

STANFORD CANCER CENTER Clinical Innovation Fund Application Form

Project Title

Principal Investigator Name and Degree

PI Email

PI Title

PI Phone

PI Department / Division / Org

Financial Contact Information
(Name, Email, Phone Number)

CCP

- | | | | |
|--------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Gyn | <input type="checkbox"/> Breast | <input type="checkbox"/> Cutaneous | <input type="checkbox"/> GI |
| <input type="checkbox"/> BMT | <input type="checkbox"/> Hematology | <input type="checkbox"/> Head & Neck | <input type="checkbox"/> Lymphoma |
| <input type="checkbox"/> Neuro | <input type="checkbox"/> Rad Onc | <input type="checkbox"/> Sarcoma | <input type="checkbox"/> Thoracic |
| <input type="checkbox"/> Uro | <input type="checkbox"/> Endocrine | | |
| <input type="checkbox"/> Other | <input type="text"/> | | |

Checklist

- Application form
- Abstract
- Benchmarks
- Deliverables
- Key personnel
- Budget justification
- Budget

Topic

- Promoting Clinical Outreach / Volume
- Improving the Patient Experience
- Quality Improvement
- Survivorship Program
- Cost Reduction
- Cancer Care Seminar
- Patient Education

Submission Deadline

- January 31, 2020
- July 31, 2020

Abstract (limit 250 words)

Benchmarks

Deliverables

Key Personnel (Names and Titles)

Budget Justification If requesting salary support for a position, will the employment of the position end once the funding from CIF is over? If not, who will be responsible for the continuation of salary?

Proposal (limit 1 page)

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY	FROM	THROUGH
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List PERSONNEL (*Applicant organization only*)
 Use Cal, Acad, or Summer to Enter Months Devoted to Project
 Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
SUBTOTALS →								

CONSULTANT COSTS	
EQUIPMENT (<i>Itemize</i>)	
SUPPLIES (<i>Itemize by category</i>)	
TRAVEL	
INPATIENT CARE COSTS	
OUTPATIENT CARE COSTS	
ALTERATIONS AND RENOVATIONS (<i>Itemize by category</i>)	
OTHER EXPENSES (<i>Itemize by category</i>)	

CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (<i>Item 7a, Face Page</i>)		\$
CONSORTIUM/CONTRACTUAL COSTS	FACILITIES AND ADMINISTRATIVE COSTS	
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD		\$