



**CANCER LEAGUE OF COLORADO, INC
CANCER RESEARCH GRANT PROGRAM APPLICATION FORM**

DATE: _____
TITLE OF PROJECT: _____
AMOUNT REQUESTED: _____
PRINCIPAL INVESTIGATOR: _____
TITLE: _____
INSTITUTION: _____
ADDRESS: _____
TELEPHONE: _____ FAX: _____
EMAIL: _____
REQUESTED GRANT PERIOD: From _____ To _____

Has this project previously been submitted to another agency or organization for funding? (check one)
Yes _____ No _____

If yes, the status of the application must be described, and justification for consideration of a grant that has already been submitted elsewhere or previously funded by the Cancer League of Colorado must be included.

SIGNATURES:

CHECKS MADE PAYABLE TO:

Principal Investigator

Institution

Institutional Official/date

Financial Officer

Printed Name

Telephone number / Fax number

Title

Address