

KLCR Program—Cycle 9
 Research Grant Application
DEADLINE: June 15, 2009



Section 1—Basic Information

| |
|---|
| Application Title: <i>(no more than 175 letters)</i> |
|---|

| | |
|--------------------------------|--|
| Principal Investigator: | |
| Department: | |
| Office Address/Speed Sort: | |
| Phone #: | |
| Email Address: | |

Optional

| | |
|--|--|
| Corresponding Principal Investigator: | |
| Department: | |
| Office Address/Speed Sort: | |
| Phone #: | |
| Email Address: | |

| OSPA Research Administrator | | Your Department Business Manager | |
|------------------------------------|--|---|--|
| Name: | | Name: | |
| Phone #: | | Phone #: | |
| Email Address: | | Email Address: | |

Signatures:

Signature of Principal Investigator *Date Signed*

Signature of Co-Principal Investigator *Date Signed*

Deborah Davis, Director OSPA *Date Signed*

Section 2—Financial Information

Maximum Funding Available: \$75,000 each of two years for a total of \$150,000

Section 2a: Budget for two years

| Personnel | | | | | | |
|-------------------------|--------------|-------------|----------|----------------|-----------------|-------|
| Name | Project Role | Base Salary | % Effort | Salary Request | Fringe Benefits | Total |
| | | | | | | |
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| | | | | | | |
| Personnel Total: | | | | | | |

Summary of Total Budget Request

| Category | Year 1 | Year 2 | Sub-Totals |
|--------------------------------|---------------|---------------|-------------------|
| A. Personnel | | | |
| B. Equipment | | | |
| C. Supplies | | | |
| D. Animals | | | |
| E. Travel | | | |
| F. Other | | | |
| <i>G. Total Direct Costs</i> | | | |
| <i>H. Total Indirect Costs</i> | | | |
| I. Total Funds Requested | | | |

Justify budget requests for categories A through F on the next page (page 3).

Section 2b—Budget Justification

Justification: Itemize and justify any proposed purchases/expenses associated with the following budget categories: A. Personnel; B. Equipment; C. Supplies; D. Animals; E. Travel; F. Other

Justification for Year 1

Justification for Year 2

For more room, attach a page 3a.

Section 3—Research Activity

Section 3a: *Active Research Support*

Grant #:

Sponsor:

End Date:

Title:

Summary of Research Aims:

Grant #:

Sponsor:

End Date:

Title:

Summary of Research Aims:

Grant #:

Sponsor:

End Date:

Title:

Summary of Research Aims:

Duplicate page as needed

Section 3b: Submitted Applications

| | | | |
|--------------------------------------|-----|-------|----|
| Overlap with KLCR Application? _____ | Yes | _____ | No |
| Grant #: | | | |
| Sponsor: | | | |
| Date Submitted: | | | |
| Title: | | | |
| Summary of Research Aims: | | | |

| | | | |
|--------------------------------------|-----|-------|----|
| Overlap with KLCR Application? _____ | Yes | _____ | No |
| Grant #: | | | |
| Sponsor: | | | |
| Date Submitted: | | | |
| Title: | | | |
| Summary of Research Aims: | | | |

| | | | |
|--------------------------------------|-----|-------|----|
| Overlap with KLCR Application? _____ | Yes | _____ | No |
| Grant #: | | | |
| Sponsor: | | | |
| Date Submitted: | | | |
| Title: | | | |
| Summary of Research Aims: | | | |

Duplicate page as needed

Section 4—KLCR Program Grants

*Required of principal investigators who have held or hold KLCR Program grants
Please repeat this page if you had or have more than one KLCR Program grant.*

Cycle #:

Title of previous or current KLCR Program grant:

4a: Applications for extramural funding *(Please report extramural funding for which you have applied to continue the lung cancer research outlined in your KLCR Program grant.)*

| Sponsor/Short Title | Date Submitted | Amount Requested | Pending | Funded Yes or No |
|---------------------|----------------|------------------|---------|------------------|
| Sponsor: Title: | | | | |
| Sponsor: Title: | | | | |
| Sponsor: Title: | | | | |

4b: Publications on work from KLCR Program grants *(Please report manuscripts you have prepared that relate directly to this grant’s lung cancer research.)*

| Research Articles | Manuscript Form | Submitted | Publication Date |
|-------------------|-----------------|-----------|------------------|
| Title: | | | |
| Title: | | | |
| Title: | | | |
| Title: | | | |

4c: Presentations on work from KLCR Program grants *(Please report presentations you have conducted that relate directly to this grant’s lung cancer research.)*

| | |
|--------|-------|
| Event: | Date: |
| Title: | |
| Event: | Date: |
| Title: | |
| Event: | Date: |
| Title: | |
| Event: | Date: |
| Title: | |

4d: Posters on work from KLCR Program grants *(Please report Poster Sessions you have attended where your poster related directly to this grant’s lung cancer research.)*

| | |
|--------|-------|
| Event: | Date: |
| Title: | |
| Event: | Date: |
| Title: | |
| Event: | Date: |
| Title: | |
| Event: | Date: |
| Title: | |

Section 5—Other

Section 5a — Human and Animal Subject Protection

*Please note that a copy of the appropriate UK ORI committee approval letter(s) must be on file with the KLCR Program **before research can start.***

Are *human subjects* involved in this project? ___ YES ___ NO

Are *animals* involved in this project? ___ YES ___ NO

Section 5b — Research Design

*Indicate the research design you selected for this application (**Check only one**)*

- ___ Basic research (bench/laboratory science)
- ___ Translational research (bridges gap between basic and clinical inquiry)
- ___ Clinical trial (all stages; chemotherapy, radiation, surgical, devices)
- ___ Psychosocial investigation
- ___ Population-based epidemiological research

Section 5c — KLCR Program Research Priorities

*Please indicate the priority research area that is the primary focus of your proposed study (**Check only one**). Remember this is a two-year pilot study.*

- ___ Experimental Therapeutics
- ___ Cellular and Molecular Oncology
- ___ Tumor Immunology and Immunotherapy
- ___ Detection, Diagnosis, Prognosis
- ___ Etiology, Epidemiology, Cancer Prevention and Control
- ___ Behavioral Oncology, Symptom and Palliative Care
- ___ Complementary and Alternative Medicine

Section 6—Abstracts

Professional Research Abstract *(Read by professionals in your area of inquiry)*

Principal Investigator:

Corresponding Principal Investigator:

Application Title:

Research Design *(from Section 5b):*

Research Area *(from Section 5c):*

Key Words (up to 5):

Professional Abstract *(please do not exceed 1/2 page)*

Lay Abstract

(Read by informed citizens, General Assembly members, etc)

Principal Investigator:

Corresponding Principal Investigator:

Application Title:

Research Design *(from Section 5b):*

Research Area *(from Section 5c):*

Key Words (up to 5):

Lay Abstract *(please do not exceed 1/2 page)*

Section 7—Narrative

*Limit the Narrative to **ten (10)** pages, not including references.
Continue narrative on additional pages; maintain consecutive page numbers.*