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**Special Call: 2014 CCN II Cancer Health Disparities Pilot Funding Application**

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| --- | --- |
| **Project Title:** | |
| **Applicant/PI Name:** | **Position Title:** |
| **Department:** | |
| **Mailing Address:** | |
| **Phone:** | **Fax:** |
| **Email:** | |

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| **Business Manager’s Name:**  **Phone:**       **Fax:**    **Email:**  **Departmental Approval of Application**  **Department Chairperson Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Department Chairperson Date** |
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**Abstract (250 maximum words):**

**SPECIFIC AIMS (not to exceed 1 page):**

**Research Plan** (**Sections A-E should not exceed 4 double-spaced pages**)

**A. Background and Significance:**

**B. Research Design and Methods:**

**D. Anticipated Outcomes and Timeline:**

**E. Research Impact Statement:**

**F. Statement on Human Subjects:**

**In addition to the contents of the pages outlined previously, applicants are to provide within this template:**

* Budget and Justification;
* Applicant’s NIH Biosketch, 2-page limit (use PHS 398 biosketch form); and
* Faculty Mentor's NIH Biosketch, 2-page limit and letter of support

**CHECKLIST OF ITEMS TO BE INCLUDED:**

* Signed Cover Page
* Abstract
* Completed Proposal
* Budget and Justification
* Applicant’s NIH Biosketch
* Faculty-Mentor’s Biosketch
* Faculty-Mentor’s Letter of Support