

ACURA

AbbVie-CARO Uro-Oncologic Radiation Awards

Submission Template

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: *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 of your application

PROJECT TITLE

What is the project's title:

APPLICANTS

PLEASE IDENTIFY BELOW IF YOU ARE A YOUNG INVESTIGATOR (resident, fellow, or attending staff with 5 years or less in practice).

Are you a young investigator?

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:	
<p>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.)</p>	
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.