



**THE CHILDREN'S CANCER FOUNDATION, INC.
GRANT APPLICATION 2019**

Date Received	#
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Title of Project: _____

Type of Cancer being Addressed:

Principal Investigator/Project Director:

Names/Titles of Other Staff included:

Are Biosketches provided ___Yes ___No New Application: _____
 Continuation of Current Funding: _____ if continuation, how many prior years

Project Director/Principal Investigator's Department

Complete Address

E-mail

Phone

Department: _____

Complete Address: _____

E-mail Address: _____

Telephone: _____ Fax: _____

Applicant Organization
 Name: _____

Complete Address:

Administration official to be notified if award is made
 Name and Title:

Telephone: _____

E-mail: _____

EIN #: _____

I have included in this Grant Application any paper that I have published on this Grant topic while receiving CCF funding

Yes No N/A

I am in the process of writing a paper on this Grant topic. I agree to give credit to CCF as a funder and will provide a copy of this paper when published.

Yes No N/A

I have applied for a Patent for discoveries in my prior years on this Grant topic, funded by CCF

Yes No N/A

Amount of Grant Requested \$ _____

Dates of Grant Project: 11/2/19 – 10/31/20

I have included information in my Biosketch on current sources of funding, and applications pending for sources of funding for same or similar grants as this Grant Proposal.

Yes No N/A

I attest that all Human Subjects Research protocols have been or will be approved by our IRB, and that all Animal Subjects Research has been or will be approved by the Animal Care and Use Committee.

I certify that everything in this cover sheet and included in the Grant Application is true to the best of my knowledge. I have read and recommend this Grant Proposal for the consideration of CCF.

Signature of Project Director

Signature of Department Head
