



**Pilot Project Grants Face Page**

TITLE OF PROJECT		
PI NAME ( <i>Last, First, Middle</i> )		DEGREE(S)
ACADEMIC TITLE		DEPARTMENT & INSTITUTION
IRB/IBC/IACUC APPROVAL Type of APPROVAL _____  APPROVAL # _____ <input type="checkbox"/> PENDING TO BE SUBMITTED Not applicable		CO-INVESTIGATORS (Name, Department, and Institution) Include a separate page if necessary.
Is this project part of a current pending submission for a federally funded grant?    YES    NO		
I certify that the proposal is complete and the above list includes all cancer center contributors to the proposed project. <input type="checkbox"/> YES    NO I understand that all non-cancer center contributors (consultants, contributors, <i>etc.</i> ) to this proposed project must complete and submit, prior to award of funds, any required External Contributor Financial Conflict of Interest (FCOI) Certification Form required by the institution YES    NO		
<b>VERIFICATION OF BUDGET APPROVAL &amp; COST SHARE SUPPORT IMPLIED WITHIN THE BUDGET BY ALL APPLICABLE DEPARTMENTAL BUSINESS MANAGERS</b>		
1. SIGNATURE OF BUSINESS MANAGER	DEPARTMENT	DATE
2. SIGNATURE OF BUSINESS MANAGER	DEPARTMENT	DATE
3. SIGNATURE OF BUSINESS MANAGER	DEPARTMENT	DATE
SIGNATURE OF CONTACT PRINCIPAL INVESTIGATOR		DATE
CITIZENSHIP STATUS U.S. _____ Non-U.S. citizen (permanent resident) _____		
Year last degree conferred: _____ Non-U.S. Citizen (temporary resident) *** Non-U.S. Citizen *** Year of first independent position: _____		

Do you have a disability, defined as by the American with Disabilities Act?    **YES**    **NO**

Do you identify as one of the following racial/ethnic groups?

- African American/Black    Hispanic/Latino  
 American Indian, Alaska Native, Native Hawaiian or other Pacific Islander Group

Are you a first generation college graduate?    **YES**    **NO**

Are you from a socio-economically disadvantaged background?    **YES**    **NO**

[click here for socio-economically disadvantaged criteria](#)

ABSTRACT(200 words or less):

**Verification of Applicant Eligibility by Department Chair** (applicants must be within six years of their first independent research or faculty appointment, must be salaried faculty with appropriate committed research facilities, and may not have competitive national funding active at the start date of the proposed IRG allocation)

Name of Department Chair \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_