



Cover Sheet	
Breast Cancer Research Grant Request for Funding	
Project Director:	
Project Title:	
Organization/Institution:	
Address:	
Employer Identification Number (EIN):	
Phone:	
Email:	
Co-Investigators and Collaborators: (include affiliations if different from the project director)	
Priority Area(s):	
Special Emphasis Area(s):	
Multi Team	_____ Y _____ N
New Investigator	_____ Y _____ N
Total Amount of Funding Requested:	
Grant Period:	July 1, 2022 - June 30, 2023
Name and Title of Authorized Organization Representative:	
Signature and Date:	Date:

Applications Must Be Received By February 18, 2022

Any applications received after the deadline will NOT be considered.



Lay Abstract Sheet	
Project Director:	
Project Title	
Organization/Institution	
Target Population Served:	

In the space below, please provide a short lay abstract, not to exceed 2,000 characters (with spaces), 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 Foundation to publish the above abstract should this application be selected for funding.

Name: (Typed)

Signature:

Date:

Phone Number:



Scientific Abstract Sheet	
Project Director:	
Project Title	
Organization/Institution	
Target Population Served:	

In the space below, please provide a scientific abstract, not to exceed 4,000 characters (with spaces), that summarizes the the objectives, hypothesis and methods to be used as well as the innovation of the research design.



Research Significance and Clinical Impact Abstract Sheet

Project Director:	
Project Title	
Organization/Institution	
Target Population Served:	

In the space below, please provide an abstract, not to exceed 4,000 characters (with spaces), that details the Research Significance and Clinical Impact.



Budget Sheet	
Detailed Budget for Entire Grant Period from <u>July 1, 2022</u> through <u>June 30, 2023</u>	Total Requested Amount:
Personnel: (Detail in Budget Justification Sheet on next page)	
Supplies:	
Equipment: (Not to exceed 30%)	
Travel:	
Other Expenses:	
Subtotal - Direct Costs:	
Indirect Cost Allocation: (Not to exceed 20%)	
Total Funding Request:	



Budget Justification Sheet

Personnel:

Name	Role on Project	Type of appt. (months)	% Effort on Project	Base Salary	Salary Requested	Fringe Benefit	Total

(List additional personnel, if necessary)

Name	Role on Project	Type of appt. (months)	% Effort on Project	Base Salary	Salary Requested	Fringe Benefit	Total

Required Documents to be Included

1.	Project Description (Limited to 7 Pages)	
2.	Research Biosketches (Limited to 5 Pages Each)	
3.	Letters of Support from Collaborators (as applicable)	
4.	Letters of Institutional Support	
5.	Facilities/Resources (Limited to 4 pages)	
6.	References	
7.	Budget Justification	
8.	Proof of <u>Non-Profit</u> and <u>Tax-Exempt</u> Status for Applicant Institution	