

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: <input type="checkbox"/> Y <input type="checkbox"/> N		
Applicant 2: I confirm that there is no scientific overlap with any of my other sources of research support and the proposed project: <input type="checkbox"/> Y <input type="checkbox"/> 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

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