

Pilot Project Grants Face Page

| TITLE OF PROJECT | | | |
|---|------------|--|------|
| PI NAME (Last, First, Middle) | | DEGREE(S) | |
| ACADEMIC TITLE | | DEPARTMENT & INSTITUTION | |
| IRB/IBC/IACUC APPROVAL | | CO-INVESTIGATORS (Name, Department, and Institution) | |
| Type of APPROVAL | | Include a separate page if necessary. | |
| APPROVAL # | | | |
| □ PENDING | | | |
| TO BE SUBMITTED | | | |
| Not applicable | | | |
| 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. | | | |
| TYES NO | | | |
| I understand that all non-cancer center contributors (cons submit, prior to award of funds, any required External (required by the institution | | | |
| YES NO | | | |
| VERIFICATION OF BUDGET APPROVAL & COST SHARE SUPPORT IMPLIED WITHIN THE BUDGET BY ALL APPLICABLE DEPARTMENTAL BUSINESS MANAGERS | | | |
| 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 INVESTIG | ATOR | DATE | |

The University of Illinois Cancer Center is committed to fostering a diverse, and inclusive community. It is important that we support, enrich, and improve the diversity of candidates for these pilot projects. We request that you answer the following questions so we can track the Cancer Center's progress in terms of diversity, equity and inclusion and report the aggregate numbers to NCI and our External Advisory Board. Any information you provide below will be kept confidential.

Based on the NIH's definition of underrepresented groups, (https://diversity.nih.gov/about-us/population-underrepresented) would you identify as an underrepresented individual?

YES NO PREFER NOT TO ANSWER

If yes, please select the underrepresented/disadvantaged group(s) you align with.

Underrepresented Racial and Ethnic Groups (Black or African Americans, Hispanics or Latinos, American Indians or Alaska Natives, Native Hawaiians, and other Pacific Islanders).

Individuals with disabilities who are defines as those with a physical or mental impairment.

Individuals who were homeless.

Individuals who were in foster care.

Individuals who were eligible for free or reduced lunch.

Have/had no parents or legal guardians who completed a bachelor's degree.

Were eligible for the federal Pell grant.

Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child.

ABSTRACT(200 words or less):