

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF WOMEN'S HEALTH
PENNY SEVERNS BREAST, CERVICAL AND OVARIAN CANCER
RESEARCH FUND
FISCAL YEAR 2007 STANDARD 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
FAX 217-557-3326

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OFFICE OF WOMEN'S HEALTH

PENNY SEVERNS BREAST, CERVICAL AND OVARIAN CANCER RESEARCH FUND

FISCAL YEAR 2007 STANDARD 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. A Peer Review Panel, appointed by the Department, is responsible for scientific evaluations 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.

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.

Standard Research Grants conduct trained inquiry or experimentation related to investigation of breast, cervical and 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.

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
 - a. adherence to specified application format;
 - b. inclusion of all required forms;
 - c. inclusion of a response to each required item as specified in Section V, Preparation of the Application.
 - 2. Criteria for the technical review include:
 - a. the new applications have clearly stated the research question or hypothesis and have demonstrated evidence of the project's originality;
 - b. the project objectives are achievable in the stated time frame;
 - c. the activities identified by the applicants will lead to achievement of the objectives;
 - d. the evaluation methods measure progress toward the identified objectives;
 - e. the principal investigator's qualifications indicate the ability to carry out the project;
 - f. the budget provides sufficient resources and justifies the need for funds to implement the project; and
 - g. the continuation applications have demonstrated progress in each activity in support of the current year objectives and have provided an estimate of the extent to which the year 2 or year 3 objectives will be met.

NOTE: ITEM B2a APPLIES ONLY TO NEW APPLICATIONS WHILE ITEM B2g APPLIES ONLY TO CONTINUATION APPLICATIONS. CONTINUATION APPLICATIONS WILL COMPETE EQUALLY WITH NEW APPLICATIONS FOR FUNDING APPROVAL.

IV. SUBMISSION

Mail or deliver 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 W. Jefferson Street - First Floor
Springfield, IL 62761

If you prefer to email the application (soconnor@idph.state.il.us), 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, please contact the Office of Women's Health (OWH) 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 1 inch margins on the forms provided;
 - ! use letter quality type;
 - ! use font size no smaller than 12 pt. (no smaller than the font size in this document);
 - ! **not** use photo reduction;
 - ! be **clear and legible** so applications can be copied;
 - ! have all graphs, diagrams, tables and charts in black ink;

- ! have **clear and legible** figures, charts, tables, figure legends and footnotes which may have a smaller font size;
- ! **not** include photographs, colored paper or other materials that cannot be copied;
- ! **not** include staples; and
- ! **not** exceed the page limitations noted in Section V, Item A2.

2. Page limitations must be observed for each section. **Applications which do not follow the page limits will be returned without review.** A summary of the page limitations and content requirements is given in the following chart:

Page Limitations and Content Requirements		
Section	Page Limit	Content
Lay Abstract (form provided) <i>-New and Continuation Applicants complete</i>	1	See instructions on page 6, Section V, Item B3 (single-spaced).
Progress Report (form provided) <i>-Continuation Applicants only</i>	8	See instructions on page 10, Section V, Item C4 (double-spaced).
Research Plan (form provided) <i>- New Applicants only</i>	15	See instructions on pages 6 and 7, Section V, Item B4. Text plus all figures, charts, tables, and diagrams (double-spaced).
Literature Cited (form provided) <i>-New and Continuation Applicants complete</i>	2	See instructions on page 7, Section V, Item B5 (single-spaced).
Human Subjects (form provided) – <i>New Applicants</i>	1	See instructions on pages 7 and 8 , Section V, Item B7 (single-spaced).
Human Subjects (form provided) – <i>Continuation Applicants</i>	1	See instructions on page 10, Section V, Item C5/C6 (single-spaced).
Animal Subjects (form provided) – <i>New Applicants</i>	1	See instructions on page 9 , Section V, Item B8 (single-spaced).
Animal Subjects (form provided) – <i>Continuation Applicants</i>	1	See instructions on page 10, Section V, Item C7/C8 (single-spaced).
Biographical Sketches/Key Personnel (form provided) – <i>New and Continuation Applicants complete</i>		See instructions on page 8, Section V, Item B10. One sketch, front and back of the form provided , for each key person, collaborator or consultant.
Appendix -) – <i>New and Continuation Applicants complete</i>		See instructions on page 9, Section V, Item B13 or page 9, Section V, Item B24 (new). See instructions on page 11, Section V, Item C10 (continuation). Questionnaires, abstracts, papers or manuscripts (limit 2) and other materials.

B. Specific Instructions for New Applications

New applications for Research Grants must include the following items, *in the order listed*.

1. **FORM A - Complete Cover Page** (form provided).
2. **FORM B - Complete “Application and Plan for Public Health Program”** (form provided).
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 literature review, 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 first funding period of the project, the timeline for completing each activity, and identification of the individual responsible for coordinating the implementation of each objective;
 - e. the experimental design, procedure(s) to be used, and the method(s) for collecting, analyzing and interpreting data;
 - f. a description of human and animal subjects;
 - g. evaluation methods 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;

- i. a description of how the Research Grant would enable the applicant to pursue research that differs from any of the applicant's ongoing research; and
 - j. if you use cell lines or samples generated in another researcher's lab or perform portions of your research in another researcher's lab include a letter of collaboration in the appendix.
5. **FORM D1 - Literature Cited (2 pages maximum, single-spaced).** Using the form provided, submit a list of complete citations, including titles and all authors.
6. **FORM E – Progress Report (8 pages maximum, double spaced).** FOR CONTINUATION GRANTS ONLY. The progress report is an update on the status of the project. The page count will not include the copy of year 1 Research Plan or year 2 Progress Report.
7. **FORM F - Assurances for Human and Animal Subjects.** Identify the certifying body within your institution to inform the OWH of the research project's status with that certifying body. Include complete copies of human and animal subject approvals, exemptions or pending letters. If your research is deemed exempt, then the Department needs a letter from the reviewing body stating the determination and why. **Applications that do not provide institutional clearance by Friday, May 19, 2006 will not be eligible for funding.**
8. **FORM F2 - 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.

identified in the lower half of the sheet.

The Personal Services section 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. 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.

13. **Not-For-Profit Status.** Applicants other than governmental entities must provide documentation of current not-for-profit status.
14. **Appendices** should include abstracts of active and pending research where the applicant is the primary investigator and other necessary ancillary information such as manuscripts and papers in press (limit 2), questionnaire, consent forms, clinical protocols and letters of collaboration. 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.)**
15. **Complete Checklist** for new applications included in the application packet.

C. Specific Instructions for Continuation Applications

Continuation applications must include the following ***in the order listed:***

1. **FORM A - Complete Cover Page** (form provided).

2. **FORM B - Complete “Application and Plan for Public Health Program”** (form provided).
3. **FORM C - Lay Abstract (1 page maximum, single-spaced).** Refer to the instructions in Section V, Item B3 on page 5.
4. **FORM E - Progress Report (8 page maximum, double-spaced).** Using the form provided (make copies as necessary), address the following points. The Progress Report must clearly identify each item indicated below.
 - a. Description **of the findings** to date and progress toward meeting each objective.
 - b. Description **of the project objectives** for year 2 and 3.
 - c. Description **of the activities** required to meet the project objectives for year 2 or 3 and a **timeline** for completion of each activity and individuals responsible for each.
 - d. Description of the **evaluation methods** or monitoring plan along with the rationale for any revisions.
 - e. Discussion of any **difficulties/problems** encountered and approaches you have taken to address them.
 - f. A summary of the existing Illinois Breast, Cervical and Ovarian Cancer Research Fund project. ***Include a copy of the year 1 Research Plan and year 2 Progress Report in the Appendix.***

NOTE: THE PAGE LIMITATION FOR ITEM B17 (PROGRESS REPORT) DOES NOT INCLUDE THE YEAR 01 INITIAL RESEARCH PLAN OR YEAR 2 PROGRESS REPORT REQUESTED IN ITEM B17a.

5. **FORM F1 - Re-certify use of Human and Animal Subjects.** Using the form provided, certify that the approval or exemption for the use of human and animal subjects is **current**. **Re-certifications are due by Friday, May 19, 2006. Applications that do not provide institutional re-certifications will not be eligible for funding.**
6. **FORM F2 and F3 - Human and Animal Subjects (1 page each, double-spaced).** Using the forms provided, describe the use of human and animal subjects **if the usage has changed from what was originally stated in the Research Plan or Progress Report**. Refer to the instructions in Section V, Items B7 and B8 on pages 6 and 7.
7. **FORM G - Key Personnel.** Refer to the instructions in Section V, Item B9 on page 7 to add any **new** professional staff.
8. **FORM G1 - Biographical Sketch (front and back of form provided).** Refer to the instructions in Section V, Item B10 on page 7.

9. **FORM H - Detailed Budget.** Refer to the instructions in Section V, Item B11 on pages 7 and 8.
10. **Appendices** should include abstracts of active and pending research where the applicant is the primary investigator and other necessary ancillary information such as manuscripts and papers in press (limit 2), questionnaires, consent forms, clinical protocols, year 1 initial research plan and year 2 progress report and letters of collaboration. 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).**
11. **Complete Continuation Application Checklist** as included in the application packet.

VI. GRANTEE INFORMATION

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 written and verbal 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 use 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 the 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 along with additional IRB approval from your institution 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 regarding the Research Fund, please contact Sarah O’Connor-Bennett, Grants Administrator with the Office of Women's Health at (217) 524-9297.

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

LEAVE BLANK FOR IDPH USE ONLY NUMBER _____ DATE RECEIVED _____

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

2. TYPE OF APPLICATION (place a check mark in appropriate spaces):

- A. ___ New (please indicate the proposed length of the project)
 a. ___ single year b. ___ two year c. ___ three year
- B. ___ Continuation (please indicate the project year)
 a. ___ Year 2 b. ___ Year 3

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

PRINCIPAL INVESTIGATOR ASSURANCE: 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 PRINCIPAL INVESTIGATOR _____ **DATE** _____

4. INSTITUTION'S TAX IDENTIFICATION NUMBER (FEIN) _____

5. ILLINOIS DEPARTMENT OF HUMAN RIGHTS NUMBER

6. TOTAL AMOUNT OF FUNDING REQUESTED (fill in amount)

- A. This Project Year \$ _____
 B. Proposed Amount for Subsequent Project Years (if applicable) Year 2 \$ _____ Year 3 \$ _____

7. 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., 1ST FLOOR - 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:

<u>Breast Cancer Research Grant:</u>	<u>Cervical Cancer Research Grant:</u>	<u>Ovarian Cancer Research Grant</u>
9 Etiology	9 Etiology	9 Etiology
9 Pathogenesis	9 Pathogenesis	9 Pathogenesis
9 Genetics	9 Genetics	9 Genetics
9 Prevention	9 Prevention	9 Prevention
9 Screening/Early Detection	9 Screening/Early Detection	9 Screening/Early Detection
9 Treatment/Control	9 Treatment/Control	9 Treatment/Control
9 Psycho-social/Behavioral	9 Psycho-social/Behavioral	9 Psycho-social/Behavioral
9 Community Outreach	9 Community Outreach	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: _____	Reviewed: 9 Yes 9 No
Number assigned: _____	Score: _____
Complete: 9 Yes 9 No	Funded: _____

LAY ABSTRACT

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

The Research Plan explains the project and is 15 double-spaced page (The page count will not include letters of collaboration.) 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 and attach Number 10 to the Appendix):

1. a statement of the research question or hypothesis;
2. a brief description of the specific problem to be studied, including a literature review, 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 first funding period of the project, the timeline for completing each activity, and identification of the individual responsible for coordinating the implementation of each objective;
5. the experimental design, procedure(s) to be used, and the method(s) for collecting, analyzing, and interpreting data;
6. a description of human and animal subjects;
7. the evaluation methods 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;
9. a description of how the Research Grant would enable the applicant to pursue research that differs from any of the applicant's ongoing research; and
10. if you use cell lines or samples generated in another researcher's lab or perform portions of your research in another researcher's lab include a letter of collaboration in the Appendix.

LITERATURE CITED

Project Title _____
Principal Investigator _____ **Institution** _____

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.

PROGRESS REPORT
(for continuation applications only)

Project Title _____
Principal Investigator _____ **Institution** _____

The Progress Report serves as an update on the status of the project and must not exceed 8 double-spaced pages. The page count will not include the copy of year 1 Research Plan or year 2 Progress Report. The Progress Report must clearly identify each item indicated below. Using the form provided (make copies as necessary), address the following points numbering 1 through 5 and attach Number 6 to the Appendix.

1. Describe **findings** to date and progress toward meeting each objective.
2. Describe **project objectives** for year 2 and 3.
3. Describe **activities** required to meet the project objectives for year 2 and 3 and a **time line** for completion of each activity and individuals responsible for each.
4. Describe the **evaluation methods** or monitoring plan along with the rationale for any revisions.
5. Discuss any **difficulties/problems** encountered and approaches you have taken to address them.
6. Provide a summary of the existing Breast, Cervical and Ovarian Cancer Research Fund project. *Include a copy of the year 1 Research Plan and year 2 Progress Report (where applicable) in the Appendix.*

ASSURANCES FOR HUMAN AND ANIMAL SUBJECTS

Project Title _____

Principal Investigator _____ **Institution** _____

Please check the appropriate box. Fill in the certifying body for institutional assurances.

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, exemption or pending certification.

Human subjects

Institution certifying body _____

Chair _____

Title _____

Address _____

Date Applied _____

Approval 9Yes 9 No **Exempt** 9Yes 9 No **Pending** 9Yes 9 No

Animal subjects

Institution certifying body _____

Chair _____

Title _____

Address _____

Date Applied _____

Approval 9Yes 9 No **Exempt** 9Yes 9 No **Pending** 9Yes 9 No

RE-CERTIFY USE OF HUMAN AND ANIMAL SUBJECTS

Obtain the signature of the chair of the appropriate institutional committee if applying for a CONTINUATION GRANT.

On behalf of the _____ Committee
(Committee Name)

responsible for the approval/exemption of human/animal subjects, I affirm that this research project has been reviewed and is currently in compliance with institutional guidelines established to protect the interests of research subjects.

Name

Signature

Title

Date

HUMAN SUBJECTS

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

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, on a separate sheet 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 _____
Principal Investigator _____ **Institution** _____
New/Continuation _____

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.

BIOGRAPHICAL SKETCH

Principle Investigator _____
Project Title _____

Please include a Biographical Sketch of all professional staff starting with the principal investigator(s) and other 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 of 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: List in chronological order: 1) All professional licenses and certifications to include, title, issuing body and expiration date. 2) All professional positions to include, title, organization and term of appointment. 3) Complete citations of major publications in the past three years and anything 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 including 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.

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 LINE ITEM (Category)	Total for the Program	SOURCES OF FUNDS		IDPH Components (specify)		
		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			

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.

**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:

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

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.

**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/Per Diem						
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

Budget Section, Page 5

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

PENNY SEVERNS BREAST, CERVICAL AND OVARIAN CANCER RESEARCH FUND

FY2007 NEW APPLICATION

(proceed to next page if you are applying for continuation funding)

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 F - Completed Assurances for Human and Animal Subjects
- 9 FORM F2 - Completed Human Subjects
- 9 FORM F3 - Completed Animal Subjects
- 9 FORM G - Completed Key Personnel
- 9 FORM G1 - Completed Biographical Sketch (for all listed on FORM G)
- 9 FORM H - Completed Budget Submissions (including total cost of the project and all sources of additional funding for the project)
- 9 Budget Justification
- 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 and clinical protocols, letters of collaboration, active and pending research abstracts etc.

PENNY SEVERNS BREAST, CERVICAL AND OVARIAN CANCER RESEARCH FUND

FY2007 CONTINUATION 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 E - Completed Progress Report
- 9 FORM F1 - Completed Re-Certify for use of Human and Animal Subjects
- 9 FORMS F2 - Completed Human Subjects (if use changed from original Research Plan)
- 9 FORM F3 - Completed Animal Subjects (if use changed from original Research Plan)
- 9 FORM G - Completed Key Personnel
- 9 FORM G1 - Completed Biographical Sketch (for all listed on FORM G)
- 9 FORM H - Completed Budget Submission (including the total cost of the project and all sources of additional funding for the project)
- 9 Budget Justification
- 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, year 1 initial research plan and year 2 progress report, letters of collaboration, active and pending research abstracts, etc.