

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF WOMEN'S HEALTH
PENNY SEVERNS BREAST, CERVICAL AND OVARIAN CANCER
RESEARCH FUND
FISCAL YEAR 2007 FELLOWSHIP GRANT APPLICATION

Illinois Department of Public Health
Office of Women's Health
535 W. Jefferson St. - First Floor
Springfield, IL 62761
PHONE 217-524-6088
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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF WOMEN'S HEALTH**

**PENNY SEVERNS BREAST, CERVICAL AND OVARIAN CANCER RESEARCH FUND
FISCAL YEAR 2007 FELLOWSHIP GRANT APPLICATION**

I. INTRODUCTION

The Illinois Department of Public Health (Department) is responsible for awarding grants from the Breast and Cervical Cancer Research Fund, as authorized by Section 55.70 of the Civil Administrative Code of Illinois [20 ILCS 2310/55.70]. The Breast and Cervical Cancer Advisory Committee is responsible for making funding recommendations to the Department Director. A Peer Review Panel, appointed by the Department, is responsible for scientific evaluation of the applications and making recommendations to the Advisory Committee.

On July 13, 1999 Governor George Ryan signed Public Act 91-0107 which changed the name of the Breast and Cervical Cancer Research Fund to the Penny Severns Breast and Cervical Cancer Research Fund (Research Fund). The Research Fund was renamed to commemorate the life of the late state senator and her commitment to public service and breast cancer awareness.

On July 6, 2005 Governor Rod Blagojevich signed legislation amending Section 2310-55.70 of the Civil Administration Code of Illinois to include Ovarian Cancer Research. This legislation also changes the name of the fund to the Penny Severns Breast, Cervical and Ovarian Cancer Research Fund.

II. TYPES OF APPLICATIONS

Research Grants are intended to support research related to breast, cervical and ovarian cancer in the following areas: prevention, etiology, pathogenesis, screening, early detection, treatment and psychosocial issues. Research may include clinical trials. All research applications must be based on sound research methodology. Although many of the applications submitted are biomedical and technical in nature, the Research Fund allows for a broad range of research topics, including behavioral studies. The exact amount and number of grants funded will depend upon the Research Fund's fund balance and the number of applications received and approved. Funding will be granted to institutions only. Research may be provided by an individual(s) under the authority of an institution.

Standard Research Grants conduct trained inquiry or experimentation related to investigation of breast, cervical and/or ovarian cancers. *New grants* are awarded for 12 months (July 1 - June 30). *Continuation grants* are awarded based upon demonstration of adequate progress toward stated goals and subject to annual review, may receive a maximum of three years funding. Award amounts will not exceed \$75,000 annually.

Fellowship Grants are available to provide additional supervised research training to individuals in post-doctoral programs. These grants are intended to further develop the skills necessary for a career in breast, cervical and/or ovarian cancer research. Award amounts will not exceed \$35,000 annually.

Applications to conduct pilot projects with the potential for drawing future funds from other sources will

be given special consideration. Research projects addressing behavioral/social issues and clinical trials are encouraged. Projects demonstrating innovative avenues of investigation and risk-taking research are encouraged, but still must demonstrate sound scientific methodology and judgment.

III. REVIEW PROCESS

- A. Applications that are incomplete or fail to follow the correct format will not be eligible for funding consideration and will be returned without review. Returned applications may be corrected and resubmitted during the **next** application cycle.
- B. Applications will be subject to nontechnical and technical review.
 - 1. Criteria for nontechnical review include:
 - a. adherence to specified application format;
 - b. inclusion of all required forms; and
 - c. the inclusion of a response to each required item as specified in Section V, Preparation of Application and Section VI, Specialized Information.
 - 2. Criteria for the technical review include:
 - a. the candidate has clearly stated the research question or hypothesis and has demonstrated evidence of the project's originality;
 - b. the project objectives are achievable in the stated time frame;
 - c. the activities identified by the candidate will lead to achievement of the objectives;
 - d. the evaluation method(s) measure progress toward the identified objectives;
 - e. the candidate's academic background and performance, awards, honors, research experience and professional training indicate the ability to complete the project;
 - f. the project has potential to enhance the candidate's career in breast, cervical and/or ovarian cancer research;
 - g. the training value of the proposed research is relative to the candidates career goals; and
 - h. the budget provides sufficient resources and appropriate justification.

IV. SUBMISSION

Mail or deliver the typewritten original and three (3) exact, clear copies with all required signatures,

along with an electronic version of the application on the disk provided in one package to:

Sarah O'Connor-Bennett, M.S.
Illinois Department of Public Health
Office of Women's Health
535 West Jefferson Street - First Floor
Springfield, IL 62761

If you prefer to email (soconnor@idph.state.il.us) the application, you do not need to include the disk in this packet. Secure the application and each of its copies **with rubber bands or paper clips only. Do not use staples. Applications must be received by 5:00 p. m. on Tuesday, January 31, 2006.** The application must be complete and accurate at the time of submission.

NOTE: APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED FOR FUNDING AND WILL BE RETURNED WITHOUT REVIEW.

For additional information contact the Office of Women's Health at 217/524-6088.

V. PREPARATION OF THE APPLICATION

A. General Instructions

1. The application **must**:
 - ! submit one (1) original and three (3) copies of the application and an electronic submission on the disk provided or email soconnor@idph.state.il.us without altering the format of the application; the electronic submission must also be received by 5:00 p.m. on Tuesday, January 31, 2006;
 - ! be typewritten and single-sided with ½ inch margins on forms provided;
 - ! be letter quality type;
 - ! have a font size no smaller than 12 pt. (no smaller than the font size in this document);
 - ! **not** use photo reduction;
 - ! must be **clear and legible** so applications can be copied;
 - ! all graphs, diagrams, tables and charts drawn in black ink;
 - ! have **clear and legible** figures, charts, tables, figure legends and footnotes which may have a smaller font;
 - ! **not** include glossy photographs or paper, colored paper or other materials that cannot be copied;
 - ! **not** include staples; and

! **not** exceed the page limitations noted in Section V, Item A3.

2. Applications that are incomplete or fail to follow the correct format will not be considered for funding and will be returned without review. Returned applications may be corrected and resubmitted during the next funding cycles.
3. Page limitations must be observed for each section. **Applications which do not follow the page limitations will be returned without review.** A summary of the page and content limitations is given in the following chart:

Page Limitations and Content Requirements		
<u>Section</u>	<u>Page Limit</u>	<u>Content</u>
Lay Abstract (form provided)	1	See instructions on page 6, Section V, Item B3 (single-spaced).
Research Plan (form provided)	15	See instructions on pages 6 and 7, Section V, Item B4 (double-spaced). Text and all figures, charts, tables and diagrams.
Literature Cited (form provided)	2	See instructions on page 7, Section V, Item B5 (single-spaced).
Human Subjects (form provided)	1	See instructions on pages 7, Section V, Item B7 (single-spaced).
Animal Subjects (form provided)	1	See instructions on page 8, Section V, Item B8 (single-spaced).
Biographical Sketch(es) (form provided)		See instructions on page 9 and 10, Section VI, Item A2a and A3b. Complete front and back of form provided for applicant, key personnel, collaborators and consultants.
Career Goals and Objectives (form provided)	1	See instructions on page 10, Section VI, Item A2b (double-spaced).
Skill Development/ Training (form provided)	1	See instructions on page 10, Section VI, Item A2c (double-spaced).
Project Supervisor Statement (form provided)	1	See instructions on page 10, Section VI, Item A3c (single-spaced).
Letters from Consultants and Collaborators	1	See instructions on page 10, Section VI, Item A3d.
Institutional Environment (form provided)	1	See instructions on pages 10 and 11, Section VI, Item A4a (single-spaced).
Institutions Commitment to Candidate's Research (form provided)	1	See instructions on page 11, Section VI, Item A4b (single-spaced).
Appendix		See instructions on page 9, Section V, Item B11. Clinical protocols, questionnaires, manuscripts, etc.

B. Specific Instructions

Fellowship applications must include the following items, *in the order listed*.

1. **FORM A - Completed Cover Page** (form included in the application package).
2. **FORM B - Completed “Application and Plan for Public Health Program”** (form included in application package).
3. **FORM C - Lay Abstract (1 page maximum, single-spaced).** Using the form provided, summarize in **non-technical** terms the whole application including the hypothesis or research question, experimental design and procedures, and a description of subjects (human or animal - where applicable) including sample size. The abstract is meant to serve as a succinct and accurate description of the proposed project when separated from the application. **Failure to provide the abstract in layman’s terms may affect your score.** If the application is funded, this description, as is, may be used as a basis for any legislative or public reports mandated as required.
4. **FORM D - Research Plan (15 pages maximum, double-spaced).** Using the form provided (make copies as necessary), address the following points. The Research Plan must clearly identify each item indicated below:
 - a. a statement of the research question or hypothesis;
 - b. a brief description of the specific problem to be studied, including a literature review, and its significance and relevance to the priorities of the Breast, Cervical and Ovarian Cancer Research Fund (as listed in the first paragraph of Section II), and evidence of the project's originality;
 - c. a prioritized listing of measurable objectives for the funding period;
 - d. a sequential listing of activities to achieve each objective proposed for the funding period of the project, the timeline for completing each activity, and identification of the individual(s) responsible for coordinating the implementation of each objective;
 - e. the experimental design, procedure(s) to be used and method(s) for collecting, analyzing, and interpreting data;
 - f. a description of human and animal subjects;
 - g. evaluation method(s) to be used to measure progress in achieving objectives and a plan for monitoring the overall project;
 - h. a description of facilities, equipment and other resources to be used in the research, along with methods of use; and

- i. a description of how the research grant would enable the applicant to pursue research that differs from the applicant's ongoing research, if any.
5. **FORM D1 - Literature Cited (2 pages, single-spaced).** Using the form provided (make copies as necessary), submit complete citations, including titles and all authors.

NOTE: THE RESEARCH PLAN IS THE MAJOR COMPONENT OF THE FELLOWSHIP APPLICATION. IT IS IMPORTANT TO RELATE THE RESEARCH TO THE CANDIDATE'S GOALS AND ASPIRATIONS. THE CANDIDATE SHOULD DESCRIBE HOW THE RESEARCH, COUPLED WITH OTHER DEVELOPMENT ACTIVITIES, WILL PROVIDE EXPERIENCE TO LAUNCH AND CONDUCT AN INDEPENDENT CAREER.

6. **FORM E - Assurances for Human and Animal Subjects.** Identify the certifying body within your institution and to inform the OWH of the research project's status with that certifying body. Proof of clearance include complete copies of human and animal subject approvals, exemptions or pending letters. **Final approval is due by Friday, May 19, 2006. Applications that do not provide institutional clearance will be ineligible for funding.**
7. **FORM E1 - Human Subjects (1 page maximum, single-spaced).** Using the form provided, address the following points. The Human Subjects form must clearly identify each item indicated below.
 - a. Provide a detailed description of the proposed involvement of human subjects in the work outlined in the Research Plan.
 - b. Describe the characteristics of the subject population, including its anticipated number age range, and health status.
 - c. Identify the sources of the research material obtained from the individually identifiable living human subjects in the form of specimens, records or data.
 - d. Describe the plans for recruiting subjects and the consent procedures to be followed.
 - e. Describe any potential risks (physical, psychological, social, legal or other) and assess their likelihood and seriousness.
 - f. Describe the procedures for protecting against, or minimizing, any potential risks (including risks to confidentiality), and assess the likely effectiveness.
 - g. Discuss why the risks are reasonable in relation to the anticipated benefits to subjects, and in relation to the importance of the knowledge that may be reasonably expected to result.

8. **FORM E2 - Animal Subjects (1 page maximum, single-spaced).** Using the form provided, address the following points. The Animal Subjects form must clearly identify each item indicated below.
- a. Provide a detailed description of the proposed use of the animals in the work outlined in the Research Plan.
 - b. Justify the use of animals, the choice of species and the numbers used.
 - c. Provide information on the veterinary care of the animals involved.
 - d. Describe the procedures for ensuring the discomfort, distress, pain, and injury will be limited to that which is unavoidable in the conduct of scientifically sound research.
 - e. Describe any method of euthanasia to be used and the reasons for its selection.
9. **FORM F - Detailed Budget.** Using the six forms provided, prepare a budget with sufficient resources to implement the project. The budget shall be by line item category and provide sufficient detail to justify the use of grant funds to support project activities. **The applicant shall indicate the total project cost, the source of other funds supporting the project as well as the amount of support requested from the Department.**

The budget summary page (Budget Section, page 1) should reflect the total cost of providing the research, not just the amount requested from the Department. The amounts allocated to applicant's other fund source(s) shall be identified in the lower half of the sheet.

The Personal Services Section (Budget Section, page 2) should show the **title and name** of each position, actual monthly salary, the number of months to be worked in the project, and the percent of time in the project. Vacant positions should only be included for the number of months that they are expected to be filled. Multiplying these amounts (monthly salary x number of months x percent of time) will derive the total amount of support for the program. This amount is then to be allocated to the support requested from the Department and to the applicant's other sources.

Fringe benefits rates shall be itemized in the Budget Justification Section (Budget Section, page 6). Fringe benefits to be claimed through the grant must be actual expenditures of grantee funds and be supported on the Reimbursement Certification Form with check or ledger transfer numbers.

Other line items should be itemized as specifically as possible. Allocated costs such as utilities or space costs must be justified and the methodology for allocations must be explained in the Budget Justification Section. Show justification for specific items listed in the detailed budget for which the need is not self-evident. Justifications should clearly indicate the items being requested are essential to the achievement of the project's

objectives.

Detailed instructions are printed on the back of each budget sheet.

Indirect costs are **not** allowed.

NOTE: "IDPH COMPONENT" COLUMNS ON THE BUDGET PAGES DO NOT APPLY TO THIS GRANT AND SHOULD BE LEFT BLANK.

10. **Not-for-Profit Status.** Applicants other than governmental entities must provide documentation of current not-for-profit status.
11. **Appendices** should include abstracts of active and pending research where the applicant is the primary investigator and other necessary ancillary information such as manuscripts, papers in press, questionnaires and clinical protocols. The appendix is not a means to provide additional information required in the defined application. **(No colored paper, no glossy photographs, no staples and 8 ½ x 11" paper only.)**
12. **Completed Checklist** for fellowship applications (included in application packet).

VI. SPECIALIZED INFORMATION

A. The Candidate

1. Letters of Reference

- a. **FORM G - Reference Guidelines.** Complete the upper section of the form. At least three letters of reference are required. Send copies of the form, along with a postage paid envelope addressed to you with the following words in the front bottom left corner - "**DO NOT OPEN-IDPH USE ONLY**" - to those who have agreed to serve as references. Attach unopened references to the Cover Page of the original application and submit the entire package by the submission deadline. References must be received with the application.

Such letters should address the candidate's competence and potential to develop into an independent investigator. **The project supervisor cannot be counted as a reference.** Where possible, select some references who are not from your current department or institution.

2. Candidate's Background

- a. **FORM G2 - Biographical Sketch (front and back of form provided).** State the candidate's qualifications including education, work experience, a list of publications within the preceding five years, and a list of any active and pending research which includes a) the funding agency, b) the grant title, c) the role of the candidate, d) a description of any overlap that occurs with respect to the proposed project. Include abstracts of active and pending research where the applicant is

the primary investigator in the Appendix.

- b. **FORM G3 - Career Goals and Objectives (1 page maximum, double-spaced).** Using the form provided, describe your past scientific history, indicating how the award would fit into past and future research projects. It is important to justify the award and how it would enable you to develop or expand your research career.
 - c. **FORM G4 - Skill Development/Training Activities During Award Period (1 page maximum, double-spaced).** Using the form provided, stress the new, enhanced skills you will acquire as a result of the proposed award. If you have considerable experience in breast, cervical and ovarian cancer research, reviewers may determine that the application lacks potential to enhance your research career. Describe structured activities, such as course work or workshops that are part of the project.
3. **Project Supervisor, Other Key Personnel, Consultants, and Collaborators.**
- a. **FORM G1 - Key Personnel (front of form provided).** Submit a list of individuals who will have significant intellectual input into the scientific development and execution of the project including candidate and supervisor.
 - b. **FORM G2 - Biographical Sketch (front and back of form provided).** Provide professional information from the project supervisor and any other key personnel. See the instructions for Biographical Sketch in Section V, Item A2a.
 - c. **FORM G5 - Project Supervisor's Statement (1 page maximum, single-spaced).** Using the form provided, the project supervisor must explain how the award will enhance the development of the candidate's research career. A detailed description of the plan for the candidate's research career as well as a clear commitment of staff time, facilities and resources must be documented.

The supervisor should describe the candidate's teaching load, clinical responsibilities, and/or committee and administrative assignments during the period of the award, and proportion of time available for research. The supervisor and the sponsoring institution must provide assurances that the candidate will be released for the amount of time required by the proposed project.
 - d. **Letters from consultants and collaborators (1 page maximum).** List all consultants and collaborators involved with this project. Letters from each consultant or collaborator confirming their participation in the project and describing their specific roles are required.
4. **Environment and Institutional Commitment to Candidate**
- a. **FORM G6 - Description of Institutional Environment (1 page maximum, single-spaced).** Using the form provided, the sponsoring institution must document a strong, well-established research program related to breast,

cervical and ovarian cancer, including the names of key faculty members relevant to the proposed project. Describe opportunities for intellectual interactions with other investigators, including courses offered, journal clubs, seminars and presentations.

- b. **FORM G7 - Institutional Commitment to Candidate's Research (1 page maximum, single-spaced).** Using the form provided, the sponsoring institution must document its commitment to provide adequate time and support for the candidate to devote nearly full time to research for the entire period of the proposed award. The institution should provide the equipment, facilities, and resources necessary for the fellowship project. It is essential to document the institution's commitment to the retention, development, and advancement of the candidate during the period of the award.

The institutional commitment must be dated and bear the signature of the head of the organizational unit who is authorized to commit the institution to the assurances listed above. The signature must appear over the signer's name and title at the end of the statement.

VII. GRANTEE REQUIREMENTS

A. All grantees are required to:

1. seek prior written approval from the Department for modifications of the Research Plan and budgetary changes;
2. receive prior written approval from the Department to use grant funds for out-of-state travel;
3. submit a mid-year progress report and a summary report at the completion of the award period;

Mid-year progress report - provide a presentation before the Breast, Cervical and Ovarian Cancer Advisory Committee or other formal body, as requested by the Illinois Department of Public Health.

Summary report - submit a research report at the conclusion of the project which may be disseminated by the Department and which addresses the following issues:

- a. why the research was performed;
- b. the type of research protocol used in the project;
- c. where the research was conducted;
- d. the number of subjects included in the research, if applicable;
- e. the research findings;
- f. how the findings compare with previous research on the same subject; and
- g. if it is a pilot project, indicate future funding avenues to be pursued.

4. participate in site visits and conferences as may be necessary for the monitoring and evaluation of the project. A mid-year meeting will be scheduled for December 2006. Attendance and presentation of your mid-year findings is mandatory.

B. Payment Methodology

Payments to the Grantee shall be made on a reimbursement basis. The Grantee shall document actual expenditures incurred for the purchase of goods and services necessary for conducting program activities. The Grantee shall utilize the Department's Reimbursement Certification Form to request reimbursement. After Department review and approval for the reimbursement request, a State of Illinois Voucher shall be prepared and processed through the Office of the State Comptroller for payment to the Grantee. The final reimbursement request shall be received by the Department within 45 days after the end of the grant award period. Please reference attachment **ALLOWABLE COSTS FOR REIMBURSEMENT UNDER OWH GRANT AGREEMENT.**

The Grantee shall submit requests for reimbursement monthly throughout the period of the grant. The final request for reimbursement must be received within forty-five (45) calendar days from the end of the grant agreement period.

C. Data Requests and/or Collaboration of the Department

Data requested from the Department must be negotiated prior to submission of the grant application. Request for cancer data must be made to the Illinois State Cancer Registry which has a procedure and cost structure in place for use of registry data.

Appropriate direct cost for obtaining data may be reimbursed. The budget must reflect the reimbursement amount requested.

Collaboration on research projects by Department personnel is allowed. (Personnel service costs are not allowed.) A letter of support is essential for collaborative research projects. **An additional IRB clearance, through the University of Illinois - Springfield, may be required, depending on the nature of the project, for the Department's participation. This IRB form should be forwarded to the OWH as soon as possible, but no later than Friday, May 19, 2006.**

D. Publications

When preparing articles for publication the following must be cited to acknowledge receipt of grant funds from the Research Fund:

“The research reported in this publication is supported by a grant from the Illinois Department of Public Health. Its contents are solely the responsibility of the authors and do not necessarily reflect the official views of the Illinois Department of Public Health.”

E. Contact

For additional information please contact the Office of Women's Health at (217) 524-6088.

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH-OFFICE OF WOMEN'S HEALTH
PENNY SEVERNS BREAST, CERVICAL AND OVARIAN
CANCER RESEARCH FUND
FY2007 FELLOWSHIP APPLICATION COVER PAGE**

LEAVE BLANK FOR IDPH USE ONLY NUMBER _____ DATE _____

1. TITLE OF PROJECT: (Please Type or Print Legible)

2. CANDIDATE FOR FELLOWSHIP _____
CREDENTIALS/POSITION _____
INSTITUTION _____ **DEPARTMENT** _____
MAILING ADDRESS (Street) _____
(City) _____ **(State)** _____ **(Zip)** _____
PHONE _____ **FAX** _____ **E-MAIL** _____

3. PROJECT SUPERVISOR _____
CREDENTIALS/POSITION _____
INSTITUTION _____ **DEPARTMENT** _____
MAILING ADDRESS (Street) _____
(City) _____ **(State)** _____ **(Zip)** _____
PHONE _____ **FAX** _____ **E-MAIL** _____

4. ASSURANCES: I agree to accept responsibility for the scientific conduct of this project and to provide the required progress reports if a grant is awarded as a result of this application.

SIGNATURE OF CANDIDATE _____ **DATE** _____

SIGNATURE OF PROJECT SUPERVISOR _____ **DATE** _____

5. INSTITUTION'S TAX IDENTIFICATION NUMBER _____

6. ILLINOIS DEPARTMENT OF HUMAN RIGHTS NUMBER _____

7. TOTAL AMOUNT OF FUNDING REQUESTED \$ _____

8. FISCAL CONTACT _____
TITLE/POSITION _____
INSTITUTION _____ **DEPARTMENT** _____
ADDRESS (Street) _____
(City) _____ **(State)** _____ **(Zip)** _____
PHONE _____ **FAX** _____ **EMAIL** _____

FISCAL AGENT ASSURANCE: I agree to accept responsibility for the fiscal conduct of this project and to provide the required financial reports if a grant is awarded as a result of this application.

SIGNATURE OF FISCAL AGENT _____ **DATE** _____

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF WOMEN'S HEALTH
535 WEST JEFFERSON ST. - SPRINGFIELD, ILLINOIS 62761

APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose outlined under 30 ILCS105/1 et. esq. Failure to provide this information may prevent this application from being processed.

APPLICANT ORGANIZATION: _____

AUTHORIZED AGENT: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____ **FAX:** _____ **FEIN:** _____

PROJECT TITLE: _____

PROJECT CATEGORY:

Breast Cancer Research Grant:

- 9 Etiology
- 9 Pathogenesis
- 9 Genetics
- 9 Prevention
- 9 Screening/Early Detection
- 9 Treatment/Control
- 9 Psycho-social/Behavioral
- 9 Community Outreach

Cervical Cancer Research Grant:

- 9 Etiology
- 9 Pathogenesis
- 9 Genetics
- 9 Prevention
- 9 Screening/Early Detection
- 9 Treatment/Control
- 9 Psycho-social/Behavioral
- 9 Community Outreach

Ovarian Cancer Research Grant

- 9 Etiology
- 9 Pathogenesis
- 9 Genetics
- 9 Prevention
- 9 Screening/Early Detection
- 9 Treatment/Control
- 9 Psycho-social/Behavioral
- 9 Community Outreach

TYPE OF ORGANIZATION: (Must include documentation.)

- 9 Government Entity 9 Not-for-Profit Corporation 9 Corporation
- 9 Medical/Health Care Provider Corporation 9 Tax Exempt Organization

LEGISLATIVE DISTRICT: Congressional _____ State Senate District _____
 State Representative District _____

APPLICATION CERTIFICATION: To the best of my knowledge, the data and the statements in this application are true and correct. The applicant agrees to comply with all the State/Federal statutes and Rules/Regulations applicable to the program.

 Authorized Agent Signature

 Date

FOR INTERNAL USE ONLY

Date received: _____
 Number assigned: _____

Reviewed: 9 Yes 9 No
 Score: _____

Complete: 9 Yes 9 No

Funded: _____

FORM C
Application # _____

LAY ABSTRACT

Project Title _____

Fellowship Candidate _____ **Project Supervisor** _____

Institution _____ **Funding Request** _____

The Lay Abstract serves as a succinct and accurate description of the proposed project when separated from the application. The Lay Abstract is written in nontechnical terms and may not exceed 1 single-spaced page. The Lay Abstract must clearly identify each item indicated below. Using the form provided, address the following points numbering 1 through 3. One page limit, single-spaced.

1. Hypothesis/research question
2. Experimental design and procedures
3. Description of subjects (human and/or animal where applicable) including sample size

RESEARCH PLAN

Project Title _____
Fellowship Candidate _____ **Project Supervisor** _____
Institution _____ **Funding Request** _____

The Research Plan explains the project in 15 double-spaced pages. The Research Plan must clearly identify each item indicated below. Using the form provided (make copies as necessary) address the following points: (numbering 1 through 9.)

1. a statement of the research question or hypothesis;
2. a brief description of the specific problem to be studied, including a literature review, and its significance and relevance to the priorities of the Breast, Cervical and Ovarian Cancer Research Fund (as listed in the first paragraph of Section II), and evidence of the project's originality;
3. a prioritized listing of measurable objectives for the funding period;
4. a sequential listing of activities to achieve each objective proposed for the funding period of the project, the timeline for completing each activity, and identification of the individual(s) responsible for coordinating the implementation of each objective;
5. the experimental design, procedure(s) to be used and method(s) for collecting, analyzing, and interpreting data;
6. a description of human and animal subjects;
7. evaluation method(s) to be used to measure progress in achieving objectives and a plan for monitoring the overall project;
8. a description of facilities, equipment and other resources to be used in the research, along with methods of use; and
9. a description of how the research grant would enable the applicant to pursue research that differs from the applicant's ongoing research, if any.

Note: The Research Plan is the major component of the fellowship application. It is important to relate the research to the candidate's goals and aspirations. The candidate should describe how the research, coupled with other developmental activities, will provide experience to launch and conduct an independent career.

LITERATURE CITED**Project Title** _____**Fellowship Candidate** _____ **Project Supervisor** _____**Institution** _____ **Funding Request** _____

The Literature Cited references the sources of research literature for the project. In the space below, please submit a list of complete citations, including titles and all authors.

Limit the submission to two single-spaced pages. This page will be considered page 1.

ASSURANCES FOR HUMAN AND ANIMAL SUBJECTS

Project Title _____
Fellowship Candidate _____ **Project Supervisor** _____
Institution _____ **Funding Request** _____

Please check the appropriate box. If institutional assurances were sought fill in the certifying body information.

- 9 Does not apply because the proposed research will not make use of human or animal subjects, tissues or fluid samples.

- 9 Institutional assurances for human or animal subjects, tissues or fluid samples are enclosed.
Attach copy of approval, exempt or pending certification

Human subjects

Institution certifying body _____
Chair _____
Title _____
Address _____
Date Applied _____
Approval 9Yes 9No **Exemption** 9Yes 9No **Pending** 9Yes 9No

Animal subjects

Institution certifying body _____
Chair _____
Title _____
Address _____
Date Applied _____
Approval 9Yes 9No **Exemption** 9Yes 9No **Pending** 9Yes 9No

HUMAN SUBJECTS

Project Title _____
Fellowship Candidate _____ **Project Supervisor** _____
Institution _____

9 Does not apply because the proposed research will not make use of human subjects or human tissue/fluid samples.

If the proposed research will make use of human subjects, then address the 7 points listed (single-spaced).

1. Provide a detailed description of the proposed involvement of human subjects in the work outlined in the Research Plan.
2. Describe the characteristics of the subject population, including its anticipated number, age range, and health status. Also explain the rationale for the involvement of special classes of subjects, if any, such as fetuses, pregnant women, children, prisoners, other institutionalized individuals, or others who are likely to be vulnerable. Applications without such documentation are ineligible for funding and will not be evaluated.
3. Identify the sources of the research material obtained from the individually identifiable living human subjects in the form of specimens, records or data. Indicate whether the material or data will be obtained specifically for research purposes or whether use will be made of existing specimens, records or data.
4. Describe the plans for recruiting subjects and the consent procedures to be followed, including the circumstances under which consent will be sought and obtained, who will seek it; the nature of the information to be provided to the prospective subjects; and the method of documenting consent. State if the IRB has authorized modification or waiver of the elements of consent or the requirement for documentation of consent.
5. Describe any potential risks (physical, psychological, social, legal or other) and assess their likelihood and seriousness. Where appropriate, describe the alternative treatments and procedures that might be advantageous to the subjects.
6. Describe the procedures for protecting against, or minimizing, any potential risks (including risks to confidentiality), and assess the likely effectiveness. Where appropriate, discuss provisions for ensuring necessary medical or professional intervention in the event of adverse effects on the subjects. Also, where appropriate, describe the provision for monitoring the data collected to ensure safety of subjects.
7. Discuss why the risks are reasonable in relation to the anticipated benefits to subjects, and in relation to the importance of the knowledge that may be reasonably expected to result.

Documentation of Assurances for Human Subjects

Include official documentation of the approval by the IRB of your institution showing the project title, the principal investigator and the inclusive approval dates; do not include supporting protocols. If review is pending, please include proof of application to IRB. Final assurance should be forwarded to the OWH as soon as possible, but no later than **Friday, May 19, 2006**. Failure to meet the stated deadline will render your application ineligible for funding.

ANIMAL SUBJECTS

Project Title _____
Fellowship Candidate _____ **Project Supervisor** _____
Institution _____

9 Does not apply because the proposed research will not make use of animal subjects or animal tissue/fluid samples.

If the proposed research will make use of animal subjects, then address the 5 points listed (single-spaced).

1. Provide a detailed description of the proposed use of the animals in the work outlined in the Research Plan. Identify the species, strains, ages, sex, and numbers of animals to be used in the proposed work.
2. Justify the use of animals, the choice of species and the numbers used.
3. Provide information on the veterinary care of the animals involved.
4. Describe the procedures for ensuring the discomfort, distress, pain, and injury will be limited to that which is unavoidable in the conduct of scientifically sound research. Describe the use of analgesic and tranquilizing drugs and/or comfortable restraining devices, where appropriate, to minimize discomfort, distress, pain and injury.
5. Describe any method of euthanasia to be used and the reasons for its selection. State whether this method is consistent with the recommendation of the Panel on Euthanasia of the American Veterinary Medical Association. If it is not, present a justification for not following the recommendations.

Documentation of Assurances for Animal Subjects

Include official documentation of the institutional review committee approval showing the title of this application, the principal investigator and the inclusive approval dates; do not include supporting protocols. If review is pending, then please forward proof of application for institutional approval. Final assurances should be forwarded to the OWH as soon as possible, but no later than **Friday, May 19, 2006**. Failure to meet the stated deadline will render your application ineligible for funding.

ALLOWABLE COSTS FOR REIMBURSEMENT UNDER OWH GRANT AGREEMENT

To be reimbursed under IDPH/OWH Grant Agreement, expenditures must meet the following general criteria:

- a. Be necessary and reasonable for proper and efficient administration of the program and not be a general expense required to carry out the overall responsibilities of the agency.
- b. Be authorized or not prohibited under federal, state or local laws or regulations.
- c. Conform to any limitations or exclusions set forth in the applicable rules, program description or grant agreement.
- d. Be accorded consistent treatment through application of generally accepted accounting principles appropriate to the circumstances.
- e. Not be allocable to or included as a cost of any state or federally financed program in either the current or a prior period.
- f. Be net of all applicable credits.
- g. Be specifically identified with the provision of a direct service or program activity.
- h. Be an actual expenditure of funds in support of program activities, documented by check number and/or internal ledger transfer of funds.

Examples of allowable costs include the following. This is not meant to be a complete list, but rather specific examples of items within each line item category.

Personal Services:

Gross salary paid to agency employees directly involved in the provision of program services.
Employer's portion of fringe benefits actually paid on behalf of direct services employees; examples include FICA (social security), life/health insurance, Workers Compensation insurance, Unemployment insurance and pension/retirement benefits.

Contractual Services:

Conference registration fees
Contractual employees (require prior program approval)
Repair and maintenance of furniture and equipment
Postage, postal services, UPS or other carrier costs
Software for support of program objectives
Subscriptions
Training and education costs

Payments (or pass-through) to subcontractors or subgrantees are to be shown in the Contractual Services section - **all subcontracts or subgrants require an attached detail line item budget supporting this contractual amount.**

Allocation of the applicable portion of the following costs are allowable only if approved by the program and the allocation methodology is approved as part of the application process.

Rent or lease space or facilities
Utility costs
Insurance
Copy machine rental or lease

Costs of improvements to real property

Travel:

Mileage (at state rate unless specifically noted otherwise)
Airline or rail transportation expenses
Lodging
Per diem and meal costs
Operation costs of agency owned vehicles

Commodities (Supplies):

Office supplies
Medical supplies
Educational and instructional materials and supplies, including booklets and reprinted pamphlets
Household, laundry, and cleaning supplies
Parts for furniture and office equipment
Equipment items costing less than \$100.00 each

Printing (included in Supplies):

Letterpress, offset printing, binding, lithographing services
Photocopy paper, other paper supplies
Envelopes, letterhead, etc.

Equipment (requires prior written approval):

Items costing over \$100.00 each with useful life of more than one year.
Equipment costs shall include all freight and installation charges.
Office equipment and furniture
Allowable medical equipment
Reference and training materials and exhibits
Books and films

Telecommunications (included in Contractual Services):

Telephone services
Answering services
Installation, repair, parts and maintenance of telephones and other communication equipment

Unallowable costs include, but are not limited to:

Indirect cost plan allocations
Bad debts
Contingencies or provisions for unforeseen events
Contributions and donations
Entertainment, alcoholic beverages, gratuities
Fines and Penalties
Interest and financial costs
Legislative and lobbying expenses
Real Property payments and purchases

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM
BUDGET SECTION, Summary**

APPLICANT AGENCY: _____

FEIN: _____

PROGRAM: _____

FOR THE PERIOD: _____ THROUGH: _____

BUDGET SUMMARY		SOURCES OF FUNDS		IDPH Components (specify)		
LINE ITEM (Category)	Total for the Program	Applicant and Other	Requested from IDPH			
Personal Services						
Contractual Services						
Supplies						
Travel						
Equipment						
Patient Care						
TOTAL, Direct Costs						

SOURCES OF FUNDS - Applicant and Other Sources	Required Match	Other Support	Total
TOTAL, Applicant and Other Sources			

USE ADDITIONAL SHEETS IF NECESSARY

INSTRUCTION TO APPLICANT BUDGET SUMMARY

GENERAL BUDGET INFORMATION

The budget for this application or RFA is to reflect the total cost of the project from all sources. The Budget Summary provides a one-page compilation of these costs. Individual line-items are to be itemized in detail on the following pages. Additional information and justification are to be shown on the Budget Justification page(s).

The budget must comply with the allowable costs for the program, the applicable Administrative Rules and Regulations, the laws of the State of Illinois and any applicable federal guidelines or requirements.

All amounts are to be expressed in whole dollars; each line-item is to be rounded to the nearest one-hundred dollar amount.

If additional pages are required, please note applicant agency name and program name on each additional page and number all additional pages as appropriate using the following sequence: Page 1a, Page 1b, Page 2a, Page 2b, and so on. Applications are disassembled and copied by the Department and these page number references will assist reassembly and help to ensure all copies are complete.

BUDGET SUMMARY

Enter the totals from each detail line-item section and sum these amounts to show the TOTAL, Direct Costs for the program.

SOURCES OF FUNDS columns: The total estimated cost for each line-item of the program is to be broken out by funds to be provided from sources other than this application or RFA (Applicant and Other) and by the amount requested in this application (Requested from IDPH).

IDPH Components (specify): The amount requested in this application or RFA (Requested from IDPH) is to be further broken out by program component(s) as instructed in the Program Description section of the application package or RFA.

SOURCES OF FUNDS - Applicant and Other

Identify the source and amount of all funds shown in the Applicant and Other column of the Budget Summary. Enter the amounts proposed to meet the program's matching or cost participation requirements, if any, in the Required Match column; enter all other program support costs in the Other Support column. The total of the Required Match and Other Support columns must equal the total of the Applicant and Other column of the Budget Summary.

Examples of Applicant and Other fund sources include Applicant funds such as tax revenues; fees or other program income; donations; other corporate funds; and other program support such as other state and or federal grant awards (i.e. WIC, Title X, Title XIX, and Title XX) both from the IDPH and from other agencies.

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM
BUDGET SECTION, Personal Services**

APPLICANT AGENCY: _____

FEIN: _____

PROGRAM: _____

FOR THE PERIOD: _____ THROUGH: _____

PERSONAL SERVICES (Position title and Name of Incumbent)	Monthly Salary	Number of Months Budgeted	Percent of time on Program	Total for the Program	Sources of Funds		IDPH Components (specify)		
					Applicant and Other	Requested from IDPH			
PERSONAL SERVICES, Subtotal									
FRINGE BENEFITS (Rate: _____%) Components and rates must be itemized in budget justification section.									
PERSONAL SERVICES AND FRINGE TOTAL									

USE ADDITIONAL SHEETS IF NECESSARY

**INSTRUCTIONS TO APPLICANT
PERSONAL SERVICES BUDGET**

PERSONAL SERVICES

Enter the position title and name of the current incumbent; if the position is new or currently not filled, enter "Vacant".

Example: Nurse - Mary Jones
 Sally Smith
 Vacant
 Pgrm Coord -Joyce Johnson
 Vacant

Enter the monthly salary for each position which will be filled for all or any part of the period. Enter the number of months the position will be filled by an incumbent working on the program. Enter the percent of time the incumbent will devote to the program during the months shown. Enter the total amount of support to be provided for the program, as computed from the information shown, using the following formula:

$$\text{[Monthly Salary]} \times \text{[Number of Months Budgeted]} \times \text{[Percent of time on Program]} = \text{[Total for the Program]}.$$

The Total for the Program is then broken out by the amount to be provided from sources other than this application (Applicant and Other) and the amount requested as part of this application (Requested from IDPH). The amount Requested from IDPH is further broken out by the various program components (IDPH Components) if the Program Description section of the Application Package requests that program components be identified separately.

FRINGE BENEFITS

The components included in the applicant agency's fringe benefit rate are to be itemized (listed by component and rate) in the Budget Justification section. The total fringe benefits rate is entered on the Fringe Benefits line; this rate is then applied to the Personal Services, Subtotal shown as Total for the Program. If the applicant agency includes fringe benefits in the amount Requested from IDPH and the various IDPH Components, the amounts for fringe benefits may not exceed the fringe benefits rate times the Personal Services, Subtotal for those columns.

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM
BUDGET SECTION, Contractual Services**

APPLICANT AGENCY: _____

FEIN: _____

PROGRAM: _____

FOR THE PERIOD: _____

THROUGH: _____

CONTRACTUAL SERVICES (Itemize)	Total for the Program	SOURCES OF FUNDS		IDPH Components (specify)		
		Applicant and Other	Requested from IDPH			
TOTAL, Contractual Services						

USE ADDITIONAL SHEETS IF NECESSARY

**INSTRUCTIONS TO APPLICANT
CONTRACTUAL SERVICES BUDGET**

CONTRACTUAL SERVICES

List the costs directly attributable the program estimated to be incurred during the period covered by this application. Examples of Contractual Services include conference registration fees; repair and maintenance of furniture and equipment; postage; UPS or other carrier costs; software; subscriptions; training and education costs; and telecommunications costs. See also the Allowable Cost section of the Application Package.

Payment (or pass-through) to subcontractors or subgrantees are to be listed here. All subcontracts or subgrants require an attached detail line-item budget supporting this contractual amount. The Department must approve, in writing, all subcontracts or subgrants.

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM
BUDGET SECTION, Supplies and Travel**

APPLICANT AGENCY: _____

FEIN: _____

PROGRAM: _____

FOR THE PERIOD: _____ THROUGH: _____

SUPPLIES (Itemize)	Total for the Program	SOURCES OF FUNDS		IDPH Components (specify)		
		Applicant and Other	Requested from IDPH			
TOTAL, Supplies						

TRAVEL (Itemize)	Total for the Program	SOURCES OF FUNDS		IDPH Components (specify)		
		Applicant and Other	Requested from IDPH			
Mileage (Rate per mile: \$ _____)						
Lodging						
Meals/PerDiem						
Commercial Transportation						
Other:						
TOTAL, Travel						

USE ADDITIONAL SHEETS IF NECESSARY

INSTRUCTIONS TO APPLICANT SUPPLIES AND TRAVEL BUDGET

SUPPLIES

List the costs, directly attributable to the program, estimated to be incurred during the period covered by this application. Examples of Supplies include office supplies; medical supplies (consumable items such as syringes, tape and gauze, other than drugs); educational and instructional materials; cleaning supplies; copy paper and other paper supplies; and letterpress, offset printing, and other printing services. See also the Allowable Costs section of the Application Package.

TRAVEL

List the costs, directly attributable to the program, of applicant agency's employees' transportation, mileage, per diem, meals, etc. necessary for carrying out the activities described in the application. Unless specifically stated in the budget, the mileage rate will be assumed to be the same as that authorized for state employee's by the Governor's Travel Control Board. See also the Allowable Costs section of the Application Package.

Travel costs for contractual consultants are to be included in the Contractual Services line.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM
BUDGET SECTION, Equipment and Patient Care

APPLICANT AGENCY: _____

FEIN: _____

PROGRAM: _____

FOR THE PERIOD: _____ THROUGH: _____

EQUIPMENT (Itemize)	Total for the Program	SOURCES OF FUNDS		IDPH Components (specify)		
		Applicant and Other	Requested from IDPH			
TOTAL, Equipment						

PATIENT CARE (Itemize)	Total for the Program	SOURCES OF FUNDS		IDPH Components (specify)		
		Applicant and Other	Requested from IDPH			
TOTAL, Patient Care						

USE ADDITIONAL SHEETS IF NECESSARY

INSTRUCTIONS TO APPLICANT EQUIPMENT AND PATIENT CARE

EQUIPMENT

List those items costing over \$100.00 each with a useful life of more than one year required for the successful completion of the activities described in the application. Equipment costs shall include all freight and installation charges. Equipment may include office furniture and equipment, such as desks, chairs, computers, printers and calculators; training materials; reference books; and films. All Equipment purchases must be approved by the Department, either through this budget or via specific request for items not included in the budget as submitted. See also the Allowable Costs section of the Application Package.

PATIENT CARE

List those patient care services necessary to the program which the applicant agency cannot provide through its own resources and which will be purchased from other agencies or individuals.

Patient Care includes laboratory tests or other diagnostic procedures; and transportation of patients or clients, including accompanying parents or guardians (or other escort).

Patient Care also includes services which applicant agency will provide and be paid an established fee-for-service, such as family planning services, Healthy Moms/Healthy Kids case management; dental sealants; and primary care services.

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
 APPLICATION AND PLAN FOR PUBLIC HEALTH PROGRAM
 FRINGE BENEFIT WORKSHEET**

APPLICANT AGENCY: _____ FEIN: _____

PROGRAM: _____ FOR THE PERIOD: _____ THROUGH _____

Fringe Benefits -

FICA (Social Security)	_____	%
Pension/Retirement	_____	%
Group Health Insurance	_____	%
Group Life Insurance	_____	%
Unemployment Insurance	_____	%
Workmen's Compensation	_____	%
Other: _____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%

TOTAL, Fringe Benefits Rate _____%

BUDGET JUSTIFICATION

Using the form provided, submit additional information or justification for specific line items listed in the detail budget for which the need is not evident. For example, all personal services contracts and sub-grants must be explained and justified in the section. Justifications should clearly indicate the items being requested are essential to the achievement of the stated project objectives.

PERSONAL SERVICES
CONTRACTUAL SERVICES
SUPPLIES
TRAVEL
EQUIPMENT
PATIENT CARE

REFERENCE GUIDELINE FORM

**Illinois Department of Public Health
Office of Women's Health
Penny Severns Breast, Cervical and Ovarian Cancer Research Fund
Fellowship Grant Application**

Name of Candidate (Last, First, Middle): _____

Name of Respondent (Last, First, Middle): _____

The candidate is applying to the Illinois Department of Public Health's (IDPH) - Office of Women's Health (OWH) for a Fellowship Grant from the Penny Severns Breast, Cervical and Ovarian Cancer Research Fund. The purpose of the grant award is to develop the research capabilities and career of the applicant. The award is available to persons who have demonstrated considerable potential to become independent researchers, but who need additional supervised research experience in a productive scientific setting.

The OWH would appreciate receiving your evaluation of the above candidate with special reference to:

- potential to conduct research;
- evidence of originality;
- adequacy of scientific background;
- quality of research endeavors or publications to date, if any;
- commitment to breast and cervical cancer research; and
- need for further research experience and training.

Any related comments that you may wish to provide would be welcomed. These references will be used by the Breast, Cervical and Ovarian Cancer Advisory and Peer Review Panel in assessing candidates.

Complete the report on 8-1/2" x 11" sheets of paper. Return your reference report to the candidate sealed in an envelope as soon as possible.

The application requires the applicant to provide you with a self-addressed stamped envelope with the following words on the front bottom corner: **"DO NOT OPEN - IDPH USE ONLY."** Candidates are not to open the references. Thank you for your assistance.

KEY PERSONNEL

Project Title _____
Principal Investigator _____ **Institution** _____
New/Continuation _____

New grant applicants will list the individuals, **including collaborators and consultants**, who will have significant intellectual input into the scientific development and execution of the project, regardless of whether they will be paid with the funds from this grant.

Continuation grant applicants will list any **new** key personnel. For each individual, include advanced degrees, position title, department and institution, as well as role in project.

Collaborators and consultants need to submit a letter of support and complete a Biographical Sketch.

A Biographical Sketch should be completed for each person listed.

Names, Degree(s)	Position Title, Department, & Affiliation	Project Role

BIOGRAPHICAL SKETCH

Principle Investigator _____

Project Title _____

Please include a Biographical Sketch of all professional staff starting with the principal investigator(s) and other the individuals listed under Key Personnel. Include educational qualifications, research and professional experience, a list of publications within the preceding five years and a list of any active and pending research. Include the abstracts of active and pending research where the applicant is the primary investigator in the Appendix.

Limit each biographical sketch to one page maximum. Do not send reprints or manuscripts as part if this form.

NAME	POSITION TITLE	ROLE IN PROJECT

EDUCATION/TRAINING: Begin with baccalaureate and end with the most recent, including postdoctoral training.

INSTITUTION AND LOCATION	DEGREE	YEAR	FIELD OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: In chronological order list: 1) All professional licenses and certifications include, title, issuing body and expiration date. 2) All professional positions include, title, organization and term of appointment. 3) Complete citations of major publications in the past three years and any pertinent to this application. List all authors in order. If investigator published under another name, underline that name.

ACTIVE AND PENDING RESEARCH: In chronological order list any active and pending research include a) the funding agency, b) the grant title, c) the role of applicant and d) a description of any overlap that occurs with respect to the proposed project.

CANDIDATE CAREER GOALS AND OBJECTIVES

Project Title _____
Fellowship Candidate _____ **Project Supervisor** _____
Institution _____ **Funding Request** _____

Using the form provided, describe your past scientific history, indicating how the award would fit into past and future research projects. It is important to justify the award and how it would enable you to develop or expand your research career.

Using the form provided, limit the statement to one double-spaced page.

CANDIDATE SKILL DEVELOPMENT

Project Title _____
Fellowship Candidate _____ **Project Supervisor** _____
Institution _____ **Funding Request** _____

Using the form provided, discuss the new, enhanced skills you will acquire as a result of the proposed award. If you have considerable experience in breast, cervical and/or ovarian cancer research, reviewers may determine that the application lacks potential to enhance your research career. Describe structured activities, such as course work or workshops which are part of the project. Limit the statement to one double-spaced page.

PROJECT SUPERVISOR STATEMENT**Project Title** _____**Fellowship Candidate** _____ **Project Supervisor** _____**Institution** _____ **Funding Request** _____

Using the form provided, the project supervisor must explain how the award will enhance the development of the candidate's research career. A detailed description of the plan for the candidate's research career as well as a clear commitment of staff time, facilities and resources must be documented.

The supervisor should describe the candidate's teaching load, clinical responsibilities, and/or committee and administrative assignments during the period of the award, and proportion of time available for research. The supervisor and the sponsoring institution must provide assurances that the candidate will be released for the amount of time required for the proposed project. Limit the statement to one single-spaced page.

DESCRIPTION OF INSTITUTIONAL ENVIRONMENT

Project Title _____
Fellowship Candidate _____ **Project Supervisor** _____
Institution _____ **Funding Request** _____

Using the form provided, the sponsoring institution must document a strong, well-established research program related to breast, cervical and/or ovarian cancer, including the names of key faculty members relevant to the proposed project. Describe opportunities for intellectual interactions with other investigators, including courses offered, journal clubs, seminars and presentations. Limit the statement to one single-spaced page.

INSTITUTIONAL COMMITMENT TO CANDIDATE'S RESEARCH

Project Title _____
Fellowship Candidate _____ **Project Supervisor** _____
Institution _____ **Funding Request** _____

The institutional commitment should document the agreement of the institution to provide adequate time and support for the candidate to devote nearly full time to research for the entire period of the proposed award. The institution should provide the equipment, facilities, and resources necessary for the fellowship project. It is essential to document the institution's commitment to the retention, development, and advancement of the candidate during the period of the award.

The institutional commitment must be dated and bear the signature of the head of the organizational unit who is authorized to commit the institution to the assurances listed above. The signature must appear over the signer's name and title at the end of the statement. You may use a separate sheet for this section, still limiting the statement to one single-spaced page.

PENNY SEVERNS BREAST, CERVICAL AND OVARIAN CANCER RESEARCH FUND

FY2007 FELLOWSHIP APPLICATION

CHECKLIST

- 9 Correct format per RFA specifications (eg. font size, spacing, one-sided)
- 9 FORM A - Completed Cover Page
- 9 FORM B - Completed Application and Plan for Public Health Program
- 9 FORM C - Completed Lay Abstract
- 9 FORM D - Completed Research Plan
- 9 FORM D1 - Literature Cited
- 9 FORM E - Completed Assurances for Human and Animal Subjects
- 9 FORM E1 - Completed Human Subjects
- 9 FORM E2 - Completed Animal Subjects
- 9 FORM F - Completed Budget Submission (including total cost of project and all sources of additional funding for the project)
- 9 Budget Justification
- 9 Specialized Information
 - FORM G - Completed Reference Guidelines Form for Reference Letters
 - FORM G1- Key Personnel
 - FORM G2 - Candidate/Project Supervisor/Key Personnel Biographical Sketch
 - FORM G3 - Candidate Career Goals and Objectives
 - FORM G4 - Candidate Skill Development
 - FORM G5 - Project Supervisor Statement
 - FORM G6 - Description of Institutional Environment
 - FORM G7 - Institutional Commitment to Candidate's Research
- 9 Enclosed one original and three copies with all required signatures
- 9 Electronic version of the proposal on the disk provided or an electronic version of the proposal emailed to soconnor@idph.state.il.us
- 9 Appendices - Manuscripts, papers in press, questionnaires, clinical protocols, proof of not-for-profit status, active and pending research abstracts, etc.