



UFHCC Tobacco Research Pilot Project Application

Co-Investigators: *(First name listed will be considered the contact person for the proposal.)*

	Name	Academic Rank	Department	UFHCC Program
1				
2				

Clinical / Scientific Advisor(s) *(If applicable):*

	Name	Academic Rank	Department	UFHCC Program (if applicable)
1				
2				

Project Title

Briefly describe the specific scientific contributions of each Co-Investigator and Advisor(s) *(the role should be specific to this collaboration)*

Please attach a current NIH Biosketch for all Co-Investigators



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Scientific Abstract

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General Audience (Lay) Abstract

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Does this project involve the use of human subjects or samples?

Yes No

If yes, is there an approved IRB protocol in place?

Yes No Protocol Number Approval Date

Does this project involve the use of vertebrate animals?

Yes No

If yes, is there an approved IACUC protocol in place?

Yes No Protocol Number Approval Date

Do you or any Co-Investigators on this proposal have pending projects for the same or similar research projects?

Yes No

If yes, list proposal information (include title, sponsor, project period, annual direct cost)

Long-term Vision (Future plans to leverage research results into Externally Peer-Reviewed projects [NIH/NCI funding. Be specific in terms of funding announcement that the research team plans to pursue.]



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Project Narrative:

Specific Aims (up to 1 page)

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Research Strategy (2 pages Maximum)

- *Significance*
- *Innovation*
- *Approach*



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Literature Cited (*no page limit*)

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Budget

Name	Role on Project	Cal Months	Int. Base Salary	Salary Requested	Fringe Benefits	Total
	PI					
	Co PI					
	Co PI					
	Technician					
	Post Doc					
	Student					
Sub-Total						
Supplies (Itemize by category)						
Other Expenses						
Total Direct Costs for Proposed Project						

Budget Justification *(no page limit)*



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Please Submit Completed Application (including Biosketches) to
ResearchAdmin@cancer.ufl.edu