

**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"/> Other			

Checklist

<input type="checkbox"/> Application form	<input checked="" type="radio"/> Promoting clinical outreach / volume	<input checked="" type="radio"/> January 31, 2018
<input type="checkbox"/> Abstract	<input type="radio"/> Improving the patient experience	<input type="radio"/> July 31, 2018
<input type="checkbox"/> Benchmarks	<input type="radio"/> Quality improvement	
<input type="checkbox"/> Deliverables	<input type="radio"/> Survivorship program	
<input type="checkbox"/> Key personnel	<input type="radio"/> Cost reduction	
<input type="checkbox"/> Budget justification	<input type="radio"/> Cancer care seminar	
<input type="checkbox"/> Budget	<input type="radio"/> Patient Education	

These fields are all required and must be filled out with the PI's information.

The Financial Contact for the PI may be the Department DFA or CCBO Team Member.

Select your CCP or the CSL Member/Affiliate's CCP.

Select the appropriate response under each heading.

Abstract (limit 250 words)

Benchmarks

Deliverables

Key Personnel (Names and Titles)

Budget Justification

Provide a brief (no more than 250 words) overview of your proposal.

What measures will you use to measure the success of your proposal?

What do you intend to achieve through the completion of your proposal?

List all individuals who will be involved in the project here.

Provide details regarding your requested budget here.

Proposal (limit 1 page)

Provide a detailed explanation of your proposal. Additional pages can be added if needed.

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

**DETAILED BUDGET FOR INITIAL BUDGET PERIOD** FROM \_\_\_\_\_ THROUGH \_\_\_\_\_  
**DIRECT COSTS ONLY**

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 Mths	Acad. Mths	Summer Mths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							
<b>SUBTOTALS</b>								
CONSULTANT COSTS								
EQUIPMENT (Itemize)								
SUPPLIES (Itemize by category)								
TRAVEL								
INPATIENT CARE COSTS								
OUTPATIENT CARE COSTS								
ALTERATIONS AND RENOVATIONS (Itemize by category)								
OTHER EXPENSES (Itemize by category)								
CONSORTIUM/CONTRACTUAL COSTS						DIRECT COSTS		
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> (Item 7a, Face Page)						\$		
CONSORTIUM/CONTRACTUAL COSTS						FACILITIES AND ADMINISTRATIVE COSTS		
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>						\$		

Page 4

A budget proposal should be submitted with each proposal. Salary and fringe benefit information must be provided for all project team members.