

Collaborative Cancer Disparities Research Program (CCDRP) 2017 Application

Title of Project:

Dates of Project Period:

**Total Funds Requested from
CCDRP: \$**

Principal Investigator (PI)

Name: (Last, First, Middle)

Degree(s):

Title:

Mailing Address:

Applicant Organization:

Department:

Division:

E-mail Address:

Phone Number:

**Grant Administrator
Contact Name:**

**Grant Administrator
Phone Number:**

Grant Administrator E-mail Address:

Human Subjects: Yes No

Approval Date: _____ Pending

IRB Approval #: _____

Exempt: Yes No

Federal Wide Assurance No. _____

Vertebrate Animals: Yes No

Approval Date: _____ Pending

IACUC Approval #: _____

Animal Welfare Assurance No. _____

As PI of this project:

I certify that the information submitted within this application is true, complete and accurate to the best of my knowledge. If this proposal is funded, I agree to accept responsibility for the scientific conduct of the project, to conduct the project in accordance with the policies of the sponsoring organization, and to provide progress reports in a timely manner.

As Co-I of this Project:

I certify that the information submitted within this application is true, complete and accurate to the best of my knowledge. If this proposal is funded, I agree to accept responsibility for the scientific conduct of the project, to conduct the project in accordance with the policies of the sponsoring organization, and to provide progress reports in a timely manner.

WUSM Investigator Signature:

X _____

Date:

SIU Investigator Signature:

X _____

Date:

Principal Investigator (Last, First, Middle):

ABSTRACT (150 words or less):

Summarize the LIKELIHOOD FOR EXTERNAL FUNDING for this project based upon anticipated results, or note if N/A:

Principal Investigator (Last, First, Middle):

KEY PERSONNEL:

Start with the Washington University and Southern Illinois University partner PI(s). List all other key personnel in alphabetical order, last name first.

Name	Organization and Department	Role on Project
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OTHER SIGNIFICANT CONTRIBUTORS:

Name	Organization and Department	Role on Project
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PROJECT PERFORMANCE SITES(s):

Principal Investigator (Last, First, Middle):

REVIEWER SUMMARY BUDGET FOR BUDGET PERIOD DIRECT COSTS ONLY				FROM	THROUGH	
PERSONNEL		%		DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT	EFFORT ON PROJ.	INST. BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator					
SUBTOTALS →						
CONSULTANT COSTS						
EQUIPMENT <i>(Itemize)</i>						
SUPPLIES <i>(Itemize by category)</i>						
TRAVEL						
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
CONSORTIUM COSTS						
OTHER EXPENSES <i>(Itemize by category)</i>						
TOTAL DIRECT COSTS						\$

Principal Investigator (Last, First, Middle):

REVIEWER SUMMARY BUDGET FOR BUDGET PERIOD DIRECT COSTS ONLY				FROM	THROUGH	
PERSONNEL		%		DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT	EFFORT ON PROJ.	INST. BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
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SUBTOTALS →						
CONSULTANT COSTS						
EQUIPMENT <i>(Itemize)</i>						
SUPPLIES <i>(Itemize by category)</i>						
TRAVEL						
PATIENT CARE COSTS	INPATIENT					
	OUTPATIENT					
CONSORTIUM COSTS						
OTHER EXPENSES <i>(Itemize by category)</i>						
TOTAL DIRECT COSTS						\$