



## DeGregorio Family Foundation

### Grant Application for Gastric and Esophageal Malignancies - 2021

#### 1. Table of Contents Indicate below the page number(s) of each applicable section of this application.

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This PDF is designed with form fields that you may type your answers directly into the file.

Some sections require longer answers.

page 7- Research Plan

page 4 - Biographical Sketch of PI and co-PI's in NIH format

Please feel free to submit these sections as a separate files (ex. pdf or Word).

You will have an opportunity to upload multiple files when submitting your application.

**There are required fields in the PDF form.** They are marked in **red**.

When you have completed the application and have all supporting documents ready for upload, **please submit your application at <https://degregorio.org/grant-upload/>**



Thank you for helping us **Turn Fact Into Fiction™**



## DeGregorio Family Foundation

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**Principal Investigator:**

**Project Title:**

**Sponsoring Institution:**

#### Principal Investigator Contact Information

First Name

Last Name:

MI:

Degrees:

Year(s) Granted:

Title/Position:

Appointment Date

Department:

Address 1:

Address 2:

City:

State

Zip

Email

**I certify that the information contained in this application is correct to the best of my knowledge. I also understand that if any information is falsified, my application may be disqualified.**

Applicant Signature:

Date:

If you have an image file of your signature you may upload it with your other supporting documents when you submit your application. You may also choose to print this page, sign, scan, and upload with your other documents.

#### Grant Administrator Contact Information

First Name:

Last Name:

MI:

Address 1:

Address 2:

City:

State:

Zip:

Email:

Phone:

Fax:



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**3. Scientific Abstract/Summary:** In the space below, briefly describe the research project, technical approach and anticipated results. (Do not use tab returns to create indentation or exceed the space provided below.)



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**4. Biographical Sketches:** Provide Biographical Sketch of PI and co-PI's in NIH format as an attachment.

#### **Principal Investigator Information**

<b>First Name</b>	<b>Last Name</b>	<b>Position/Title</b>
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#### **co-Principal Investigator/ co-Investigator**

<b>First Name</b>	<b>Last Name</b>	<b>Position/Title</b>
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#### **co-Principal Investigator/ co-Investigator**

<b>First Name</b>	<b>Last Name</b>	<b>Position/Title</b>
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**4a. Personal Statement:** Briefly describe why your experience and qualifications make you particularly well-suited for this project. Limit to one (1) page.



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**4b. Research Support:** List both selected ongoing and completed research projects for the past three years (Federal or non-Federally-supported). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the key person identified on the Biographical Sketch. Do not include number of person months or direct costs. Limit to a total of two (2) pages.



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**5. Research Plan:** The Research Strategy Section should be composed of three distinct sections – Significance, Innovation, and Approach; the approach section may include preliminary studies. The research plan should include sufficient information needed for evaluation of the project independent of any other document. Be specific and informative and avoid redundancies. **Limit to five (5) pages.**

**Please submit research plan as a separate file.**

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**6. Research Facilities Available:** List office, laboratory, major equipment, support staff and clinical facilities available. **Limit to one (1) page.**



**7. Budget:** Include itemized budget and justification below (e.g., salary support, equipment and supplies of the investigator). Indirect costs cannot be more than 10% of the subtotal.

<b>Personnel</b> (indicate percent effort and salary)	<b>Year 1</b>	<b>Year 2</b>
<b>Permanent Equipment</b> (Itemize)		
<b>Supplies</b> (Group into major categories.)		
<b>Other Expenses</b> (Itemize by category and include specific amount for each item.)		
<b>Sub Total (Direct Costs):</b>		
<b>Indirect costs (10% of subtotal)</b>		
<b>Total Amount Requested</b> (sum of all years and categories covered during award term)		

**7a. Budget Justification:** Provide any additional justification/explanation required.



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#### **8. References:**