



GAC Cancer Research Funding Considerations

GAC takes the following factors are taken into consideration by when selecting cancer research projects for funding:

- **Research is aimed at finding a cure for cancer**
 - GAC funds not used for administrative purposes, patient care etc.
- **Research is novel & project offers high potential for a medical breakthrough**
- **Operational leverage**
 - Results have potential to be replicated to other types of cancer
 - Results have the potential to affect large numbers of cancer patients
- **Financial leverage**
 - Matching funds are available multiply the financial impact of GAC funds
 - Successful execution of the research has the potential to draw significant additional funding, e.g. NIH, corporations



Application for GAC Funding

Date of application: _____
 Submitted by: _____

Application Source:

Institution: _____
 Lead doctor(s): _____

Department: _____
 Support researchers: _____

Project:

Project title: _____
 Type(s) of cancer targeted: _____

<input type="checkbox"/> Medical challenge / potential impact of a research breakthrough: _____	<input type="checkbox"/> Main technologies / techniques to be applied: _____
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Overview:

Background / history: _____
 Related previous &/or ongoing research: _____
 Phase of research (e.g. Phase I, II etc.): _____

Purpose:

Goal(s) of this phase: _____
 Hypothesis to be tested: _____
 How will hypothesis be tested / measured? _____

Results:

Expected results: _____
 Intermediate milestones & dates: _____
 Procedures to be improved / tested: _____

<input type="checkbox"/> Drugs to be improved / tested: _____	<input type="checkbox"/> _____
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Timing:

Expected start date: _____
 Project duration: _____

Cost & funding:

Total project cost (\$): _____
 GAC funding requested (\$): _____
 Matching funds expected (% of GAC funds): _____

Funding sources: _____
 Funds intended for administrative functions (\$): _____
 Matching fund source(s): _____

Other:

Websites (or hard copies) with related research / information: _____
 Additional comments in support of application: _____



Budget Cost Estimate Form

Institution:
 Lead doctor(s):
 Project Title:

Date of application:
 Submitted by:
 Department:

Assumed Research Period (for purpose of budget):

From:
 Through:

BUDGET CATEGORY	Direct and Research-Related Costs	Indirect and Administration-Related Costs	Total Budget Cost for this Phase of Project
<input type="checkbox"/> Personnel			\$ -
<input type="checkbox"/> Consultant Costs			\$ -
<input type="checkbox"/> Major Equipment (itemize below)			\$ -
<input type="checkbox"/> Materials, Supplies, and Consumables			\$ -
<input type="checkbox"/> Travel Costs			\$ -
<input type="checkbox"/> Subject-related Costs			\$ -
<input type="checkbox"/> Subcontract Direct Costs			\$ -
<input type="checkbox"/> Other costs			\$ -
<input type="checkbox"/> Contingency			\$ -
* Total *	\$ -	\$ -	\$ -

Major equipment items:

Notes and assumptions: