

**2017 CARO-SANOFI AWARD**

FOR

$48,000 IN GRANT MONIES FOR PROSTATE CANCER RESEARCH

**SUBMISSION TEMPLATE**

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| **PROJECT TITLE** |
| What is the project's title: |  |

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| **Applicants** |
| The Principal Investigator must be a CARO member in good standing at the time of application. Non-CARO members may participate in a submission. In this form, CI refers to any Co-investigators. |
| PI - Name: |  |
| PI - Institution: |  |
| PI - Email Address: |  |
| PI - Phone Number: |  |
| CI 1 - Name: |  |
| CI 1 - Institution: |  |
| CI 1 - Email Address: |  |
| CI 1- Phone Number: |  |
| CI 2 - Name: |  |
| CI 2 - Institution: |  |
| CI 2 - Email Address: |  |
| CI 2- Phone Number: |  |
| CI 3 - Name: |  |
| CI 3 - Institution: |  |
| CI 3 - Email Address: |  |
| CI 3- Phone Number: |  |
| CI 4 - Name: |  |
| CI 4 - Institution: |  |
| CI 4 - Email Address: |  |
| CI 4- Phone Number: |  |

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| **Total Anticipated Costs TO A MAXIMUM OF $24,000** |
| If the project is expected to last more than one year, please indicate the dollar amount that you are requesting for this application, which is for a one-year period only. Conference/travel support is limited to $1,000. Where a centre has equipment that can be used in support of the study, the SANOFI should not be billed in the application for such equipment (e.g. CT-simulator scans, statistics support, if that is usually available within the centre, etc.) |
| Equipment (Please enter all equipment information, comments and dollar amounts): |  |
| Staff (Please enter all staff information, comments and dollar amounts): |  |
| Supplies (Please enter all supplies information, comments and dollar amounts): |  |
| Please enter any other or general information regarding anticipated costs: |  |
| Total funds requested: |  |

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| **Other Agency Support / Funding** |
| What other agencies have been approached to support this project? Identify any other source of funds in addition to SANOFI funding. |
| Granting Agency 1 (Please enter the name of the granting agency, dollar amount and any relevant comments): |  |
| Granting Agency 2 (Please enter the name of the granting agency, dollar amount and any relevant comments): |  |

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| **Project Period** |
| From: |  |
| Until: |  |
| Comments: |  |

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| **Project Location** |
| Where will the project be carried out? |
| Institution / Department: |  |
| Location: |  |
| Comments: |  |

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| **Project Description**  |
| Describe your project in 1500 words or less |
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| **REFERENCES** |
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| **ADDITIONAL COMMENTS** |
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IMPORTANT

* Please submit your proposals in this document via e-mail to the CARO Office at caro-acro@secretariatcentral.com .
* Applications that are not contained within the template will not be accepted.
* When submitting to the CARO office, ensure you indicate: *SANOFI APPLICATION, Last name, First name* in the subject header.
* Please advise the CARO Office promptly if you do not receive a notice of receipt within one week of your submission.
* Please contact Dr. David Petrik if you have any questions regarding the content of your application.
* The deadline for submission is April 14, 2017 at 11:59 PM EST.