American Cancer Society-Institutional Research Grant #IRG-23-1143225-04
ACS - IRG - Application Form

American Cancer Society | OU Health Stephenson Cancer Center

INVESTIGATOR'S PRIMARY INSTITUTION	☐ OUHSC ☐ OU-Norman ☐ OU-Tulsa		
	NEW PROPOSAL ☐	RE-SUBMISSION ☐	COMPETING RENEWAL ☐

1. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR

1a. NAME (Last, first, middle)

1b. POSITION TITLE / ACADEMIC RANK

1c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

1d. MAJOR SUBDIVISION

1e. TELEPHONE *(Area code, number and extension)* AND E-MAIL

TEL: E-MAIL:

1f. CITIZENSHIP STATUS
☐ U.S. Citizen
☐ Non U.S. Citizen (Permanent Resident)
☐ Non U.S. Citizen (Temporary Resident)

1g. MAILING ADDRESS *(Street, city, state, zip code)*

2. TITLE OF PROJECT

3. HUMAN SUBJECTS RESEARCH ☐ No ☐ Yes

3b. Human Subjects Assurance No.

3c. Clinical Trial ☐ No ☐ Yes

3d. NIH-defined Phase III Clinical Trial ☐ No ☐ Yes

3a. Research Exempt ☐ No ☐ Yes

If "Yes," Exemption No.

4. VERTEBRATE ANIMALS ☐ No ☐ Yes

4a. If "Yes," IACUC approval Date

4b. Animal welfare assurance no.

5. DATES OF PROPOSED PERIOD OF SUPPORT *(month, day, year—MM/DD/YY)*

From Through

6. COSTS REQUESTED FOR PROPOSED BUDGET PERIOD (*Indirect Costs not Allowed)*

Direct Costs ($):

7. WILL THE PROJECT INCLUDE SUB-AWARDS OR SUB-CONTRACTS ?

YES ☐ NO ☐

8. APPLICANT/CHAIR Signatures

PRINCIPAL INVESTIGATOR:

SIGNATURE DATE

VERIFICATION OF ELIGIBILITY by Department Chair *(Applicants must be within six years of their first independent research or faculty appointment, must be salaried faculty with appropriate committed research facilities, and may not have may not have competitive national funding active at the start date of the proposed IRG allocation)*

CHAIR:

SIGNATURE (E-Signatures are acceptable) DATE

This is the ☐ first, ☐ second (final) submission of this proposal

PI Name:

Academic History

BIOGRAPHICAL INFORMATION

PI First Name, Last name, Degree(s)

Academic Rank | Institution/University Department

School

Citizenship Status

☐ U.S. Citizen

☐ Non-U.S. citizen **(permanent resident)**

☐ Non-U.S. citizen **(temporary resident)*****

Year last degree conferred: **Year of first independent position:**

EDUCATION

Degree/year conferred	Institution/Location	Field of study

TRAINING

Title	Mentor (If Applicable)	Institution/Location	Dates

*** Any applicant for IRG pilot project funding who is not a U.S. Citizen must hold a visa that will allow him or her to remain in the U.S. long enough to complete the IRG pilot project. It is the responsibility of the institution to determine the visa status of any non-citizen recipient of IRG funds.

PI Name:

APPOINTMENTS

Title	Institution/Location	Dates

PI Name:

OTHER RESEARCH SUPPORT

(Sponsor, Project Title, Project Number, PI, Project Dates, Your Effort, Annual Direct Costs, Brief Description of Major Goals)

For the PI and any co-investigators, please list their: (1) current active support; (2) applications and proposals pending review of funding; and (3) applications and proposals planned or being prepared for submission. Include ***all Federal, non-Federal, and institutional research, training, and other grant, contract, and fellowship support at the applicant organization and elsewhere.*** *If effort is part of a larger project, identify the PI/program director and provide the data for both the parent project and the sub-project. All pharmaceutical research projects are to be included. If none, state "none".*

PI Name:

PUBLICATIONS

PI Name:

ADDITIONAL NOTES

DETAILED BUDGET FOR INITIAL BUDGET PERIOD
DIRECT COSTS ONLY

FROM	THROUGH

List PERSONNEL *(Applicant organization only)*
Use Cal, Acad, or Summer to Enter Months Devoted to Project
Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							0
								0
								0
								0
								0
								0
								0
SUBTOTALS →						0	0	0

CONSULTANT COSTS	
EQUIPMENT *(Itemize)*	
SUPPLIES *(Itemize by category)*	
TRAVEL	
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
ALTERATIONS AND RENOVATIONS *(Itemize by category)*	
OTHER EXPENSES *(Itemize by category)*	

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)*		$ 0
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD		$ 0

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
DIRECT COSTS ONLY

BUDGET CATEGORY TOTALS	INITIAL BUDGET PERIOD *(from Form Page 4)*	2nd ADDITIONAL YEAR OF SUPPORT REQUESTED	3rd ADDITIONAL YEAR OF SUPPORT REQUESTED	4th ADDITIONAL YEAR OF SUPPORT REQUESTED	5th ADDITIONAL YEAR OF SUPPORT REQUESTED
PERSONNEL: *Salary and fringe benefits. Applicant organization only*.					
CONSULTANT COSTS					
EQUIPMENT					
SUPPLIES					
TRAVEL					
INPATIENT CARE COSTS					
OUTPATIENT CARE COSTS					
ALTERATIONS AND RENOVATIONS					
OTHER EXPENSES					
DIRECT CONSORTIUM/ CONTRACTUAL COSTS					
SUBTOTAL DIRECT COSTS *(Sum = Item 8a, Face Page)*	0	0	0	0	0
F&A CONSORTIUM/ CONTRACTUAL COSTS					
TOTAL DIRECT COSTS	0	0	0	0	0

TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD **$** 0

JUSTIFICATION. Follow the budget justification instructions exactly. Use continuation pages as needed.