

Department of Health and Human Services Public Health Services <h2 style="margin: 0;">Grant Application</h2> <p style="font-size: small; margin: 0;">Do not exceed character length restrictions indicated.</p>	LEAVE BLANK—FOR PHS USE ONLY.									
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Type</td> <td style="width:33%;">Activity</td> <td style="width:34%;">Number</td> </tr> <tr> <td>Review Group</td> <td></td> <td>Formerly</td> </tr> <tr> <td>Council/Board (Month, Year)</td> <td></td> <td>Date Received</td> </tr> </table>	Type	Activity	Number	Review Group		Formerly	Council/Board (Month, Year)		Date Received
Type	Activity	Number								
Review Group		Formerly								
Council/Board (Month, Year)		Date Received								

1. TITLE OF PROJECT (Do not exceed 81 characters, including spaces and punctuation.)

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION NO YES
 (If "Yes," state number and title)
 Number: **Internal Solicitation** Title: **CANCER CENTER SUPPORT GRANT (5P30 CA068485-15)**

3. PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR

3a. NAME (Last, first, middle)	3b. DEGREE(S)	3h. eRA Commons User Name
3c. POSITION TITLE	3d. MAILING ADDRESS (Street, city, state, zip code)	
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		
3f. MAJOR SUBDIVISION		
3g. TELEPHONE AND FAX (Area code, number and extension)		
TEL: _____ FAX: _____	E-MAIL ADDRESS: _____	

4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes	4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes	If "Yes," Exemption No. _____
4b. Federal-Wide Assurance No. FWA00005756	4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	4d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes

5. VERTEBRATE ANIMALS No Yes 5a. Animal Welfare Assurance No. **A-3227-01**

6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY) From 09/01/2011 Through 08/31/2012	7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD	8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT	
	7a. Direct Costs (\$)	7b. Total Costs (\$)	8a. Direct Costs (\$)
			8b. Total Costs (\$)

9. APPLICANT ORGANIZATION Name Vanderbilt-Ingram Cancer Center Address 691 Preston Research Building Nashville, TN 37232-6838	10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input checked="" type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged
	11. ENTITY IDENTIFICATION NUMBER 1620476822A2 DUNS NO. 004413456 Cong. District TN-05

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name _____ Title Department Administrator/Administrative Officer Address _____ Tel: _____ FAX: _____ E-Mail: _____	13. DEPT/DIV REP. SIGNING FOR APPLICANT ORGANIZATION Name _____ Title _____ Address _____ Tel: _____ FAX: _____ E-Mail: _____
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14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	SIGNATURE OF OFFICIAL NAMED IN 13. (In ink. "Per" signature not acceptable.)	DATE
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Program Director/Principal Investigator (Last, First, Middle):

PROJECT SUMMARY (See instructions):

RELEVANCE (See instructions):

PROJECT/PERFORMANCE SITE(S) (if additional space is needed, use Project/Performance Site Format Page)

Project/Performance Site Primary Location

Organizational Name:

DUNS:

Street 1:

Street 2:

City:

County:

State:

Province:

Country:

Zip/Postal Code:

Project/Performance Site Congressional Districts:

Additional Project/Performance Site Location

Organizational Name:

DUNS:

Street 1:

Street 2:

City:

County:

State:

Province:

Country:

Zip/Postal Code:

Project/Performance Site Congressional Districts:

Program Director/Principal Investigator (Last, First, Middle):

SENIOR/KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Program Director(s)/Principal Investigator(s). List all other senior/key personnel in alphabetical order, last name first.

Name	eRA Commons User Name	Organization	Role on Project
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OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project
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Human Embryonic Stem Cells No Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp>. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY	FROM 09/01/2011	THROUGH 08/31/2012
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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. Mnth	Acad. Mnth	Summer Mnth	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							

SUBTOTALS →

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CONSULTANT COSTS	
EQUIPMENT (<i>Itemize</i>)	
SUPPLIES (<i>Itemize by category</i>)	
TRAVEL	
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
ALTERATIONS AND RENOVATIONS (<i>Itemize by category</i>)	
OTHER EXPENSES (<i>Itemize by category</i>)	

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (<i>Item 7a, Face Page</i>)		\$
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD		\$

BUDGET JUSTIFICATION

RESEARCH PLAN
(Limit to 5 Pages)

REFERENCES
(Limit to 2 Pages)

PHS 398 OTHER SUPPORT

(Date: _____)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITLE		
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY
