Resources and Infrastructure Related to Etiology		6.1-Survivorship Issues (Post-Treatment Concerns)	
PREVENTION		6.2-Patient Care (Diagnosis Through Treatment) Including Supportive	
3.1-Interventions to Prevent Cancer: Personal Behaviors that Affect Cancer Risk		6.3-Surveillance	
3.2-Nutritional Science in Cancer Prevention		6.4-Behavior Related to Cancer Control	
3.3-Chemoprevention		6.5-Cost Analyses and Health Care Delivery	
3.4-Vaccines		6.6-Education and Communication	
3.5-Complementary and Alternative Prevention Approaches		6.7-End-of-Life Care	
3.6-Resources and Infrastructure Related to Prevention		6.8-Ethics and Confidentiality in Cancer Research	
EARLY DETECTION, DIAGNOSIS, AND PROGNOSIS		6.9-Complementary and Alternative Approaches for Supportive Care of Patients and Survivors	
4.1-Technology Development and/or Marker Discovery		6.10-Resources and Infrastructure Related to Cancer Control, Survivorship, and Outcomes Research	
4.2-Technology and/or Marker Evaluation with Respect to Fundamental Parameters of Method		SCIENTIFIC MODEL SYSTEMS	
4.3-Technology and/or Marker Testing in a Clinical Setting		7.1-Development of Model Systems	
4.4-Resources and Infrastructure Related to Detection, Diagnosis, or Prognosis		7.2-Characterization of Model Systems	
TREATMENT		7.3-Resources and Infrastructure Related to Scientific Model Systems	
5.1-Localized Therapies-Discovery and Development		TOTAL EFFORT (Must total 100%)	

Section II – Organ Sites

Next to all terms that apply to your proposal, indicate the percentage of effort devoted to each. Use decimal format, for example, .30 will signify 30%. *Note: Total must be 0% or 100%.*

SITE	% EFFORT	SITE	% EFFORT	SITE	% EFFORT
Adrenal		Anus		Bladder	
Blood		Bone		Bone marrow	
Brain		Breast		Buccal cavity	
Cartilage		Colon, rectum		Central nervous system	
Cervix, uterine		Connective tissue		Ear	
Endometrium		Embryonic tissue, cells		Erythrocytes	
Esophagus		Eye		Gall bladder	
Gastrointestinal tract		Genital system, female		Genital system, male	
Head and neck		Heart		Hodgkin's lymphoma	
Kaposi's sarcoma		Kidney, renal cell		Larynx	
Leukemia		Leukocytes		Liver	
Lung		Lymph nodes		Lymphatic system	
Melanoma		Mesothelioma		Muscle	
Myeloma, multiple		Nervous system		Neuroblastoma	
Non-Hodgkin's Lymphoma		Nose, nasal passages		Ovary	
Pancreas		Parathyroid		Penis	
Pharynx		Pituitary		Placental tissue, cells	
Platelets		Prostate		Reticuloendothelial system	
Respiratory system		Retinoblastoma		Rhabdomyosarcoma	
Salivary glands		Skin, non-melanoma		Small intestine	
Soft tissue sarcoma		Spleen		Stomach	
Testis		Thymus		Thyroid	
Trachea, bronchus		Urinary system		Uterus	
Vagina		Wilm's tumor		TOTAL	

Section III – General Audience Summary

In the space allotted below, describe in non-technical language, how your project relates to cancer in general or specifically to one or more of the above categories.

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RESEARCH PROMOTION FORM (optional)

If your application for an American Cancer Society grant is funded, the American Cancer Society Southwest Division would like to announce your success and to invite you to work with the Society to promote research to the media and the general public. Please indicate your response to the following questions:

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1. If you are conducting research, are you willing to discuss your project(s) with the media? Yes
 No
-
2. 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
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3. 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
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4. 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
-
5. If there are other ways you would like to assist the Society, Please list them here:
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Contact Information:

Name: _____

Phone: _____

e-mail: _____