Mission Statement:
The mission of Breast Cancer Alliance is to improve survival rates and quality of life for those impacted by breast cancer through better prevention, early detection, treatment and cure. To promote these goals, we invest in innovative research, breast surgery fellowships, regional education, dignified support and screening for the underserved.

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

2023 Young Investigator Grant Application

To encourage a commitment to breast cancer research, Breast Cancer Alliance invites clinical doctors and research scientists whose primary focus is breast cancer research, and who are in the early stages of their career, to apply for funding for the Young Investigator Grant. This grant is open to applicants at institutions within the United States.

Terms:
The term of the Young Investigator Grant is two years, beginning on March 1, 2023. Applicants for the 2023 award must (i) have not held a tenure track faculty or tenure track position for more than four years following completion of their training, as of March 1, 2023; (ii) have not been a principal investigator on an NIH R01 or equivalent national/international non-mentored award; and (iii) dedicate at least 50% of their work effort to research. This grant is intended to help advance the careers of young researchers who do not yet have their own major grant support but who design and conduct their own independent research projects.
The grant provides salary support and project costs for a total of $125,000 (distributed over the two-year period). Administrative costs, which are included in the $125,000 award, must be limited to 8% of total direct costs.

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 and epigenetics, therapies, prevention and clinical studies. Grant recipients must submit a brief report documenting progress by March 1, 2023, and a final report by April 30, 2024 (60 days following the grant term.) Both reports must be written in layman terms and should include current accounting of expenditures to date. Failure to submit the progress report will result in forfeiture of any remaining grant funds. Grant recipients must also schedule a site visit with Breast Cancer Alliance representatives approximately midway during the grant term.

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

Application procedure:
Final applications must be emailed to researchgrants@breastcanceralliance.org on or before July 22, 2022. Please adhere to the format as specified. Font style should be 12 point, Times New Roman, single spaced with at least half inch margins.
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An independent External Review Committee will review and evaluate the applications. Based on their results and subsequent review by the Grants Committee, recommendations will be made to the BCA Board for final approval. Applicants will be notified by e-mail by mid-February 2023 of the decision regarding their proposals.

Arrangements for contracts and payment will be made at that time. Funding will be disbursed in two equal installments, over a two-year period. The grant term will begin March 1, 2023.

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 or in the grant agreement, 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 or epigenetics
___ 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 __________

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,
   at least half inch margins)
   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.

Note: for any of the statements in E, F, or G, any format acceptable to NIH is acceptable for this
application

H. Biosketch- (current NIH format, maximum five pages). List training institutions, staff
   appointments, awards, and peer reviewed publications as related to breast cancer research.
   Information provided on the Biosketch should focus on work related to breast cancer or directly
   related to the proposed research project.

I. Submit a two-year budget reflecting projected research expenditures. Tuition costs may not be
   included in the budget. Travel expenditures may not exceed one thousand dollars ($1,000.00). A
   brief budget justification should be provided.

J. List all other active and pending financial support pertaining to your clinical work or
   research during the funding term. Please expressly identify those that cover subject matter that
   overlaps in any way with the project for which you are seeking funding from BCA. If at any time
   while your BCA application is still pending you receive funding for an overlapping project, please
   advise BCA promptly of such funding.
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

***For any Young Investigator who is non-tenured at his/her institution, a third letter should be provided by the institution confirming (1) the Young Investigator’s independent research capabilities and (2) that it commits to providing adequate resources to the Young Investigator for carrying out the proposed project at the institution for the two-year grant term.

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.
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___________