ABC^2 2004 Award Application Cover Sheet

1. Circle One: Primary Investigator Co-Investigator

2. Circle One: No Affiliation Affiliated w/ For-Profit Affiliated w/ Non-Profit

3. Please indicate the date of your application (MM/DD/YYYY): _____

4. _____
First M iddle Initial Las t Degree(s)

5. _____
Title Position

6. _____
Institution Name

_____
Department

7. _____
Complete Mailing Address

_____

_____
City S tate Zi p Code Count ry

8. Telephone_____ Facsimile_____ E-Mail_____
Area Code Area Code

9. _____
Co-Investigator(s) – include degree(s)

10. Proposal Title _____

_____

11. Please place a 50-100 word, typewritten abstract here. It should summarize your proposed research.

12. A. Circle the amount of funding requested from ABC^2: $50,000 $100,000 $200,000 $75,000 $150,000 Other_____

B. In an attachment to your 5-page proposal, provide a breakdown of the major components to which the requested funds would be allocated and the proportion thereof.
Attachment enclosed: Yes_____ No_____

13. Circle the most appropriate category for your proposed research:

Angiogenesis	Chemotherapy	Immunotherapy	Radiation Therapy
Animal Models	Diagnostic Markers	Medical Informatics	Signal Transduction
Apoptosis	Differentation Therapy	Metastasis	Suppressor Factors
Cancer Detection/Imaging	Gene Therapy	New Drug Discovery	Tissue Banking
Cancer Vaccines	Genetics of Brain Cancer	Nutrition	Other ____

14. If your proposal includes the efficacy testing of compounds, please indicate the procurement/availability and supply status of each compound within your 5-page proposal or as an attachment.
Procurement & supply status of test compound(s) indicated: Yes_____ Not applicable_____