

American Cancer Society-Institutional Research Grant #IRG-19-142-01

ACS-IRG-FALL 2021

DUE DATE: FRIDAY, September 10, 2021 5:00 PM

		INVESTIGATOR'S PRIMARY INSTITUTION		<input type="checkbox"/> OUHSC	
				<input type="checkbox"/> OU-Norman	
				<input type="checkbox"/> OU-Tulsa	
		NEW PROPOSAL <input type="checkbox"/>	RE-SUBMISSION <input type="checkbox"/>	COMPETING RENEWAL <input type="checkbox"/>	

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 <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non U.S. Citizen (Permanent Resident) <input type="checkbox"/> Non U.S. Citizen (Temporary Resident)		
2. TITLE OF PROJECT					
3. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes		3b. Human Subjects Assurance No.		4. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes 4a. If "Yes," IACUC approval Date 4b. Animal welfare assurance no.	
		3c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	3d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		
3a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes		If "Yes," Exemption 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 <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> first, <input type="checkbox"/> second (final) submission of this proposal					

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:

Fall 2021

APPOINTMENTS

[illegible]

PI Name:

Fall 2021

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:**Fall 2021**

PUBLICATIONS

PI Name:

Fall 2021

ADDITIONAL NOTES