



2017 RESEARCH GRANT REQUEST

The mission of ThriveWell Cancer Foundation is to provide support and wellness programs for adult cancer patients and their families during and after their treatment and to provide funding for cancer research in the San Antonio area. ThriveWell Cancer Foundation is a 501(c)(3) nonprofit organization.

The goal of ThriveWell Cancer Foundation's Research Committee is to support the San Antonio oncology community through scientific grants in an effort to advance cutting-edge research and novel therapeutics.

ThriveWell Cancer Foundation's Oncology Research Initiatives are:

- Preclinical and Basic Science
- Supportive Care
- Cancer Prevention
- Treatment Research

Guidelines

- Funds will be awarded to benefit ThriveWell Cancer Foundation's mission and to further its oncology research initiatives.
- Criteria for selection include originality and importance of the research, the capability of the investigator to complete the study and funds available at the time of review.
- Research **must be focused on adult cancer patients** and conducted within San Antonio, Texas.
- Request should not exceed \$25,000.
- Application instructions must be followed. If the Project Summary and Need and Outcome Statement exceed the designated word count in each section, the application **will not** be considered for review or funding.
- Application deadline date is **Monday, November 20, 2017 at 5:00PM (CST)**.
- Grant review will take place in December. Funds will be available for distribution by December 31, 2017.
- Forms may be accessed in PDF or Word format through the ThriveWell Cancer Foundation website (www.thrivewell.org) under the research tab.
- Prior to the submission, the Grant recipient and his/her recipient institution official must sign and co-sign the application, agreeing to the guidelines.
- Grant recipients are required to submit a six month status report and an end of the year summary, detailing how the grant funds were allocated and to include a brief synopsis of the results of the funded research project. Grant recipients may be requested to present a 10-minute synopsis to the ThriveWell Cancer Foundation Research Grant Committee or at a ThriveWell Cancer Foundation Board of Directors meeting.
- Publication of research is to include the funding source and be submitted for approval at least 4 weeks prior to publication date.
- Potential grant recipients cannot participate in the ThriveWell Cancer Foundation grant reviews.
- Completed applications may be sent to erin.ercoline@thrivewell.org (preferred) or ThriveWell Cancer Foundation, ATTN: Erin Ercoline, 4383 Medical Drive, San Antonio, TX 78229

Request:

Project Name: _____

Amount Requested: \$ _____

1. General Information:

Applicant's Name: _____

Title: _____ Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Applicant's Signature: _____

Institution Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Institution Director Signature: _____

2. Project Summary

Please include a brief description of how the project will be carried out in the space provided. Also include a project summary in lay terminology at the end of the description. Qualified medical clinicians and lay persons will review this information. The committee will rank importance and merit of request based on current needs. **Limit description to 1,500 words or less.** Include the following as appropriate: Hypothesis, objectives, research design, statistical considerations, measureable endpoints and other relevant information.

Project Name: _____

3. Scope of Funding Requested

A. In which area(s) are you seeking funding?

- _____ Preclinical and Basic Science
- _____ Supportive Care
- _____ Cancer Prevention
- _____ Treatment Research

4. Budget Request

Please submit a budget related to the entire research project and this grant request. Please include a narrative budget justification. Use a format for the budget that is appropriate for the proposed project.

Items that will not be considered for funding: *Permanent salaries, indirect costs (e.g. rent, utilities), travel. Contract staffing to complete project will be permitted up to 10% of the total grant request. If contract staffing is included, please provide the justification.*

5. Funding Information

A. Are you seeking other sources of funding for this proposed project/research?

_____ Yes If yes, please complete chart below and provide the total project cost: _____

_____ No If no, please explain why not. _____

Source	Amount Requested	Amount Granted	Date

B. If you receive funding or partial funding from ThriveWell Cancer Foundation, how will you fund or continue to fund your project beyond what you may receive from TWCF?

C. If you have previously received funding from TWCF, please list the project names and dates:

Project Name _____ Date _____ Grant\$ _____

Project Name _____ Date _____ Grant\$ _____

Project Name _____ Date _____ Grant\$ _____

Project Name: _____

6. Needs and Outcome Statement

Please state in **1,000 words or less** the specific need to be met by the project, the impact the project should have, and how that impact will be measured. Please include lay terminology as appropriate.