Arkansas Breast Cancer Research Program
Request for Breast Cancer Research Proposals
Pilot Funding Mechanism

Applications due: 5:00 pm Wednesday, July 22, 2015

In 1997, through Act 434, the Arkansas Breast Cancer Act, the Arkansas General Assembly authorized monies to, “support research efforts into the cause, cure, treatment, earlier detection and prevention of breast cancer,” through the creation of the Arkansas Breast Cancer Research Program (ABCRP). The goal of ABCRP is to fund research that supports the mission of ABCRP, as defined above, and complements federally funded research.

Eligibility: Applicants must be professionals based at an academic institution in Arkansas and must have an advanced degree (e.g., MD, PhD, MPH). Graduate students, residents and fellows are not eligible to apply. Applications must propose breast cancer research that will support the mission of ABCRP as defined above. Previous ABCRP awardees may apply for pilot funds; however, a detailed explanation of how the newly proposed project differs from the previously funded ABCRP project must be provided in the proposal application. Proposals to expand or extend projects previously funded by ABCRP will not be considered through this pilot funding mechanism. The goal of this pilot funding program is to provide seed money for the collection of data that enables future funding from extramural sources.

Award: ABCRP will fund research proposals with a maximum budget of $75,000. Exceptions may be made for extraordinary proposals. Funding is for one year beginning September 1, 2015 and ending August 31, 2016. Announcement of awards will occur in late July. The number of proposals that will be funded is not predetermined.

Review: Proposals will be initially considered by an independent peer-review panel with expertise in basic, translational and clinical cancer research. The review panel will make funding recommendations to the ABCRP Oversight Committee, which will then make all final funding decisions at its annual meeting in August 15.

Allowable expenses and collaborations: Indirect costs are not allowed. Non-UAMS faculty members may request up to 20% effort for salary. Salary support for UAMS faculty members is not available through this funding mechanism. While it is permissible to use 100% of the award for personnel costs, it is not advisable; if this is requested, it needs to be well justified in the proposal. Out of state Co-Is and out-of-state services are allowed, but costs should be kept to a minimum, as this program is funded by the State of Arkansas with the intention of funding breast cancer research efforts within the state.

Application Instructions:
1. Complete the attached title page (1 page).
2. Provide a brief (2 page) narrative of your proposal that includes the following elements:
   a. Description of your project
   b. Significance of your project
   c. Explanation of how your project supports the mission of ABCRP
   d. Overview of materials and methods
3. For previous ABCRP awardees only: Provide a one-paragraph detailed description of how this newly proposed project differs from your previously funded ABCRP project (1 page).

4. Provide a detailed budget (1 page) and budget justification (1 page) for your project. Use the modified NIH PHS 398 form attached to this proposal for the budget. The budget justification should detail all costs. Personnel cost justifications must include the following: name of personnel, role on project, salary, percent effort on project, fringe rate, total cost.

5. Provide a list of “Other Research Support” that contains a list of all currently active research projects (1 page). Provide the title of the project, funding amount, funding source, award number, period of funding, role on the grant and name of the principal investigator. Describe in 1-2 sentences the objective of the research and discuss any potential overlaps with the proposed ABCRP project. If no overlaps will exist, please state this.

6. Provide a bibliography (1 page).

7. Attach the CV or NIH Biosketch of the PI and all Co-Is.

8. Attach a signed letter of approval from the PI's Department Chair expressing support for his/her time and effort and any additional resources required by the project.

9. Attach signed letters of support from all Co-Is agreeing to participate in this project and describing their role on the project.

10. Be sure that your final application is 6 pages in length (7 if you are a previous ABCRP awardee) + CV/Biosketch + Department Chair Letter + Letters of Support from Co-Is.

11. Use Times New Roman font with a minimum 11 point font size

12. Use standard normal (1" all around) or narrow (0.5" all around) margins for your page setup

Applications should be submitted electronically as a single PDF to Kasheena Peoples at kcpeoples@uams.edu no later than 5:00 pm on Wednesday, July 22, 2015. You may contact Mrs. Peoples if you have any questions.
TITLE PAGE

PROJECT NAME:  
Principal Investigator (PI) Name:  
PI Title/Position:  
Co-PI(s):  
PI Institution:  
PI Department:  
PI Phone Number:  
PI E-Mail Address:  
PI Address:  
Date of Submission:  
Funding Amount Being Requested:  

Project Summary:  
Provide a 1-3 sentence summary of your project.  

Funding History with ABCRP:  
List any funding you have received previously from ABCRP for this project. If your project has not received any previous funding from ABCRP, please state “none.”  

Name of Business Administrator for this project:  
List the name of the individual who will handle the accounting for an award from ABCRP for this project.  

For non-UAMS applicants only  
Name of Institutional Administrative Official/Research Officer:  
Identify the individual responsible for acquisition and administration of research awards at your institution and provide his/her name, title, address, phone number and e-mail address.
**DETAILED BUDGET FOR INITIAL BUDGET PERIOD**
**DIRECT COSTS ONLY**

**FROM** 08/01/2014  **THROUGH** 07/31/2015

List PERSONNEL (Applicant organization only)
Use Cal, Acad, or Summer to Enter Months Devoted to Project
Enter Dollar Amounts Requested (omit cents) for Salary Requested and Fringe Benefits

| NAME | ROLE ON PROJECT | Cal. Mths | Acad. Mths | Summer Mths | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | TOTAL |
|------|----------------|
| PI   |                |          |            |            |                 |                 |                |       |
|      |                |          |            |            |                 |                 |                |       |
|      |                |          |            |            |                 |                 |                |       |
|      |                |          |            |            |                 |                 |                |       |
|      |                |          |            |            |                 |                 |                |       |

**SUBTOTALS**

**CONSULTANT COSTS**

**EQUIPMENT** *(Itemize)*

**SUPPLIES** *(Itemize by category)*

**TRAVEL**

**INPATIENT CARE COSTS**

**OUTPATIENT CARE COSTS**

**ALTERATIONS AND RENOVATIONS** *(Itemize by category)*

**OTHER EXPENSES** *(Itemize by category)*

**TOTAL DIRECT COSTS FOR**

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