

**Submission Template**

$100,000 in grant monies for prostate cancer research

IMPORTANT

* Please submit your proposals in this document via e-mail to the CARO Office at [caro-acro@secretariatcentral.com](mailto:caro-acro@secretariatcentral.com?subject=ACURA%20Application) .
* Applications that are not contained within the template will not be accepted.
* When submitting to the CARO office, ensure you indicate: *ACURA 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. John Thoms](mailto:John.Thoms@easternhealth.ca) if you have any questions regarding the content of your application
* The deadline for submission is March 31, 2017 at 5 PM EST

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| **Project Title** | |
| What is the project's title: |  |
| **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: |  |
| **Total Anticipated Costs to a maximum of $20,000** | |
| 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 ACURA 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: |  |
| **Other Agency Support / Funding:** What other agencies have been approached to support this project? Identify any other source of funds in addition to ACURA 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): |  |
| **Project Period** | |
| From: |  |
| Until: |  |
| Comments: |  |
| **Project Location**: Where will the project be carried out? | |
| Institution / Department: |  |
| Location: |  |
| Comments: |  |
| **Project Description:** Describe your project in 1500 words or less | |
|  | |
| **REFERENCES:** | |
| **Additional Comments:** | |

It is expected that projects funded in this competition will result in a presentation at a CARO Annual Scientific Meeting.