



Guidelines and Instructions for Fellowship Applicants

The purpose of this program is to provide funding for breast cancer research in the state of Florida.

Qualifications: Applications are accepted from Florida Research Institutions. Applications must be submitted in English. Research activities must be provided in the state of Florida.

Restrictions:

- Project must be specific to breast cancer research
- Applications must be from a Florida based institution.
- Research must be completed in Florida.
- Indirect costs should not exceed 20%.
- Salaries, if requested, are for personnel related to this project only and not for general work of any employees.
- Matching funding must be included

Review: Applications received complete, and meeting compliance with these guidelines, will be submitted for grant review by a panel established through the local grants committee. Applicants will be given 3 working days to respond to questions from the grant review committee. Any questions will be addressed to the project director indicated on the application cover sheet.

Contracts: A grant contract will be the legal mechanism for funding.

Grant period: Grant period begins October 1, 2008 and will conclude September 30, 2009, with an option to possible renew for up to one full additional year.

Payment and Reporting: The first payment will be made no later than thirty (30) days after receipt of the fully executed contract. A progress report is due at the end of every three (3) months of the contract. A final report is due within fifteen (15) days of completion of the grant period.

Letters of support and additional materials: DO NOT send additional materials (i.e. reprints, complete curriculum vitae or letters of support) except those requested. Additional materials WILL NOT be reviewed.

Confirmation of receipt of application: Confirmation of receipt of application will be mailed to the project director following review for compliance to guidelines. If immediate confirmation of receipt is requested, please include a self-addressed, stamped postcard that will be returned to you immediately upon receipt of the application. Please do not contact The Florida Breast Cancer Coalition Research Foundation regarding the status of the application during the review period.

Announcement: Announcement of grants awarded will be made by September 30, 2008. Project directors will be notified of the outcome of the review in writing.



Number of grants to be awarded: The actual number of awards will depend on committee decision, but no more than three (3) will be awarded.

Applications should include and be ordered as follows:

1. Abstract (Form Attached)
2. Face Page (Form Attached)
Note: Signature of approving institutional personnel, other than project director, required.
3. Financial Information (Not to exceed two (2) pages)
 - a. Detailed budget for Initial Budget Period
 - b. Budget for Entire Proposed Project Period
4. Research Resources and Environment
5. Biosketch form for Applicant and Sponsor. (Not to exceed two (2) pages per person)
6. Specific Aims and Training Goals (Not to exceed one (1) page)
7. Research Plan (Not to exceed five (5) pages)
 - a. Background
 - b. Significance for Breast Cancer
 - c. Preliminary Studies/Progress Report
 - d. Research Design and Methods
8. Training Plan (Not to exceed one (1) page)
9. Sponsor Letter (Not to exceed one (1) page)
10. Letters of Reference (Not to exceed two (2) pages in total)
11. Letter from Cancer Center Director (Not to exceed one (1) page)

Applications must be submitted by the director of the project. Keep grant requests to the page limits, as stated above. Excess pages will disqualify application.

- Submit ten (10) copies of each application as well as one emailed copy.
- Applications should be bound by staples only.
- Please no spiral bound materials.
- Fax copies will not be accepted.

Failure to adhere to these guidelines will result in delayed processing or refusal of the application.

Applications MUST be postmarked by September 1, 2008

Florida Breast Cancer Coalition Research Foundation
Attn: James Konschnik, CEO
1250 East Hallandale Beach Boulevard, Suite 501
Hallandale, FL 33009
Email to: ceo@fbccrf.org

Inquiries should be addressed as above or directed to phone number. Please allow adequate time before deadline for response to any inquiry. Any applications postmarked after the 5:00 deadline will **NOT** be considered.



GENERAL INFORMATION

Make sure that you and your Sponsor are fully addressing the peer review criteria given below.

Criterion #1 - EVALUATION OF THE INVESTIGATOR

Assessment of the applicant should account for 1/3 of the overall score.

1. Does the trainee have potential for a research career?
2. Are the trainee's career plans specified in the application?
3. Is this supported by the trainee's academic record and the assessment provided by the 3 letters of reference?
4. Does the trainee have prior research experience and/or publications?
5. Is there a clear rationale supporting the need for the proposed training?
6. What is the sponsor's assessment of the applicant?

Criterion #2 - SPONSOR/TRAINING PLAN AND ENVIRONMENT

Assessment of the sponsor/training plan and environment should account for 1/3 of the overall score.

Sponsor/Training Plan

1. Is the mentor an independent investigator?
2. Does the mentor have the experience to direct the proposed research training, as evidenced by their track record regarding productivity, funding and prior trainees?
3. Does the mentor have adequate current funding to support the fellow's project?
4. Does the mentor provide a comprehensive training plan that will facilitate the applicant's progress towards his/her research career goals?

Environment

1. Does the scientific environment in which the work will be done contribute to the probability of success for the training experience?
2. Is there evidence of institutional commitment?

Criterion #3 - EVALUATION OF THE PROPOSAL

Together, assessment of these three criteria should account for 1/3 of the overall Proposal score.

1. Significance: Does this study address an important problem broadly related to cardiovascular disease or stroke? What will be the effect of these studies on the concepts, methods, and technologies that drive this field?
2. Approach: It is recognized that a new fellow may not have had adequate time to generate preliminary data. It is acceptable for applicants to present preliminary data generated by the sponsor. The assessment of preliminary data, whether generated by the sponsor or the applicant, should be put into perspective such that bold new ideas and risk taking on the part of the beginning investigators are encouraged rather than stymied.

Are the conceptual framework, design, methods, and analyses adequately developed, well integrated, well reasoned, feasible (as determined by preliminary data or the expertise available in the mentor's and/or collaborator's laboratories)



and appropriate to the aims of the project? Does the applicant acknowledge potential problem areas and consider alternative tactics?

3. Innovation: Is the project original?

Abstract

Project Director: _____

Organization/Institution: _____

Target Population: _____

In the space below, please provide a short abstract, not to exceed 200 words, written in lay terms for release to the general public should this application be chosen for funding.

Permission to Publish:

Permission is hereby granted to Florida Breast Cancer Coalition and Research Foundation to publish the above abstract should this application be selected for funding.

Signature: _____

Date: _____

Name: _____

Phone: _____



Number: _____

| | | | | | |
|--|---|--|--|--|-----------------------------------|
| Florida Breast Cancer Coalition Research Foundation Fellowship Application 1250 E Hallandale Beach Boulevard Suite 501 Hallandale, FL 33009 www.floridabreastcancer.org | | LEAVE BLANK—For FBCCRF use only. | | | |
| | | Type | Activity | Number | |
| | | Review Group | | Formerly | |
| | | Meeting Dates | | Date Received | |
| 1. TITLE OF RESEARCH TRAINING PROPOSAL (Do not exceed 81 characters, including spaces and punctuation.) | | | | | |
| 2. LEVEL OF FELLOWSHIP | 3. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT <input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," state number and title) | | | | |
| | Number: | Title: | | | |
| 4a. NAME OF APPLICANT (Last, First, Middle) | | 4b. ERA COMMONS USER NAME | | 4c. HIGHEST DEGREE(S) | |
| 4d. PRESENT MAILING ADDRESS (Street, City, State, Zip Code) | | 4e. PERMANENT MAILING ADDRESS (Street, City, State, Zip Code) | | | |
| | | 4f. E-MAIL ADDRESS: | | | |
| TELEPHONES AND FAX (Area code, number and extension) | | | | | |
| 4g. OFFICE | | 4h. HOME | 4i. PERMANENT | 4j. FAX NUMBER | |
| 4k. <input type="checkbox"/> U.S. CITIZEN OR U.S. NONCITIZEN NATIONAL or <input type="checkbox"/> PERMANENT RESIDENT OF U.S. | | | | | |
| 5. TRAINING UNDER PROPOSED AWARD (See Fields of Training) | | | 6. PRIOR AND/OR CURRENT NRSA SUPPORT (Individual or Institutional) | | |
| Discipline No.: | | Subcategory Name: | | <input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," refer to item 24, Form Page 5) | |
| 7a. DATES OF PROPOSED AWARD | | 7b. PROPOSED AWARD DURATION | | 8. DEGREE SOUGHT DURING PROPOSED AWARD | |
| From (MM/DD/YY): | Through (MM/DD/YY): | (in months) | | Degree: | Expected Completion Date: |
| 9. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indefinite | | 9b. Human Subjects Assurance No. | | 10. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | | 9c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes | 9d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes | 10a. If "Yes," IACUC approval Date | 10b. Animal Welfare Assurance No. |
| 9a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," Exemption No. | | | | | |
| 11. NAME OF SPONSOR (Last, First, Middle Initial) | | | 14. OFFICIAL SIGNING FOR SPONSORING INSTITUTION | | |
| | | | Name | | |
| 12. SPONSORING INSTITUTION | | | Title | | |
| Name | | | Address | | |
| Address | | | | | |
| 13a. ENTITY IDENTIFICATION NO. | | 13b. DUNS NO. | | Tel: | Fax: |
| | | | | E-Mail: | |
| 15. APPLICANT CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I agree to comply with the terms and conditions of award if an award is issued as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I certify that I have read the Ruth L. Kirschstein National Research Service Award Assurance, that I will abide by the Assurance if an award is made, and that the award will not support residency training. | | | | | |
| SIGNATURE OF APPLICANT NAMED IN 4a. (In ink. "Per" signature not acceptable.) | | | | DATE | |
| 16. SPONSOR AND SPONSORING INSTITUTION CERTIFICATION AND ACCEPTANCE: We, the undersigned, certify that the statements herein are true, complete, and accurate to the best of our knowledge. If this application results in an award, appropriate training, adequate facilities, and supervision will be provided, and we accept the obligation to comply with the Public Health Service terms and conditions of award. We are aware that any false, fictitious, or fraudulent statement or claim may subject us to criminal, civil, or administrative penalties. | | | | | |



| | | | |
|--|------|---|------|
| SIGNATURE OF SPONSOR NAMED IN 11. (In ink. "Per" signature not acceptable.) | DATE | SIGNATURE OF OFFICIAL NAMED IN 14. (In ink. "Per" signature not acceptable.) | DATE |
|--|------|---|------|

Program Director/Principal Investigator (Last, First, Middle):

| | | |
|--|------|---------|
| | FROM | THROUGH |
| DETAILED BUDGET FOR INITIAL BUDGET PERIOD | | |

| PERSONNEL <i>(Applicant organization)</i> | | Months Devoted to | | | INST. BASE SALARY | DOLLAR AMOUNT REQUESTED | | |
|---|--------------------|-------------------|----------------|-----------------|----------------------|-------------------------|--------------------|-------|
| NAME | ROLE ON PROJECT | Cal. Mnths | Acad. Mnths | Summer Mnths | | SALARY REQUESTED | FRINGE BENEFITS | TOTAL |
| | PD/PI | | | | | | | |
| | | | | | | | | |
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| SUBTOTALS | | | | | | | | |

| | | |
|--|------------|--|
| CONSULTANT COSTS | | |
| EQUIPMENT <i>(Itemize)</i> | | |
| SUPPLIES <i>(Itemize by category)</i> | | |
| TRAVEL | | |
| PATIENT CARE COSTS | INPATIENT | |
| | OUTPATIENT | |
| ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i> | | |
| OTHER EXPENSES <i>(Itemize by category)</i> | | |

| | | |
|--|--------------|-----------|
| CONSORTIUM/CONTRACTUAL COSTS | DIRECT COSTS | |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | \$ |



| | |
|------------------------------|-------------------------------|
| CONSORTIUM/CONTRACTUAL COSTS | FACILITIES AND ADMINISTRATIVE |
|------------------------------|-------------------------------|

| | |
|---|-----------|
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | \$ |
|---|-----------|

Program Director/Principal Investigator (Last, First, Middle):

BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

DIRECT COSTS ONLY

| BUDGET CATEGORY TOTALS | | INITIAL BUDGET PERIOD | ADDITIONAL YEARS OF SUPPORT REQUESTED | | | |
|---|------------|-----------------------|---------------------------------------|-----|-----|-----|
| | | | 2nd | 3rd | 4th | 5th |
| <i>PERSONNEL: Salary and fringe benefits.</i> | | | | | | |
| CONSULTANT COSTS | | | | | | |
| EQUIPMENT | | | | | | |
| SUPPLIES | | | | | | |
| TRAVEL | | | | | | |
| PATIENT CARE COSTS | INPATIENT | | | | | |
| | OUTPATIENT | | | | | |
| ALTERATIONS AND RENOVATIONS | | | | | | |
| OTHER EXPENSES | | | | | | |
| CONSORTIUM/ CONTRACTUAL | DIRECT | | | | | |
| SUBTOTAL DIRECT COSTS | | | | | | |
| CONSORTIUM/ CONTRACTUAL | F&A | | | | | |
| TOTAL DIRECT COSTS | | | | | | |

| | |
|--|-----------|
| TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD | \$ |
|--|-----------|



Program Director/Principal Investigator (Last, First, Middle):

Research Resources and Environment

FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the project/performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. If research involving Select Agent(s) will occur at any performance site(s), Laboratory:

Clinical:

Animal:

Computer:

Office:



MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.

Program Director/Principal Investigator (Last, First, Middle):

Applicant Biographical Sketch

Provide the following information for the key personnel and other significant contributors. Follow this format for each person. **NOT TO EXCEED Two (2) PAGES.**

| | |
|--|----------------|
| NAME | POSITION TITLE |
| eRA COMMONS USER NAME (credential, e.g., agency login) | |

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.*)

| INSTITUTION AND LOCATION | DEGREE (if applicable) | YEAR(s) | FIELD OF STUDY |
|--------------------------|---------------------------|---------|----------------|
| | | | |

NOTE: The Biographical Sketch may not exceed two (2) pages. Follow the formats and instructions.

- A. **Positions and Honors.** List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.



- B. **Selected peer-reviewed publications (in chronological order).** Do not include publications submitted or in preparation. For publicly available citations, URLs or PMC submission identification numbers may accompany the full reference; copies of publicly available publications are not accepted as appendix material.
- C. **Research Support.** List selected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project. Do not list award amounts or percent effort in projects.

Program Director/Principal Investigator (Last, First, Middle):

Sponsor Biographical Sketch

Provide the following information for the key personnel and other significant contributors. Follow this format for each person. **NOT TO EXCEED Two (2) PAGES.**

| | |
|--|----------------|
| NAME | POSITION TITLE |
| eRA COMMONS USER NAME (credential, e.g., agency login) | |

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.*)

| INSTITUTION AND LOCATION | DEGREE (if applicable) | YEAR(s) | FIELD OF STUDY |
|--------------------------|---------------------------|---------|----------------|
| | | | |

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- D. **Grant Support.** Full description



Additional Documentation: Not to Exceed Eleven (11) Pages in Total.

1. Specific Aims and Training Goals

No Specific Form Page. **Not to Exceed One (1) Page.**

List the broad, long-term objectives and the goal of the specific research proposed.

2. Research Plan

No Specific Form Page.

Not to Exceed Five (5) pages. All tables, graphs, figures, diagrams, and charts must be included within the 25-page limit.

It should be self-contained and include sufficient information to evaluate the project, independent of any other document.

Must Include:

1. Background
2. Significance for Breast Cancer
3. Preliminary Studies/Progress Report
4. Research Design and Methods

3. Training Plan

No Specific Form Page. **Not to Exceed One (1) Page.**

4. Sponsor Letter

Not to Exceed One (1) Page.

5. Letters of Reference

Two letters are required for all new and resubmission applications. These letters should be from individuals not directly involved in the application, but who are familiar with your qualifications, training, and interests. The letters are critically important and should address the candidate's competence and potential to develop into an independent biomedical or behavioral investigator. **Two (2) Pages in Total.**

6. Letter from Cancer Center Director

Must indicate availability, disposition and commitment of all funds. **Do Not Exceed One (1) Page.**