

**APPLICATION PACKET FOR**  
**JACKI and BRUCE BARRON**  
**CANCER RESEARCH SCHOLARS' PROGRAM**  
**INTERNATIONAL COLLABORATION GRANTS**  
**IN CANCER RESEARCH**  
**(A PARTNERSHIP BETWEEN ICRF AND CITY OF HOPE)**

*This Packet Contains the Following:*

1. General Policies Governing these Grants
2. Instructions for Filling Out the Application Form
3. Application Form



***IMPORTANT!!! PLEASE READ THE FOLLOWING***  
***BEFORE FILLING OUT THE APPLICATION FORM!!!***



- ◆ Before any application will be processed or reviewed, all of the required items must be completed exactly as requested. Failure to follow any of the instructions precisely will result in the application not being reviewed.
- ◆ Please note that the actual application form consists of five (5) pages, exclusive of this page and the checklist (prepared for 8.5" x 11" paper with .25" margins). If yours is more than 5 pages, then you did not fill it out correctly and must reformat. Please view or print the PDF version so that you will see the correct layout. Do not alter the various section sizes or the borderlines on the application form.
- ◆ When preparing your Research Plan, please pay particular attention to the page limitations. The required font is Arial 11 point, with half-inch margins. Figure legends may be smaller.
- ◆ Since there are multiple investigators, please submit separate copies of Pages 1, 2, 3, and 4 (Items 1-18) of the application form for each investigator, along with their C.V. and publication lists.
- ◆ Please provide the C.V. and publication list for all key personnel involved in the project, including postdoctoral fellows, research assistants, research associates, consultants and collaborators. (If a project participant has a doctoral degree, then his or her C.V. and publication list must be included.) (The required C.V. format is an NIH Biosketch. Click [Here](#) for more info.)
- ◆ All institutional approval letters for the use of Animals and/or Human Subjects in your experiments must be written in English. No supplemental materials will be accepted after the deadline unless requested by ICRF.
- ◆ Please submit your application as an E-mail attachment to: [grants@icrfny.org](mailto:grants@icrfny.org). Make sure to include all required C.V.s and publication lists, and all other appended materials. Printed copies are not necessary. One PDF file of the full proposal is preferable, but if the file is too large to E-mail, it may be sent in several smaller files.

**GENERAL POLICIES GOVERNING**  
**JACKI and BRUCE BARRON**  
**CANCER RESEARCH SCHOLARS' PROGRAM**  
**INTERNATIONAL COLLABORATION GRANTS**  
**IN CANCER RESEARCH**

The Israel Cancer Research Fund (ICRF) is a voluntary charitable organization that receives its total income from private donations. Its main goals are the advancement of cancer research and the training of Israeli scientists in Israel. To that end, funds for cancer research are available to citizens of Israel, both native-born and those who have settled. Funds are not available to visiting scientists. (Proof of Israeli citizenship must be furnished upon request.)

Funds may be requested for clinical or basic research, which must relate to cancer. For purposes of this grant category only, the principal investigator must be located in Israel, while the collaborating investigator must be located in, and a member of the faculty of, City of Hope in Duarte, California, USA. For a list of participating City of Hope faculty, please visit the following website: <http://www.cityofhope.org/cancer-research-scholars-program>.

Information on applying for ICRF research grants may be downloaded from our website, or obtained from the address above. For any questions or problems, please send an E-mail message to: [ellen.rubin@icrfny.org](mailto:ellen.rubin@icrfny.org).

**BEFORE ANY APPLICATION WILL BE PROCESSED OR REVIEWED, ALL OF THE REQUIRED ITEMS MUST BE COMPLETED EXACTLY AS REQUESTED; OTHERWISE THE APPLICATION WILL BE RETURNED AUTOMATICALLY AND NOT REVIEWED.**

**Timetable for the Awarding of Grants**

<i>RECEIVED BY THE FUND IN NEW YORK</i>	<i>NOTIFICATION OF DECISION</i>	<i>ACTIVATION OF AWARD</i>
January 7, 2019	July 1, 2019	September 1

**Purpose**

This new collaborative grant mechanism is intended to promote international partnerships for outstanding cancer research in Israel with a collaborating investigator at City of Hope in Duarte, California. This grant program will support approximately three grants for two years at a level of \$150,000 per year per team (\$300,000 total). The support to the participating institutions will be divided such that 50% of the funds will be designated for the Israeli investigator and institution, and 50% for the City of Hope investigator. Funding for the second year is contingent upon receipt of a satisfactory progress report at the end of the first year.

All grant proposals in the International Collaboration program will be subject to rigorous peer review. The grant funds are intended to further the research proposed in the grant application. Ideally, the investigators in the two collaborating institutions will have mutual research interests, but complementary approaches. The application should detail what work will be performed in which site and how the data generated at each site will be integrated into a unified program. In the best of all worlds, successful outcome can be measured in co-authorships in high-profile journals.

The funds may be used to purchase needed reagents, cover the cost of animals or use of core facilities, as well as salary for technical support. Funds can also be used for the City of Hope collaborator to travel to Israel (economy class) or vice versa for a short-term visit related to the work in progress, and only during the grant award period. In no case are the funds to be used by the Israeli collaborator to relocate out of Israel for an extended period of time.

Applications may propose to discover and inform about genetic signaling or biochemical pathway interactions or to describe novel mechanisms of tumorigenesis. Applications are not limited to these examples, but must propose novel approaches that are neither an extension, nor expansion, of currently-funded projects. Unique 'value added' by the collaboration of the applicant labs should be clearly articulated.

While not a requirement, grants that utilize interdisciplinary approaches and that are multi-investigator are encouraged.

### **Scientific Review of Applications**

Applications will be considered for funding on the basis of the overall merit of the proposal as determined by the Scientific Review Panel and the potential of the project to enhance the capacity of Israeli scientists to accomplish more in-depth studies or investigations of wider scope than would otherwise be possible. The complementary expertise of the labs involved in the partnership should be clearly articulated. Acting upon the recommendations of the Scientific Review Panel, as well as the International Scientific Council, the Board of Trustees of the ICRF then approves all awards jointly with City of Hope.

### **Eligibility**

ICRF International Collaboration Grants are intended to support the research of established investigators. The application must originate from an Israeli scientist/institution, who will be designated as the principal investigator, and one City of Hope investigator who will be considered as the co-principal investigator. All additional collaborating investigators/institutions, whether in Israel or in North America, will be considered as co-investigators. The Israeli institutions are not permitted to utilize ICRF funds for overhead or other indirect costs.

### **Duration and Amount of the Award**

International Collaboration Grants will be awarded for a period of two (2) years with an annual stipend of \$150,000 for a total grant of \$300,000. Funding for the second year is contingent upon receipt of a satisfactory progress report at the end of the first year.

The support to the participating institutions will be divided such that 50% of the funds (\$75,000 per year) will be designated for the Israeli investigator and institution, and 50% (\$75,000 per year) for the investigator at City of Hope.

### ***ONLY ONE (1) GRANT APPLICATION PER ISRAELI PRINCIPAL INVESTIGATOR WILL BE ACCEPTED FOR EACH SUBMISSION DEADLINE***

*(An Israeli investigator may submit a grant application for this special program in addition to one of the other, regular ICRF grant categories; but, if both applications are approved for funding, the applicant will only be allowed to receive one grant, and must decide which one to accept and which one to forfeit. If the applicant is a current ICRF grant recipient, then the current award may be forfeited for the new grant.)*

### **Fiscal Requirements for Institution**

A separate account must be maintained for each award. This account must be available for audit at any time by representatives of the ICRF.

### **Reporting**

An annual narrative and financial report from each institution involved, detailing the progress made and allocation of funds, will be required 30 days after the completion of the funding period. ICRF will send forms directly to each institution. Reports will be shared with City of Hope.

### **Special Conditions**

Should the ICRF awardee(s) or the sponsoring institution(s) specified by our award vacate the project, the ICRF will automatically void the award and terminate funding. Failure of the institution(s) to notify the ICRF of such vacancy will allow the ICRF to recover funds *in toto*.

### **Biohazards and Protection of Human Subjects/Animals**

Safeguarding the rights and welfare of human subjects involved in activities supported by the ICRF, as well as consideration of potential biohazards, is the responsibility of the institution(s) that received the award. Awards for projects involving human subjects and/or animals require prior review and approval by the appropriate institutional committee. Such written approvals must be submitted along with the ICRF application. The review date should be recent; certification is invalid if the review date precedes the submission date by more than one year. These approval letters must be written *in English*.

### **Publications**

Publications resulting from collaborative projects supported by the ICRF and City of Hope must contain the following acknowledgment:

*"This study was supported by an International Collaboration Grant from the Jacki and Bruce Barron Cancer Research Scholars' Program, a partnership of the ICRF and City of Hope, as supported by The Harvey L. Miller Family Foundation."*

Awardees should send electronic copies of publications carrying the above credit line to the ICRF International Executive Office in New York as soon as possible after publication.

**Patents**

Any decisions concerning intellectual property created or developed under the Jacki and Bruce Barron Cancer Research Scholars' Program Grant and pursuant to joint research activities between City of Hope and ICRF, including but not limited to ownership, responsibility for patent prosecution or other statutory protection, and if applicable, commercialization, will be reviewed in consultation between City of Hope and ICRF.

**Changes and Amendments**

Any changes or amendments to the original award must be approved in writing by the ICRF and City of Hope.

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**INSTRUCTIONS FOR FILLING OUT THE**  
**JACKI and BRUCE BARRON**  
**CANCER RESEARCH SCHOLARS' PROGRAM**  
**INTERNATIONAL COLLABORATION GRANTS**  
**IN CANCER RESEARCH**

**GENERAL INSTRUCTIONS** - Please read the following carefully:

- Applications must be completed in standard American or British English. If English is not your first language, we strongly urge that the application be reviewed and corrected by someone perfectly fluent in grammatical, idiomatic English. Stated simply, this means that your chances of having your application understood will be greatly increased if you follow the suggested approach. Do not use abbreviations without definition, unless they are obvious to all (e.g., M.D., DNA).
- Before filling out the application, read the “General Policies Governing the “Jacki and Bruce Barron Cancer Research Scholars’ Program.” Follow all directions carefully.
- Fill out each item in each section completely. Make sure the name of the PI, Co-PI, or CI, as appropriate, appears on the upper right-hand corner of every page.
- The entire text of the application should be in the Arial font. On the application form, the font size must not be smaller than Arial 10 point, 6 lines per vertical inch. For the Research Plan, the font size must not be smaller than Arial 11 point with half-inch margins all around. (Only figure legends may be in a different font and/or one size smaller point size.)
- Do not alter the borderlines on the application form. ***Please note that the actual application form consists of five (5) pages, exclusive of the checklist (prepared for 8.5” x 11” paper with .25” margins). If yours is more than 5 pages, then you did not fill it out correctly and must reformat.*** (Please view or print the PDF version of the application form so that you will see the correct layout.)
- Please submit your application as an E-mail attachment to: grants@icrfny.org. Make sure to include all required C.V.s and publication lists (the NIH Biosketch is the required format), and all other appended materials. *Printed copies are not necessary.* One PDF file of the full proposal is preferable, but if the file is too large to send in one E-mail, it may be sent in several smaller files. No supplemental materials will be accepted after the deadline unless requested by ICRF.

**FAILURE TO FOLLOW ANY OF THESE INSTRUCTIONS PRECISELY WILL RESULT IN REJECTION OF THE APPLICATION PRIOR TO SCIENTIFIC REVIEW AND FORFEIT OF A CHANCE TO COMPETE FOR AN AWARD IN THE CURRENT YEAR.**

## **SPECIFIC INSTRUCTIONS**

These must be followed precisely. Read these instructions, item by item, as you fill in each section of the application form. If you have any questions, telephone us or send an E-mail message to: [ellen.rubin@icrfny.org](mailto:ellen.rubin@icrfny.org)

1. **Investigator Designation:** Please designate one Israeli Principal Investigator (PI), and one City of Hope Co-Principal Investigator (Co-PI). All additional collaborators should be designated as Co-Investigators (CI). Please submit copies of pages 1, 2, 3, and 4 of this form for each investigator/institution. Please place an "X" in the appropriate box.

**Only one (1) grant application per PI will be accepted for each submission deadline.**

2. **Date of application:** Self-explanatory.
3. **Name:** Last name first in CAPITAL LETTERS, first and middle names in Upper and lower case letters. Indicate degree (e.g., M.D., Ph.D., etc.).
- 3a. Your **Signature** is required in addition to your printed name. Your signature indicates your agreement to abide by ICRF's rules and regulations, if an award is made to you.
4. **Permanent Address:** This is an address at which you can always be reached (such as your home address).
5. **Work Address:** Self-explanatory. Include Telephone, Fax number, and E-mail Address.
6. **Title of Project:** Do not exceed the space provided – Maximum 90 characters, including spaces and punctuation. Do not use a font size smaller than Arial 10 point.
7. Put an "X" in the appropriate box(es). Attach appropriate assurances of compliance from the institutional authorities (*which must be written in English!*). The review date should be recent; certification is invalid if the review date precedes the submission date by more than one year.
8. **Period of Award:** This has already been filled in for you.
9. **Location of Proposed Project:** Self-explanatory. (The PI must be in Israel.)
10. **Institution's Financial Officer:** Self-explanatory.
11. **Person Authorized to Sign for Institution:** This should be the president, director, or other in authority. This signature indicates willingness of the institution to abide by all of the rules and regulations of the ICRF.

12. Previous ICRF Support: Please indicate whether you have ever received ICRF award(s).
- 12a. If you have answered "yes" in Item 12, place an "X" in the appropriate box(es).
- 12b. Indicate the inclusive years during which you were the recipient of award(s).
- 12c. Please indicate whether or not this is a resubmission. Applications that were not funded may be revised and resubmitted and will be reviewed in the same detail and compete on an equal basis with all other new applications. If you selected "yes," please attach copies of your previous reviews along with a maximum of one page *before* your research plan section (formatted for 8.5" by 11" paper using the Arial 11pt font) that briefly describes how this resubmitted application addresses the reviewers' major concerns. (If the reviews of your previous application were generally favorable, then please indicate that as well.)
13. Full C.V. and Publication List: This must be included. Attach your C.V. and publication list (as well as those of any other personnel with a doctoral degree) after the reference section of your research plan. The required format is an NIH Biosketch. For information on the NIH Biosketch format, please visit the following website: <https://grants.nih.gov/grants/forms/biosketch.htm>
14. Facilities Available: State floor space available to you in sq.m. or sq.ft. Indicate the nature of the space (i.e., office, laboratory, radiation therapy room). List major items of equipment available for your exclusive use. List shared facilities separately (e.g., liquid scintillation counter, 20% time).
15. Present Research Support Available: This item must be completed carefully and fully.

**Please Note:** Providing this information will not necessarily preclude you from receiving an award, but failure to include it may result in rejection of your application.

- First, indicate and list each grant of which you are *Principal Investigator* as (PI). State funding organization, grant title, % full time equivalents (FTE) of your time, total amount in US Dollars (\$), total duration of awards, in that order. Example: (PI) NIH, Cholesterol levels in blood of fatted calves, 20%, \$125,000. 12/01/16-11/30/19 (MO/DAY/YR).
- Next, indicate and list each grant of which you are a *Co-Investigator* as (CI). State funding organization, grant title, principle investigator, %FTE of your time, total amount in dollars (\$), total duration of award. Example: (CI) Volkswagen Stiftung, Molecular biology of ugly ducklings. Leshek Walenza, PI, 15%, \$300,000. 01/02/16-12/31/18 (MO/DAY/YR).
- Then, indicate and list, in the same format, all applications currently under consideration as (Submitted).

If you have no current support and/or submitted applications, please indicate "none" where appropriate.

16. Proposed Budget: Present this in detail for a two-year time period. The support to the participating institutions will be divided such that 50% of the funds (or \$75,000 per year) will be designated for the Israeli investigator and institution, and 50% (or \$75,000 per year) for the investigator at City of Hope.
- 16A. Personnel: Names and positions of all personnel must be individually listed and the percentage of time to be devoted to the project by each person should be noted, even when salary is not requested. If an individual has not yet been selected, please list as "to be determined." List consultants here also, and include letters of intent to collaborate in the Appendix. (Please also provide in the Appendix the C.V. and publication list (in NIH Biosketch format) for all key personnel involved in the project, including postdoctoral fellows, research assistants &/or associates, consultants and collaborators. ***If a project participant has a doctoral degree, then his or her C.V. and publication list must be included.***)



- 16B. Equipment: List separately and justify the need for each item of equipment requested in Item No. 17 on page 4/5.
- 16C. Supplies: Group these into major categories (glass and plasticware, chemicals, radioisotopes, etc.) ***If the project involves the use of proprietary drugs, you must include in the Appendix a letter from the drug manufacturer or supplier indicating that they will have no control over publication or dissemination of the results of the study.***
- 16D. Other: Examples of allowed miscellaneous expenditures include publication costs, computer time, equipment maintenance, etc.
- 16E. Total: Enter the sum for all years of requested support.
17. Budget Additions and Justifications: Provide sufficient information in order to justify all items of equipment, the need for personnel, supplies, and any other miscellaneous and/or unusual expenses.
18. Relevance to Cancer: Provide a short paragraph of approximately 200 words or less, in non-technical language, explaining how your work is relevant to the clinical problem of cancer. (The ICRF recognizes that cancer research encompasses a very broad spectrum and that progress in cancer control will, therefore, come from taking the broadest possible view, consistent with our mission, of what constitutes cancer research.) This section only needs to be completed by the PI. The other investigators may leave this section blank.
19. Research Plan: Please note that Items 19a, 19b, and 19c must all fit on page 5/5 of the application form. Do NOT continue on a second page, or you risk disqualification of your application.
- 19a. The PI's name, institution, and the title of the application (same as Item No. 6) must appear at the top of this page.
- 19b. Research Plan Summary: Summary must not exceed the space indicated and be printed in the Arial 10 point font or larger. Make sure you underline key words. Emphasize new approaches and knowledge to be gained.
- 19c. Research Plan in Detail: Include sufficient information to facilitate an effective review without reference to any previous application. Be specific and informative and avoid redundancies. Reviewers will consider brevity and clarity in the presentation as indicative of an applicant's approach to a research objective and ability to conduct a superior program.
1. Specific Aims: State clearly and concisely what the research described in this application is intended to accomplish and/or what hypothesis is to be tested. Proposals should be realistic in terms of work to be accomplished within the period of time for which support is requested. **DO NOT EXCEED THE SPACE PROVIDED ON PAGE 5. This section MUST appear on page 5/5 (Item 19c) of the application form.**

The following sections should be attached as additional pages. Text should be single-spaced using the Arial 11 point font, 6 lines per vertical inch, with a minimum of half-inch margins, formatted for 8.5" x 11" paper size.

Organize Sections of the RESEARCH PLAN to answer these questions: a) What do you intend to do? b) Why is the work important? c) What has already been done? d) How are you going to do the work?

DO NOT EXCEED THE NUMBER OF PAGES DESIGNATED FOR EACH SECTION. Failure to conform to the guidelines on font size, page length, or project scope may impact unfavorably on the priority score, or result in the application being returned to the investigator without review.

Please adhere to the following format:

- Significance: Briefly sketch the background of the present proposal, critically evaluate existing knowledge and specifically identify the gaps that the project is intended to fill. State concisely the importance of the research described in this application by relating the specific aims to longer-term objectives. DO NOT EXCEED TWO (2) PAGES.
- Preliminary Studies: Use this section to provide an account of your preliminary studies pertinent to the application and/or any other information that will help to establish the experience and competence of the applicants to pursue the proposed project. The titles and complete references to appropriate publications and completed manuscripts must be listed, and not more than three (3) publications may be submitted as an APPENDIX. DO NOT EXCEED FOUR (4) PAGES EXCLUSIVE OF APPENDIX.
- Research Design and Methods: Discuss in detail the experimental design and the procedures to be used to accomplish the specific aims of the project. Describe the protocols to be used and provide a tentative sequence or timetable for the investigation. Although the time estimated should not exceed the term for which support is requested, it is helpful to state how this project fits in with your long-term research goals. Describe any new methodology and its advantage over existing methodologies. Discuss the potential difficulties and limitations of the proposed procedures and alternative approaches for achieving the aims. In a separate subsection, point out any procedures, situations, or materials that may be hazardous to personnel and the precautions to be exercised. DO NOT EXCEED TEN (10) PAGES.
- Statistical Analysis: Include the means by which the data will be statistically analyzed and interpreted. Any project that includes a planned number of observations (especially population studies, epidemiology, or clinical trials) must indicate the number of subjects or experiments needed for statistical analysis, indicating clearly the reasoning for obtaining such numbers. Hypotheses that predict a null outcome must be tested with sufficient statistical power, and the power of planned experiments to pursue these hypotheses needs to be clearly stated. Projects that do not indicate the statistical power for a given sample size and/or indicate the probability of finding significance will not be considered at all! The above information can be brief (i.e., 150 words or less). If no statistical analysis is necessary, then please indicate this in this section. DO NOT EXCEED ONE (1) PAGE.
- Collaboration Synergies: Use this section to outline how the investigative teams will integrate their respective contributions to the proposed research project and what mechanisms will be put in place to ensure communication between the investigators and the research teams (i.e., trainees). DO NOT EXCEED ONE (1) PAGE. Include copies of letters of collaboration in the Appendix.
- References: Cite these in full. This includes first and last pages of articles.
- Appendix: Appended materials may include letters of collaboration, copies of publications (no more than 3, please!), tables and figures, etc. However, the appendix section should not be used to bypass the page limitations.

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**JACKI and BRUCE BARRON CANCER RESEARCH SCHOLARS' PROGRAM**

ICRF International Executive Office  
52 Vanderbilt Ave • Suite 1510  
New York, NY 10017  
E-mail completed applications to: grants@icrfny.org

**For Office Use Only**  
#: \_\_\_\_\_  
Received: \_\_\_\_\_

**INTERNATIONAL COLLABORATION GRANTS**

1. Please designate one Israeli Principal Investigator (PI), and one Co-Principal Investigator (Co-PI) from City of Hope, USA. All additional collaborators should be designated as Co-Investigators (CI). Please submit copies of pages 1-4 of this form for each investigator/institution, and indicate role below.  
The individual listed below is:  Principal Investigator (PI)  Co-Principal Investigator (Co-PI)  Co-Investigator (CI)

2. Date of Application (mo/day/yr): \_\_\_\_\_

3. Name: \_\_\_\_\_  
LAST (IN CAPITAL LETTERS), First, Middle, Degree

3a. Signature: \_\_\_\_\_

4. Permanent Address:  
  
  
  
Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

5. Work Address:  
  
  
  
Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

6. Title of Proposed Research Project (Do Not Exceed This Space – Maximum 90 Characters, including spaces and punctuation):  
\_\_\_\_\_

7. This Project Involves the Following: (Check All that Apply)

<input type="checkbox"/> Immunology and Immunotherapy	<input type="checkbox"/> Cancer Stem Cells	<input type="checkbox"/> RNA Metabolism	<input type="checkbox"/> Human Subjects*
<input type="checkbox"/> Proteomics and Protein Structures	<input type="checkbox"/> Intracellular Trafficking	<input type="checkbox"/> Animals* (*Attach Institutional Approval)	
<input type="checkbox"/> Clinical and Translational Research	<input type="checkbox"/> Membrane Biology	<input type="checkbox"/> Other (please fill in)	
<input type="checkbox"/> Genetics and Genomics	<input type="checkbox"/> Metabolism and Cancer	_____	
<input type="checkbox"/> Model Organisms	<input type="checkbox"/> Cell Signaling	_____	

8. Period of Award: from (mo/day/yr): **09/01/2019** to (mo/day/yr): **08/31/2021**

9. Location of Proposed Project  
Department:  
Institution:  
Address:  
  
Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

10. Institution's Financial Officer  
Name:  
Title/Position:  
Address:  
  
Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

11. Person Authorized to Sign for Institution  
Name:  
Title/Position: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address:  
  
Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

12. Have you ever received ICRF awards(s)?  Yes  No

12a. If yes, check type:  Postdoctoral Fellowship  CRCDA  RCDA  Project Grant  Research Professorship  
 Gesher Award  Acceleration Grant  International Collaboration Grant

12b. Years of Awards:

12c. Is this a resubmission?  Yes  No

*If you selected "yes," please attach copies of your previous reviews along with a maximum of one page before your research plan section (formatted for 8.5" by 11" paper in the Arial 11pt font) that briefly describes how this resubmitted application addresses the reviewers' major concerns. (If the reviews of your previous application were generally favorable, then please indicate that as well.)*

13. Full C. V. and Publication List: Attach after the *References* section of the *Research Plan*.

*(Please make sure to provide the C.V. and publication list (in NIH Biosketch format) for all key personnel involved in the project, including postdoctoral fellows, research assistants, research associates, consultants and collaborators. {If a project participant has a doctoral degree, then his/her C.V. and publication list must be included.})*

14. Facilities Available (i.e., Laboratory Space.) Include items of permanent equipment, core facilities, etc.

15. Present Research Support Available (See Page 3 of the Instructions before beginning)

(This section **MUST** be filled out. Fully itemize below **all** institutional funds, **and all other support** available to the investigator, **including** all applications currently under consideration. **Please Note:** *Providing this information will not necessarily preclude you from receiving an award, but failure to include it may result in rejection of your application.* If you have no current support and/or submitted applications, please indicate "none" where appropriate.)

<u>Funding Organization</u>	<u>Grant Title</u>	<u>% of Your Time (FTE)</u>	<u>Total Amount (US Dollars)</u>	<u>Duration of Grant</u>
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16. Proposed Budget	Year 1	Year 2
<b>A. Personnel</b> <i>(Please List Name, Title, Role in Project, and % Time. Attach C.V. and publication lists for all personnel with a doctoral degree in NIH Biosketch format.)</i>		
<b>B. Equipment</b>		
<b>C. Supplies (by category)</b>		
<b>D. Other (List)</b>		
<b>E. TOTAL</b>		

17. Budget Additions and Justifications:

18. Relevance to Cancer: (See Page 4 of the Instructions before beginning. *Only the PI must complete this section.*)

19a. Research Plan

Name of Applicant (PI): \_\_\_\_\_

Institution: \_\_\_\_\_

Project Title: \_\_\_\_\_

19b. Research Plan **Summary** (Do **not** exceed this space; make sure you underline key words)

19c. Research Plan in Detail (See Page 5 of the Instructions before beginning; Do **not** exceed page limitations)

1. **Specific Aims** (Do **not** exceed this space; This section **must** appear on this page)

## APPLICATION CHECKLIST

The checklist below should be used as a reference, in order to ensure that your application is complete. Applications will be automatically disqualified unless **all** of the requested items are included when submitted. (This page does not have to be included with your submission, nor do all of the pages that precede the actual application form.)

**Please check the box next to each item as you complete it.**

- 1. The completed application, arranged in the following order:
  - A. Pages 1-5 of the Application Form (*Pages 1-4 for each investigator/institution*)
  - B. Resubmission Information (*if necessary*)
  - B. Significance
  - C. Preliminary Studies
  - D. Research Design and Methods
  - E. Statistical Analysis
  - E. Collaboration Synergies
  - F. References
  
- 2. C.V. and Publication List of the PI, Co-PI, and all CIs (*if any*), plus the C.V. and Publication Lists for all personnel involved in the project with a doctoral degree (*NIH Biosketch format required*)
  
- 3. Letters of commitment and collaboration, if any
  
- 4. Committee Approval Letter(s) for use of:    Human Subjects    Animals  
(*These letters must be written in English!*)
  
- 5. All appended materials, including no more than three (3) publications (Appendix)
  
- 6. All required Signatures are on the application form (Item 3a):
  - PI    Co-PI    CIs, if any
  - Person Authorized to Sign for Institution (Item 11)
  
- 7. The complete application has been sent as an E-mail attachment to: **grants@icrfny.org**

**ALL ITEMS MUST BE RECEIVED BY  
THE ICRF INTERNATIONAL EXECUTIVE OFFICE  
ON OR BEFORE JANUARY 7, 2019**