

**DAMON RUNYON-RACHLEFF INNOVATION**  
**STAGE 1 AWARD**  
**Application Cover Sheet (for co-applicants)**

*Complete all sections of this form.*

**APPLICANT 1**

LAST NAME:		DEGREE(S):	INSTITUTION:
FIRST NAME:	M.I.:	GENDER:	ADDRESS:
CITIZENSHIP:	DATE OF BIRTH:		
DEPARTMENT(S):			ACADEMIC TITLE:
TELEPHONE:	CELL:		DATE OF APPOINTMENT (REQUIRED):
EMAIL:			SIGNATURE:

**APPLICANT 1: DEPARTMENT CHAIR'S GUARANTEE**

On behalf of (name of department), I hereby guarantee (the applicant) is conducting the proposed research independently and that at least 80% of 's (the applicant's) time will be dedicated to research activities.

NAME:		TITLE:
SIGNATURE:		DATE:

**APPLICANT 2**

LAST NAME:		DEGREE(S):	INSTITUTION:
FIRST NAME:	M.I.:	GENDER:	ADDRESS:
CITIZENSHIP:	DATE OF BIRTH:		
DEPARTMENT(S):			ACADEMIC TITLE:
TELEPHONE:	CELL:		DATE OF APPOINTMENT (REQUIRED):
EMAIL:			SIGNATURE:

**APPLICANT 2: DEPARTMENT CHAIR'S GUARANTEE**

On behalf of (name of department), I hereby guarantee (the applicant) is conducting the proposed research independently and that at least 80% of 's (the applicant's) time will be dedicated to research activities.

NAME:		TITLE:
SIGNATURE:		DATE:

**PROPOSED RESEARCH**

TITLE OF PROJECT:		AREA OF STUDY [refer to the following 'Area of Study' list, select <u>one</u> option]:
		TYPE(S) OF CANCER [refer to the following 'Type of Cancer' list for option(s)]:

Applicant 1: I confirm that there is no scientific overlap with any of my other sources of research support and the proposed project:  Y  N

Applicant 2: I confirm that there is no scientific overlap with any of my other sources of research support and the proposed project:  Y  N

HUMAN SUBJECTS: <input type="checkbox"/> Y <input type="checkbox"/> N	VERTEBRATE ANIMALS: <input type="checkbox"/> Y <input type="checkbox"/> N	BIOHAZARDS: <input type="checkbox"/> Y <input type="checkbox"/> N
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**APPLICANT 1: EXECUTIVE OFFICER**

NAME:	GENDER:	INSTITUTION:
TITLE:		ADDRESS:
TELEPHONE:	FAX:	
E-MAIL:		SIGNATURE:

**APPLICANT 1: FISCAL OFFICER**

NAME:	GENDER:	INSTITUTION:
TITLE:		ADDRESS:
TELEPHONE:	FAX:	
E-MAIL:		SIGNATURE:

**APPLICANT 2: EXECUTIVE OFFICER (IF DIFFERENT FROM ABOVE)**

NAME:	GENDER:	INSTITUTION:
TITLE:		ADDRESS:
TELEPHONE:	FAX:	
E-MAIL:		SIGNATURE:

**APPLICANT 2: FISCAL OFFICER (IF DIFFERENT FROM ABOVE)**

NAME:	GENDER:	INSTITUTION:
TITLE:		ADDRESS:
TELEPHONE:	FAX:	
E-MAIL:		SIGNATURE:

**Dear Applicant 1,**

**We invite you to complete our applicant demographic survey.**

**Responses to the questions below are optional.**

**1. What are your pronouns?** Please check all that apply.

He/him/his

She/her/hers

They/them/theirs

Prefer not to answer

Other/Prefer to self-describe:

**2. Which best describes your gender identity?** Please check all that apply.

Man

Woman

Transgender

Non-binary

Prefer not to answer

Other/Prefer to self-describe:

**3. How do you describe yourself?** Please check all that apply.

Alaska Native or American Indian or Indigenous or Native American

Asian or Asian American

Black, African, Afro-Caribbean or African American

Hispanic/Latina/o/e/x or of Spanish origin

Middle Eastern or North African

Native Hawaiian or Other Pacific Islander

White

Prefer not to answer

Other/Prefer to self-describe:

**4. Are you the first generation in your immediate family to graduate from a 4-year undergraduate institution?**

- Yes
- No
- Prefer not to answer

**5. Do you consider yourself to be from a disadvantaged socioeconomic background? If yes, please address this in your Personal Statement.**

- Yes
- No
- Prefer not to answer

**Dear Applicant 2,**

**We invite you to complete our applicant demographic survey.**

**Responses to the questions below are optional.**

**1. What are your pronouns?** Please check all that apply.

He/him/his

She/her/hers

They/them/theirs

Prefer not to answer

Other/Prefer to self-describe:

**2. Which best describes your gender identity?** Please check all that apply.

Man

Woman

Transgender

Non-binary

Prefer not to answer

Other/Prefer to self-describe:

**3. How do you describe yourself?** Please check all that apply.

Alaska Native or American Indian or Indigenous or Native American

Asian or Asian American

Black, African, Afro-Caribbean or African American

Hispanic/Latina/o/e/x or of Spanish origin

Middle Eastern or North African

Native Hawaiian or Other Pacific Islander

White

Prefer not to answer

Other/Prefer to self-describe:

**4. Are you the first generation in your immediate family to graduate from a 4-year undergraduate institution?**

- Yes
- No
- Prefer not to answer

**5. Do you consider yourself to be from a disadvantaged socioeconomic background? If yes, please address this in your Personal Statement.**

- Yes
- No
- Prefer not to answer

## AREA OF STUDY

Fill in the space on the cover sheet with **one** of these areas, the primary focus of your research:

- Aging
- Animal Models/Mouse Models
- Basic Genetics
- Basic Immunology
- Biochemistry
- Bioinformatics
- Biomedical Engineering
- Biophysics
- Cancer Genetics
- Carcinogenesis
- Cell Biology
- Cell Death
- Chemical Biology
- Chemoprevention
- Chemoresistance
- Chromatin Biology
- Chromosome and Telomere Biology
- Computational Biology
- Developmental Biology
- Developmental Neurobiology
- Diagnostics
- Drug Discovery
- Endocrinology
- Epidemiology/Population Science
- Epigenetics
- Evolution
- Experimental Therapeutics
- Gene Therapy
- Genome Architecture
- Genome Maintenance
- Genomics
- Human Genetics
- Imaging
- Immunotherapy
- Infectious Disease
- Invasion and Metastasis
- Medicinal Chemistry
- Metabolism
- Microbiology
- Nanotechnology
- Neuroscience
- Organic Chemistry
- Outcomes Research
- Pain Management/Palliative Care
- Pathology
- Pharmacogenomics and Biomarkers
- Physical Chemistry
- Prevention
- Proliferation/Cell Cycle
- Protein processing
- Proteomics
- Quantitative Biology
- RNA (RNA processing, miRNA and piRNA mechanisms, enzymatic RNAs etc.)
- Senescence
- Signal Transduction
- Stem Cell Biology
- Structural Biology
- Surgical Oncology
- Systems Biology
- Toxicology/Toxicogenomics
- Tumor Immunology
- Vaccine Therapy
- Vascular Biology/Angiogenesis
- Virology

**TYPE(S) OF CANCER**

*Fill in the space on the cover sheet with any that are directly related to your research):*

- AIDS-Related Cancers
- All Cancers
- Bladder
- Breast
- Colorectal
- Esophageal
- Ewing's Tumors
- Gallbladder
- Gastric
- Gynecological (including Cervical, Endometrial, Ovarian, Uterine, Vaginal, Vulvar)
- Head and Neck
- Kidney (Renal Cell)
- Leukemias
- Liver (including Hepatocellular, Cholangiocarcinoma, etc.)
- Lung
- Lymphomas
- Merkel Cell
- Mesothelioma
- Myeloma (including Monoclonal Gammopathy of Undetermined Significance)
- Nasopharyngeal
- Neuroendocrine (including Carcinoid, Adrenal Pheochromocytomas, Medullary Carcinomas of the Thyroid, Multiple Endocrine Neoplasia Syndromes, Pancreatic Endocrine Tumors, etc.)
- Neuro-oncology (including Adult Brain, Pediatric Brain, Meningiomas, CNS, etc.)
- Pancreatic
- Prostate
- Retinoblastoma
- Sarcomas
- Skin (Melanoma and Non-melanoma)
- Testicular (including other Germ Cell Tumors)
- Thyroid (including Papillary, Follicular and Anaplastic)
- Wilm's Tumor