

1. APPLICANT INFORMATION

Name _____
Title _____
Institution _____
Department _____
Street Address _____
City _____ State _____
Zip Code _____ Country _____
Telephone _____ Fax _____ Email _____

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2. PROJECT INFORMATION

Project Title _____
Grant Number _____

Is this a renewal of an existing Society TR Grant? Yes _____ No _____ Grant Number _____

NOT FOR SUBMISSION TO THE SOCIETY

Funding Requested First Year _____ Second Year _____ Third Year _____ Total _____

Are Human Subjects involved with this grant? Yes _____ No _____
Are Vertebrate Animals involved with this grant? Yes _____ No _____

If yes, Exemption Number _____ If yes, IACUC Approval Date _____
Or IRB Approval Date _____ or Animal Welfare Assurance Number _____
Assurance of Compliance Number _____

RESEARCH RELEVANT TO THE FOLLOWING (CHECK ALL THAT APPLY)

- Acute Myelogenous Leukemia Chronic Myelogenous Leukemia Other Myeloid Diseases
Acute Lymphocytic Leukemia Chronic Lymphocytic Leukemia Lymphoma
Hodgkin's Lymphoma Multiple Myeloma Other Lymphoid Diseases
Other

3. RESEARCH ADMINISTRATOR

Name _____
Title _____
Institution _____
Department _____
Street Address _____
City _____ State _____
Zip Code _____ Country _____
Telephone _____ Fax _____ Email _____

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4. FISCAL OFFICER

Name _____
Title _____
Institution _____
Department _____
Street Address _____
City _____ State _____
Zip Code _____ Country _____
Telephone _____ Fax _____ Email _____

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5. CERTIFICATION AND SIGNATURES

The undersigned reviewed this application for a Society Translational Research Award and are familiar with the policies, terms, and conditions of the Society concerning this research support and accept the obligation to comply with all such policies, terms and conditions.

Applicant (Typed name) Signature Date

Officer Signing for Institution (Typed name and title) Signature Date

Fiscal Officer (Typed name and title) Signature Date

6. SCIENTIFIC ABSTRACT – Briefly describe your proposed project in 200 words or less using technical language

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7. LAY ABSTRACT – Briefly describe your proposed project in 200 words or less using lay language

8. BIOGRAPHICAL SKETCH FOR PRINCIPAL INVESTIGATOR

Please see instructions and do not exceed two pages.

NAME	POSITION/TITLE

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EDUCATION AND TRAINING			
Institution And Location	Degree (If Applicable)	Year Conferred	Field Of Study

RESEARCH AND PROFESSIONAL EXPERIENCE

Concluding with your current position, list chronologically previous employment, experience and honors. Also list in chronological order the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application.

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9. BIOGRAPHICAL SKETCH FOR OTHER KEY PERSONNEL

Please see instructions, do not exceed two pages and delete this form if there are no key personnel on project.

NAME	POSITION/TITLE

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EDUCATION AND TRAINING

Institution And Location	Degree (If Applicable)	Year Conferred	Field Of Study

ONLY

RESEARCH AND PROFESSIONAL EXPERIENCE

Concluding with your current position, list chronologically previous employment, experience and honors. Also list in chronological order the titles and complete references to all publications during the past three years and to representative earlier publications pertinent to this application.

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10. BUDGET

Budget Category		Year 1	Year 2	Year 3	Total
1. Personnel Expenses (name, and role)	percent effort				
	Total Personnel Expenses				
2. Supplies and Materials (itemize by category)					
	Total Supplies and Materials				
3. Equipment Purchases (itemize)					
	Total Equipment Purchases				
4. Travel Expenses					
	Total Travel Expenses				
5. Other Direct Expenses (itemize by category)					
	Total Other Direct Expenses				
6. Total Direct Costs (1+2+3+4+5)					
7. Indirect Costs (maximum of 8% of 6)					
8. Total Costs (6+7)					

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Must not exceed \$390,000

11. BUDGET JUSTIFICATION

Provide a justification for each item in the budget. Please note, no more than **\$40,000** per year may be requested for the salary and benefits of all professional staff (ie, MD, PhD, etc), regardless of function. This restriction does not apply to technical staff (ie, BS, MS). No more than **\$750** per year is allowed for travel expenses.

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12. OTHER RESEARCH SUPPORT (ACTIVE AND PENDING SUPPORT)

ACTIVE

Name of Individual

Active/Pending

Project Number (Principal Investigator)

Source

Title of Project or Subproject

Dates of Approved/Proposed Project

Annual Direct Costs/Percent of Effort

Major Goals of Project

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Overlap

PENDING

Name of Individual

Active/Pending

Project Number (Principal Investigator)

Source

Title of Project or Subproject

Dates of Approved/Proposed Project

Annual Direct Costs/Percent of Effort

Major Goals of Project

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Overlap

13. PROJECT DESCRIPTION

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14. HUMAN INVESTIGATION STATEMENT (PLEASE CHECK ONE)

Projects for which approval is pending or projects that do not involve human material or subjects must submit a written statement to that effect

_____ This project involves the use of human materials or subjects and has received approval from the IRB. The approval letter from the IRB (including date and compliance number) is attached in the appendix.

_____ This project involves the use of human materials or subjects and approval from the IRB is pending.

_____ This project does not involve the use of human materials or subjects.

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15. LABORATORY ANIMALS STATEMENT (PLEASE CHECK ONE)

Projects for which approval is pending or projects that do not involve laboratory animals must submit a written statement to that effect

_____ This project involves the use of laboratory animals and has received approval from the IACUC. The approval letter from the IACUC (including date and assurance number) is attached in the appendix.

_____ This project involves the use of laboratory animals and approval from the IACUC is pending.

_____ This project does not involve the use of laboratory animals.

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16. BIOHAZARD STATEMENT (PLEASE CHECK ONE)

Projects that do not involve biohazards must submit a written statement to that effect.

_____ This project involves the use of biohazards and an institutional statement of assurances regarding potential biohazards and safeguards is attached in the appendix.

_____ This project does not include use of biohazards.

TO THE SOCIETY

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