

BU-BMC Cancer Center

Pilot and Feasibility Program 2020

APPLICATION FORM

Project Title:

Budget Request (Year 1 only):

Applicant Name and Degree(s):

Current Academic and/or Institutional Title:

Department/Division:

 Telephone Number: E-mail Address:

Please select the research program, with which your project most closely aligns:

* Cancer Biology
* Cancer Interception
* Population Sciences
* Cancer Bioengineering

Please select application type:

* Basic
* Clinical
* Translational
* Community/Environmental Interventions

APPLICANT ASSURANCE: I agree to accept responsibility for the scientific conduct of this project, to provide periodic written and oral progress reports when requested, and to acknowledge ACS support in all publications and presentations that result from this project.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Abstract:

#  FROM THROUGH **DIRECT COSTS ONLY** 03/01/2020 02/28/2021

DETAILED BUDGET FOR INITIAL BUDGET PERIOD

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME  | ROLE ON PROJECT  | Calendar Months  | Base Salary  | SALARY REQUESTED  | FRINGE BENEFITS  | TOTAL  |
|   | PD/PI  |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|  SUBTOTALS  |   |   |   |
| CONSULTANT COSTS *(Itemize and Include Consultant Letter of Support)*  |  |   |
| EQUIPMENT *(Itemize)*  |  |   |
| SUPPLIES *(Itemize by category)*   |  |   |
| TRAVEL  |  |   |
| INPATIENT CARE COSTS  |  |   |
| OUTPATIENT CARE COSTS  |  |   |
| Animal Purchase and Housing *(Itemize by category)*   |  |   |
| OTHER EXPENSES *(Itemize by category)*  |  |   |
| TOTAL COSTS FOR INITIAL BUDGET PERIOD  | $  |   |

JUSTIFICATION: Justify all costs. Use additional pages as needed.

 Delete this page and INSERT an updated NIH BIOSKETCH that includes Research Support.

Delete this page and INSERT RESEARCH PLAN

(Specific Aims, Significance, Preliminary Studies, Approach, Timeline and Work Plan) THE RESERCH PLAN MUST NOT EXCEED 5 PAGES.

Minimum 0.5 inch margins and 11 point Arial font is required.

Delete this page and Insert REFERENCES CITED

Delete this page and Insert Human Subjects or Vertebrate Animals Sections as appropriate.

Delete this page and INSERT LETTERS OF SUPPORT HERE.

These may include consultant letters and letters of support from Division Chief/Department Chair.