

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

Principal and Co-Principal Investigator(s)	
Nominated Principal Investigator (to whom all correspondence will be addressed)	
Western University Department(s) and Lawson affiliation	
Address(es)	
Email(s)	
Phone Number(s)	
Date of Appointment to Western University Department of Oncology	
Short Title of Research	
Location of Research Study	
Co-Applicant(s), Titles and Departments	
Collaborator(s), Titles and Departments	

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 | <input type="checkbox"/> |
| 2. Translational Leukemia Cancer Research | <input type="checkbox"/> |
| 3. Translational Myeloma Cancer Research | <input type="checkbox"/> |
| 4. Translational Ovarian Cancer Research | <input type="checkbox"/> |
| 5. Translational Prostate Cancer Research | <input type="checkbox"/> |
| 6. Keith Samitt Translational Cancer Research Grant (Undesignated) | <input type="checkbox"/> |

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)

2. CONTRIBUTION & EXPERTISE: Describe the contribution and expertise of each collaborator and co-applicant to the proposed studies. For applications to the Breast Cancer category, the integral role of both basic scientist and clinical team members listed on the application should be clearly described. For Ovarian and Prostate categories, the relevance of the proposed research must be accurately described to justify designation to these disease sites. (250 Word Maximum)

3. RATIONALE & RELEVANCE: Provide rationale and relevance for inclusion of this application to a particular disease site funding source ie. Breast Oncology. Explain how data generated in the proposal will be used to leverage external funding. (250 Word Maximum)

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

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 one 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	
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EQUIPMENT	
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TOTAL REQUESTED	
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8. DETAILS OF BUDGET MODULE REQUESTED:

a) **EXPENDABLE SUPPLIES:**

b) **EQUIPMENT:**

c) **TECHNICAL SUPPORT:**

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

d) **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.