

**Breast Cancer Alliance, Inc.**  
48 Maple Avenue  
Greenwich, CT 06830  
203 861 0014  
[www.breastcanceralliance.org](http://www.breastcanceralliance.org)

## **2021 Young Investigator Grant**

### **Mission Statement:**

The mission of the 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

## **2021 Young Investigator Grant Application**

To encourage a commitment to breast cancer research, the 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, 2021. Applicants for the 2021 award must (i) have not held a faculty position for more than four years following completion of their training, as of March 1, 2021; (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 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 and epigenetics, therapies, prevention and clinical studies. Grant recipients must submit a brief report documenting progress by March 1, 2022 and a final report by May 1, 2023. Both reports must be written in layman terms. 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 the Breast Cancer Alliance as a sponsor.

### **Application procedure:**

**Final applications must be emailed to [researchgrants@breastcanceralliance.org](mailto:researchgrants@breastcanceralliance.org) on or before July 24, 2020, followed by a hard copy mailed to the Breast Cancer Alliance office. 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 2021 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, 2021.

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](mailto: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 \_\_\_\_\_

DOB \_\_\_\_\_

Checks made payable to:

Institution \_\_\_\_\_

Authorized Institutional Grant Administration Representative \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

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**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. 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.

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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

**\*\*\*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. Attach the hard copies of the letters to the hard copy of your application.

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**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\_\_\_\_\_