

**LRCP CATALYST GRANTS FOR TRANSLATIONAL CANCER RESEARCH
APPLICATION FORM**

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| Principal and Co-Principal Investigator(s) | |
| Nominated Principal Investigator (to whom all correspondence will be addressed) | |
| Western University Department(s) and Lawson affiliation. You must hold a current academic appointment in the Dept. of Oncology; indicate that here. | |
| Address(es) | |
| Email(s) | |
| Phone Number(s) | |
| Date of Appointment to Western University Department of Oncology | |
| Short Title of Research Proposal | |
| Location of Research Study | |
| Co-Applicant(s), Titles and Academic Departmental affiliations | |
| Collaborator(s), Titles and Academic Departmental affiliations | |

Is this a re-submission of an unsuccessful previous application to the Catalyst Grant program?

Yes No

Grant Theme

Check appropriate **CATEGORY(S)** and defend in the body of the grant

- 1. Translational Breast Cancer Research
- 2. Translational Lymphoma Cancer Research
- 3. Translational Myeloma Cancer Research
- 4. Translational Ovarian Cancer Research
- 5. Translational Pancreatic Cancer Research
- 6. Translational Prostate Cancer Research
- 7. Keith Samitt Translational Cancer Research Grant (Undesignated)

TOTAL AMOUNT REQUESTED: \$ _____
Do not exceed the allowable amount as described in the *Guidelines*

Approvals: Check the appropriate boxes

Standing Committee on Human Ethics approval:

Yes No Applied for Not applicable

Animal Use Subcommittee (AUS) approval:

Yes No Applied for Not applicable

Biohazard approval:

Yes No Applied for Not applicable

***NO** approvals to be included in this application.
Approval letters from the relevant institution will be requested before disbursing funds to successful applicants*

Signature of Principal/Nominated Principal Applicant

Date

Signature of Department Head

Date

1. PRINCIPAL APPLICANT BIOSKETCH: Describe applicant's expertise relevant to the Catalyst Grant proposal which should include a description of experience and expertise that supports success of this application. (250 Word Maximum, single spaced)

2. CONTRIBUTION & EXPERTISE: Describe the contribution and expertise of each collaborator and co-applicant to the proposed studies. For all applications to a specific cancer site category, the integral role of both basic scientist and clinical team members listed on the application should be clearly described. Expertise of applicants to a specific cancer site category should be described here. (250 Word Maximum, single spaced)

3. RATIONALE & RELEVANCE: Provide rationale for inclusion of this application to a particular disease site funding source ie. Breast Cancer. Justify how this proposal represents a novel aspect of your research program and how data generated by your work will be used to leverage external funding. (250 Word Maximum, single spaced)

4. SUMMARY OF RESEARCH PROPOSAL: Summarize the objective(s), hypothesis, approach and research plan. (250 Word Maximum, single spaced)

5. RESPONSE TO PREVIOUS REVIEWS: (if applicable) Complete this section only if this is a re-submission of an unsuccessful Catalyst grant application. (1 Page Maximum)

6. RESEARCH PROPOSAL: Provide a clear, concise description proposed research. Include the current state of knowledge, relevant work done by the applicant, and a rationale for methods and approaches.

Submit a **maximum of 6 double-spaced** pages, not including references and 1” margins at top, bottom and sides. Include references on a separate page. Use only Times New Roman, 12 point font. All Figures and Tables must be in the 1-page appendix. For studies using clinical samples or trials, a Power analysis estimating the sample size required must be provided as an appendix.

7. **CURRICULA VITAE:** Provide Curricula Vita of Principal, Co-Principal and Co-Applicants (CVs of Collaborators not required). For PhD Student/Postdoctoral Fellow/Clinical Research Fellow, include trainees CV. Include a copy of transcript for PhD student. Include a list of all current grant support and indicate any overlap. Include a list of publications in the past 5 years. **DO NOT exceed 5 pages per CV.**

BUDGET MODULE:

Name of Principal Applicant and Institution

Financial Assistance Requested

| RESEARCH STAFF (excluding trainees) | No. | Salary | Benefits | TOTAL |
|---|------------|---------------|-----------------|--------------|
| Research Assistants | | | | |
| Technicians | | | | |
| Other personnel (NOTE: Summer students are NOT eligible for support) | | | | |

| RESEARCH TRAINEES | No. | Amount | TOTAL |
|---|------------|---------------|--------------|
| Postdoctoral Fellows/Clinical Research Fellows (post PhD, MD, etc.) | | | |
| PhD Students | | | |
| NOTE: Summer students are NOT eligible for support | | | |

| MATERIALS, SUPPLIES AND SERVICES | TOTAL |
|---|--------------|
| Animals | |
| Expendable materials | |
| Services | |
| Other (specify) | |

| | |
|------------------------|--|
| TOTAL OPERATING | |
|------------------------|--|

| | |
|------------------|--|
| EQUIPMENT | |
|------------------|--|

| | |
|------------------------|--|
| TOTAL REQUESTED | |
|------------------------|--|

8. DETAILS OF BUDGET MODULE REQUESTED:

a) EXPENDABLE SUPPLIES:

b) EQUIPMENT:

c) TECHNICAL SUPPORT:

d) RESEARCH TRAINEES: (PhD students and Postdoctoral or Clinical Fellows)

e) SERVICES:

9. PROGRESS REPORT:

Principal/Co-Principal Investigators previously funded by the Catalyst Grants program **must** submit a Progress Report for their most recent LRCP Catalyst Grant award with this application (maximum 2 pages). If Principal/Co-Principal applicants have never received such an award, indicate that here; a Progress Report is not required if that is the case.

Include detailed information about submitted or published manuscripts, reports, patents or other evidence of dissemination of results. **Catalyst Grant Funding will NOT be considered unless a Progress Report is received with the current application.**