



Lung Cancer Research
FOUNDATION

2015 GRANT APPLICATION

DEADLINE: MONDAY, JUNE 1, 2015

Please direct any grant related questions to:

Jan Baranski, PhD
Director of Scientific Programs
155 East 55th Street, Suite 6H
New York, NY 10022
(212)588-1580
JBaranski@lungfund.org

LCRF GRANTS ARE AWARDED FOR LUNG CANCER PROJECTS FOCUSED ON:

- Basic Science
- Translational Research
- Clinical Research
- Supportive Care
- Quality of Care/Outcomes

LCRF PROVIDES FUNDS TO U.S. AND INTERNATIONAL INVESTIGATORS:

- Graduate students
- Post-doctoral researchers
- Physicians
- Medical students
- Nurse researchers

QUESTIONS

Questions regarding the application should be addressed to Jan Baranski, PhD at jbaranski@lungfund.org or please call the LCRF office at 212-588-1580.

LCRF GRANTS CRITERIA

- LCRF Grant is the primary source of support for the project (project can have additional secondary funding such as Core Services Support).
- Personnel budget lines must not account for more than 15% total request.
- All applicable costs including institutional indirect/overhead costs must be included as part of the requested budget total.
- Does not cover direct patient care costs that could be reimbursed by other sources.
- Projects extending beyond 12 months:
 - May include projects with timeframe extending beyond 12 month grant period, but all requests for additional LCRF funding beyond the 12 month grant period require resubmission as new applications for competitive consideration in future years.
 - Reapplications must include a complete Progress Report of the current grant award

APPLICATION INSTRUCTIONS

- The application deadline is **Monday, June 1, 2015**.
- The Project Summary must not exceed 15 pages total, excluding the Curriculum Vitae.
- A Curriculum Vitae or NIH Bio sketch is required.
- All attachments, including the application must be submitted in one PDF.
- Letter of Support
 - Please include at least one letter of support. The letter should be from the applicant's Program Director or Advisor and must include the following statements affirming that:
 - the applicant will be on academic staff during the grant period and,
 - there is adequate space and equipment to accomplish the stated project
- Reapplications must include a complete Progress Report of current grant award
- Applications should be submitted via email to JBaranski@lungfund.org.
- Due to the volume of grant submissions, it is the policy of LCRF to not provide feedback on applications that do not receive an award.
- Grantees will be notified of their award in October 2015. Please do not contact the office prior to this date.

AWARD SPECIFICATIONS

- The maximum award is \$50,000 for a one year from the time of notification.
- The Awardee is required to provide an end of project progress report.
- The Awardee agrees to provide a high resolution photo with 1024x768 pixels minimum.



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APPLICATION – ALL FIELDS REQUIRED

CONTACT INFORMATION

Investigator Name:

Investigator Mailing Address (where formal correspondences will be sent):

Investigator Telephone:

Investigator Email:

Scientific Title of grant:

Lay (Non-Technical) Title of grant:

Note: LCRF may need to use a less technical project title under circumstances. Please provide a non-technical title that may be used in place of the scientific title.

Institution:

Address:

Phone:

Fax:

Email:

Program Director/Advisor:

Address

Telephone

Email

Administrative Grant Coordinator/Contact:

Address

Telephone

Email

RESEARCH GRANT PROPOSAL

Briefly state the proposal:

Describe the project:

Describe the project deliverables (if applicable):

Indicate what constitutes success and how you will measure:

Outline how the project is consistent with the mission of the Lung Cancer Research Foundation:

PROJECT CALENDAR

Start date and projected calendar of funded significant endpoints:

State the opportunity or plans for the funded project at the conclusion of the funding period. (Example: Expected completion or will need to reapply or apply for further funding from sources such as)

AMOUNT REQUESTED

Budget Outline:

Total:

- 1. Clinical care items (drugs, lab testing, etc):*
- 2. Supplies/Materials:*
- 3. Information Technology:*
- 4. Personnel Costs:*
- 5. Indirects (if applied):*
- 6. Other as listed (Please provide specific detail)*

ADDITIONAL FUNDING AVAILABLE FOR THIS PROJECT (IF APPLICABLE)

Source of additional funding:

Amount of additional funding:

Will this grant be matched by other funding?