



THE CHILDREN'S CANCER FOUNDATION, INC.
GRANT APPLICATION 2020

Date Received #

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

Amount of Grant Requested \$
Dates of Grant Project: 11/7/20 - 11/6/21

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