**Project Title:** Click or tap here to enter text.

## Principal Investigator (PI) Information

**PI Fist Name:** Click or tap here to enter text. **PI Last Name:** Click or tap here to enter text.

**PI Phone Number:** 000-000-0000 **PI Email:** Click or tap here to enter text.

**Academic Position/Title:** Click or tap here to enter text.

**Department:** Click or tap here to enter text. **School:** Click or tap here to enter text.

## Co-Principal Investigator (Co-PI) Information (If Applicable)

**Co-PI Fist Name:** Click or tap here to enter text. **Co-PI Last Name:** Click or tap here to enter text.

**Co-PI Phone Number:** 000-000-0000 **Co-PI Email:** Click or tap here to enter text.

**Co-PI Academic Position/Title:** Click or tap here to enter text.

**Co-PI Department:** Click or tap here to enter text. **Co-PI School:** Click or tap here to enter text.

**Formatting the Application**

*Applications must be single spaced, one-sided, with a maximum of 0.5 inch margins. Space between paragraphs is recommended. Use 11 point Arial as the font for the text of this application. A 9 point font may be used for figures, legends and tables with fixed spacing. The application should follow the headings and structure listed in this application.*

*Do not send supplementary material regarding the application unless you have received a specific request from the review committee. Please submit all materials in a single Word document or PDF to Leo Schargorodski via email at* *lschargorodski@mfa.gwu.edu**.*

**PI Name:** Click or tap here to enter text.

**Principal Investigator Signature:**

**Date:** MM/D/YYYY

## Proposal Checklist

[ ]  Title Page

[ ]  Key Personnel Biographical Sketch(es)

[ ]  Research Plan

[ ]  Budget Justification

*Provide the following information for the Senior/key personnel and other significant contributors. This section is based on the NIH Biographical Sketch Format Page. For additional information, please visit the* [*NIH Biosketch Format Pages, Instructions and Samples*](https://grants.nih.gov/grants/forms/biosketch.htm) *page. DO NOT EXCEED FIVE PAGES FOR EACH PERSON. Instructions information is in italics and may be deleted before submitting proposal.*

## PI Biographical Information

**PI Fist Name:** Click or tap here to enter text. **PI Last Name:** Click or tap here to enter text.

**Position Title:** Click or tap here to enter text.

## PI Education/Training

*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution and Location** | **Degree (if applicable)** | **Completion Date (MM/YYYY)** | **Field of Study** |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |

## Personal Statement

*Include key aspects of training or past experience, technical expertise, significant collaborations, and past performance, as well as anything else reviewers should know about your career and research directions. Applicants can provide information on up to 4 publications or research products, which can include key software, videos, research methods or models, or a variety of other interim products.*

Click or tap here to enter text.

## Positions and Honors

*List current and past positions that are relevant to the proposal. If you are starting a new position, you can note the expected start date. You may also wish to include any board certifications or clinical licensures that are relevant.*

Click or tap here to enter text.

## Contributions to Science

*Applicants may list up to five significant contributions, each around a half page in length, and each with up to four publications. Note the historical background, the central finding, how that affected your field or the application to health or technology, and most importantly, your role in the work. For junior investigators, it’s expected that they will have fewer contributions, but they can cite conference proceedings such as meeting abstracts, posters or other presentations, (in-progress products can be mentioned, but not cited), and the citations do not have be authored by the investigator , but do have to be relevant to your contributions.*

Click or tap here to enter text.

## Additional Information: Other Research Support

*List any ongoing or completed research support, focusing on the goal of the research and your role.*

Click or tap here to enter text.

## Co-PI Biographical Information (If applicable)

**Co-PI Fist Name:** Click or tap here to enter text. **Co-PI Last Name:** Click or tap here to enter text.

**Position Title:** Click or tap here to enter text.

## Co-PI Education/Training

*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution and Location** | **Degree (if applicable)** | **Completion Date (MM/YYYY)** | **Field of Study** |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |
|  |  | MM/YYYY |  |

## Personal Statement

*Include key aspects of training or past experience, technical expertise, significant collaborations, and past performance, as well as anything else reviewers should know about your career and research directions. Applicants can provide information on up to 4 publications or research products, which can include key software, videos, research methods or models, or a variety of other interim products. If linking to publications or a complete bibliography, please use a .gov link.*

Click or tap here to enter text.

## Positions and Honors

*List current and past positions that are relevant to the proposal. If you are starting a new position, you can note the expected start date. You may also wish to include any board certifications or clinical licensures that are relevant.*

Click or tap here to enter text.

## Contributions to Science

*Applicants may list up to five significant contributions, each around a half page in length, and each with up to four publications. Note the historical background, the central finding, how that affected your field or the application to health or technology, and most importantly, your role in the work. For junior investigators, it’s expected that they will have fewer contributions, but they can cite conference proceedings such as meeting abstracts, posters or other presentations, (in-progress products can be mentioned, but not cited), and the citations do not have be authored by the investigator , but do have to be relevant to your contributions.*

Click or tap here to enter text.

## Additional Information: Other Research Support

*List any ongoing or completed research support, focusing on the goal of the research and your role.*

Click or tap here to enter text.

*DO NOT EXCEED FIVE PAGES FOR THE RESEARCH PLAN. This includes tables/figures, but does not include references. Instructions information is in italics and may be deleted before submitting proposal.*

**Project Title:** Click or tap here to enter text.

## Specific Aims

*This section should be a one-page statement of the objectives for the project. Use at least half the page to provide the rationale and significance of your planned research. For the rest of the narrative, describe the significance of your research and your rationale for choosing the project. Then, briefly describe your aims, and show how they build on your preliminary studies and your previous research. After the narrative, enter your aims as bold bullets.*

Click or tap here to enter text.

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

## Research Strategy

## Significance

Click or tap here to enter text.

## Innovation

Click or tap here to enter text.

## Approach

*This section should be organized around your specific aims.*

Click or tap here to enter text.

## Selection of Publications/Literature

Click or tap here to enter text.

## Facilities and Resources

*This should include assets of the environment, community collaborators, etc. that will support project success.*

Click or tap here to enter text.

## Describe Cancer and Catchment Relevance of Project

*Describe the impact, significance and relevance of this project to cancer overall, and to the GW Cancer Center’s catchment area needs.*

Click or tap here to enter text.

## Extramural Funding Plan

*Describe the plan for and likelihood of obtaining extramural funding from pilot findings.*

Click or tap here to enter text.

**Project Title:** Click or tap here to enter text.

**Budget Period:** MM/D/YYYY- MM/D/YYYY

*List all personnel from applicant organization. Use Cal, Acad, or Summer to enter months devoted to project. Enter dollar amounts requested (omit cents) for salary requested and fringe benefits. Once you have included all the relevant personnel, click F9 in the “Total” column to automatically update the sum.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ON PROJECT | Cal. Mnths | Acad. Mnths. | Summer Mnths | INST. BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | TOTAL |
| Click or tap here to enter text. |  |  |  |  | $ 0 | $ 0 | $ 0 | $ 0 |
| Click or tap here to enter text. |  |  |  |  | $ 0 | $ 0 | $ 0 | $ 0 |
| Click or tap here to enter text. |  |  |  |  | $ 0 | $ 0 | $ 0 | $ 0 |
| Click or tap here to enter text. |  |  |  |  | $ 0 | $ 0 | $ 0 | $ 0 |
| Click or tap here to enter text. |  |  |  |  | $ 0 | $ 0 | $ 0 | $ 0 |
| Click or tap here to enter text. |  |  |  |  | $ 0 | $ 0 | $ 0 | $ 0 |
| Click or tap here to enter text. |  |  |  |  | $ 0 | $ 0 | $ 0 | $ 0 |
|  |  |  |  |  | **SUB-TOTALS** | **$ 0** | **$ 0** | **$ 0** |

|  |  |
| --- | --- |
| DESCRIPTION | TOTAL |
| CONSULTANT COSTS | $ 0 |
| SUPPLIES *(ITEMIZE BY CATEGORY)* | $ 0 |
| TRAVEL | $ 0 |
| INPATIENT CARE COSTS | $ 0 |
| OUTPATIENT CARE COSTS | $ 0 |
| ALTERATIONS AND RENOVATIONS *(ITEMIZE BY CATEGORY)* | $ 0 |
| OTHER EXPENSES *(ITEMIZE BY CATEGORY)* | $ 0 |
| CONSORTIUM/CONTRACTUAL COSTS *(DIRECT COSTS)* | $ 0 |
| **SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** | **$ 0**  |
| CONSORTIUM/CONTRACTUAL COSTS *(FACILITIES AND ADMINISTRATIVE COSTS)* | $ 0 |
| **TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** | **$ 0**  |