1. **GENERAL PROJECT INFORMATION**

**Co-PIs & Other Key Personnel:** *(First name listed will be considered the contact person for the proposal.*)

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|  | **Name** |  **Role on Project** |  **Academic Rank** | **Department** | **UFHCC Program** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
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| **8** |  |  |  |  |  |

**Please attach a current NIH Biosketch for all Co-PIs.**

**Project Title**

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**Does this project involve the use of human subjects or samples?**

**[ ] Yes** **[ ] No**

**If yes, is there an approved IRB protocol in place?**

**[ ] Yes [ ] No Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Does this project involve the use of vertebrate animals?**

**[ ] Yes** **[ ] No**

**If yes, is there an approved IACUC protocol in place?**

**[ ] Yes [ ] No Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approval Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you or any Co-Investigators on this proposal have pending projects for the same or similar research projects?**

**[ ] Yes** **[ ] No**

**If yes, list proposal information (include title, sponsor, project period, annual direct cost)**

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1. **SCIENTIFIC ABSTRACT** *(Maximum 30 lines)*

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1. **LAY ABSTRACT** *(Maximum 30 lines)*

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1. **LONG-TERM VISION:** Future plans to leverage research results into Externally Peer-Reviewed projects (NIH/NCI funding. Be specific in terms of funding announcement that the research team plans to pursue). *(Maximum 1 Page)*

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*E.* **SPECIFIC AIMS** *(Maximum 1 page)*

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*E.* **RESEARCH PLAN: Significance, Innovation, Approach***(Maximum 2 pages)*

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*F.* **LITERATURE CITED** (*no page limit*)

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*G.* **BUDGET & JUSTIFICATION - *(must outline planned spending for each PI, if applicable)***

**Research Personnel**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Role on Project** | **Cal Months** | **Int. Base Salary** | **Salary Requested** | **Fringe Benefits** | **Total** |
|  | PI |  |  |  |  |  |
|  | Co-PI |  |  |  |  |  |
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| **Sub-Total** |  |  |  |
| **Research Supplies (Itemize by category)** |  |
| **Research Core Services** |  |
| **Other Expenses** |  |
|  |
| **Total Direct Costs for Proposed Project** |  |

**Budget Justification** (*no page limit*)

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Please Submit Completed Application (including Biosketches) to

ResearchAdmin@cancer.ufl.edu