Mission Statement:
The mission of the Breast Cancer Alliance is to fund innovative breast cancer research and to promote breast health through education and outreach. Breast cancer survivors, their friends and health-care professionals are fulfilling this mission.

To accomplish this, the Breast Cancer Alliance:
- Funds a diversified portfolio of breast cancer research
- Funds Breast Surgery Fellowship programs
- Funds the purchase of equipment for research
- Provides timely information on breast health and the importance of early detection
- Supports outreach and case managerial services, education, counseling and mammograms for underserved and underinsured women in mid to southern Connecticut and Westchester County, New York

2012 Young Investigator Grant Application
To encourage a commitment to breast cancer research, the Breast Cancer Alliance invites clinical doctors and research scientists who have been appointed to a position equivalent to Assistant Professor within three years of the appointment, and whose primary focus is breast cancer research, to apply for funding for the Young Investigator Grant. This grant is open to applicants at institutions within a 200 mile radius of Greenwich, Connecticut (an area that includes cities such as Boston, Philadelphia, New York City, Hartford, and Albany,).

Terms:
The term of the Young Investigator Grant is two years. Applicants for the 2012 award must have been appointed to a position equivalent to Assistant Professor anytime after January 1, 2009. The grant provides salary support and project costs of $125,000. Administrative costs, which are included in the $125,000 award, must be limited to 8% of grant funds.

The research project must be directly related to the field of breast cancer. Areas of relevant research may include but are not limited to: diagnosis, etiology, immunology, genetics, therapies, prevention and clinical studies. Grant recipients must submit a brief report documenting progress by December 1, 2012 and a final report by March 11, 2014. Both reports must be written in layman terms. Failure to submit the progress report will result in forfeiture of any remaining grant funds.

Any publication associated with the research must recognize the Breast Cancer Alliance as a sponsor.

Application procedure:
Grant applications will be available on this website May 6, 2011. Final applications must be emailed to researchgrants@breastcanceralliance.org on or before July 31, 2011. Please adhere to the format as specified. Font style should be 12 point, Times New Roman. In addition, one hard copy must be mailed to the Breast Cancer Alliance office.

An independent External Review Committee will review and evaluate the applications. Based on their results and subsequent review by the Grants Committee, recommendations are made to the BCA Board for final approval. Applicants are notified by e-mail in December 2011 of the decision regarding their proposals.
Arrangements for contracts and payment will be made at that time. Funding will be disbursed in two annual increments. The grant term will begin January 1, 2012.

All applications are confidential and are available only to the Board of Directors, the Grants Committee, the Medical Advisory Board and the Independent External Review Committee. If any grantee or sponsoring institution fails to adhere to the policies and qualifications listed above, the grant is subject to termination.

Please contact researchgrants@breastcanceralliance.org with any questions.

Date ____________________

Project Title __________________________________________________________

_______________________________________________________________

Area of research (check all that apply):
___ Diagnosis: Bio-markers, Radiology, Pharmacology
___ Cell biology: Model systems, animal models, in vitro models relevant to breast cancer
___ Immunology
___ Genetics
___ Therapeutics
___ Bio-engineering/Nanotechnology
___ Epidemiology/ Public Health
___ Other (please specify)_________________________

Name of applicant ___________________________ Degree/s _________

Professional Title ___________________________ Date appointed ___________

Address ____________________________________________

City __________________ State ___________ Zip ____________

Telephone __________ Fax ___________ E-mail ___________

DOB __________________

Checks made payable to:

Institution ___________________________________________________________________

Authorized Institutional Grant Administration Representative________________________

Address ________________________________________________________________________

City __________________ State ___________ Zip ____________

Telephone ______________

E-Mail __________________
Project Title

Briefly describe your project in 250 words or less using non-technical language.

B. Briefly describe your project in 250 words or less using technical language.

C. Research Proposal
   Describe (limit to five (5) pages of text and figures) the nature of the research program in which you will participate using the following format, (Times New Roman, 12pt., single spaced)

   1. Specific aims- ½ -1 page
   2. Background, significance and rationale ½ -1 page
   3. Preliminary data 1-2 pages
   4. Research plan 2-3 pages

D. Bibliography

E. Biohazards statement.

F. Human investigation statement.

G. Laboratory animals statement.

H. Biosketch- (NIH format). List training institutions, staff appointments, awards, and peer reviewed publications as related to breast cancer research.

I. Submit a two year budget reflecting projected research expenditures.

J. List all other active and pending financial support pertaining to your clinical work or research during the funding term.
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Letters of Reference:
Two letters of reference are required. Letters should be from individuals not directly involved with the application but who are familiar with the applicant’s qualifications, training and interests. The letters should address the candidate’s:
- Competence
- Potential for conducting research
- Evidence of originality
- Adequacy of scientific background
- Quality of research endeavors or publications to date, if any
- Any additional comments that the referee may wish to provide

Project Title____________________________________________

List the individuals providing a recommendation:

Name/Title ______________________________________________
Institution ______________________________________________
Address _________________________________________________
City ______________ State ____________ Zip _____________
Telephone _______________________
Email ____________________________

Name/Title ______________________________________________
Institution ______________________________________________
Address _________________________________________________
City ______________ State ____________ Zip _____________
Telephone _______________________
Email ____________________________

Please scan the letters of recommendation into the electronic version of your application. Attach the hard copies of the letters to the hard copy of your application.
Signatures required:

I hereby confirm that I have reviewed and approved this application and the accompanying budget. Please scan signatures into this application.

Authorized Institutional Grant Administration Representative

Printed Name and Title_____________________________________________________

Signature________________________ Date_________________

Email address______________________________________________

Applicant’s signature________________________________ Date_________________