## 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*

Nomination form is due by August 22, 2022

|  |  |
| --- | --- |
| **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)*

|  |
| --- |
| **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)*

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **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)*

|  |
| --- |
|  |

**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)*

|  |
| --- |
|  |

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

|  |
| --- |
|  |