

THE COLLABORATIVE FUND of the CGA
The Collaborative Group of the Americas on Inherited Colorectal Cancer



Grant Application

1. TITLE OF PROJECT <i>(Do not exceed 81 characters, including spaces and punctuation.)</i>	
2. CGA MISSION objective addressed by this project:	
3. PROJECT DIRECTOR or PRINCIPAL INVESTIGATOR	
3a. NAME (Last, first, middle)	3b. DEGREE(S)
TRAINEE <input type="checkbox"/> No <input type="checkbox"/> Yes	MENTOR/ TITLE/POSITION
3c. POSITION TITLE	3d. MAILING ADDRESS <i>(Street, city, state, zip code)</i> E-MAIL ADDRESS:
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT	
3f. MAJOR SUBDIVISION	
3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i> TEL: _____ FAX: _____	
4a. Co-investigator NAME (Last, first, middle)	4b. DEGREE(S)
5a. Co-investigator NAME (Last, first, middle)	5b. DEGREE(S)
6a. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes	6b. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes
7a. This Application is dependent on funding from another agency (MATCHING GRANT) <input type="checkbox"/> No <input type="checkbox"/> Yes	7b. Secondary Agency name, address and contact information
8. DATES OF PROPOSED SUPPORT <i>(MM/DD/YY)</i> From _____ Through _____	9. TOTAL Costs (\$) (Not to exceed \$20,000)
10a. APPLICANT ORGANIZATION Name _____ Address _____	10b. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business Other _____
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name _____ Title _____ Address _____ Tel: _____ FAX: _____ E-Mail: _____	13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name _____ Title _____ Address _____ Tel: _____ FAX: _____ E-Mail: _____
14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	SIGNATURE OF OFFICIAL NAMED IN 13. <i>(In ink. "Per" signature not acceptable.)</i>
	DATE