## Company name Description automatically generated with medium confidence

## Nomination Form

**2022 Pediatric Cancer Research - Special Grant Opportunity (Translational)**

*Email completed form and Letter of Recommendation together to* [*nominations@v.org*](mailto:nominations@v.org)

Nomination form is due by August 22, 2022

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| **Nominated APPLICANT Contact Information:** | Complete below ↓ |
| First and last name (including degrees): |  |
| Name of Cancer Institute: |  |
| Professional Title: |  |
| E-mail address: |  |
| Phone number: |  |

**Please confirm ALL of the following eligibility items are true by the nomination due date of August 22, 2022** *(Please check the boxes below):*

The nominee holds a tenure-track or tenured faculty position at their cancer research institution. Non-promotable adjunct, affiliated, temporary, part-time, or acting faculty positions are not eligible for Principal Investigator nomination.

Must be either a US Citizen or have a legal permit (temporary or permanent) to work in the US. This requirement does not apply to invited Canadian institutions.

**Letter of Recommendation:**

Nominees must provide a Letter of Recommendation from the cancer center director or other senior official nominating the applicant with both their nomination form and application. See RFA for more information.

Letter of Recommendation is attached

**Project Title and Key words (Include important key words related to the specific type of scientific expertise needed to select reviewers for your application):** *(Please enter into boxes below)*

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| **Title:** |
| **Key words (minimum of six key words such as breast cancer, immunology, imaging techniques, epigenetics, microbiome, etc.):** |

**Legal name of the research institution or medical system to which the grant will be made - *as the name should appear in the grant contract*:** *(Please enter into box below)*

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| **Grants Office Contact Information:** | **Complete below ↓** |
| Grants officer name: |  |
| Professional Title: |  |
| E-mail address: |  |
| Phone number: |  |

**I am the nominee for this grant opportunity**. **By my signature, I am certifying that the above information is correct and that I meet all applicant eligibility criteria outlined in the RFA:**

**Signature of Nominee:** *(Please enter signature into box below)*

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**I am the Cancer Center Director, or comparable Administrative Official responsible for the internal nominee selection process**. **By my signature, I am certifying the nomination of this individual and that this nominee meets all applicant eligibility criteria:**

**Name, Title, and Email Address of Administrative Official:** *(Please enter into box below)*

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**Signature of Administrative Official:** *(Please enter signature into box below)*

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