



Investigator Basic Information Form

1. Project Title (Do not exceed 90 typewritten spaces):

APPLICANT INFORMATION

2. Name of Applicant:

3. Applicant's Degree(s): M.D. Ph.D. Other

5. Applicant's institution:

6. Applicant's department:

7. Type of Organization:

Federal State Local Private Nonprofit

8. Institution's Federal ID Number:

9. Applicant's mailing Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

State

Zip Code

10. Applicant's telephone number:

11. Applicant's email address:

FISCAL OFFICE INFORMATION

12. Name of Fiscal Office grant contact:

13. Mailing address of Fiscal Office grant contact:

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City

State

Zip Code

14. Telephone number of Fiscal Office grant contact:

15. Email address of Fiscal Office grant contact:

SIGNING OFFICIAL INFORMATION

16. Name of official signing for sponsor organization:

17. Title of official signing for sponsor organization:

18. Mailing address of official signing for sponsor organization:

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City

State

Zip Code

19. Telephone number of official signing for sponsor organization:

20. Email address of official signing for sponsor organization:

PROJECT INFORMATION

21. Certifications:

a) **Vertebrate Animals:** Yes No

If yes, specify IACUC approval date:

b) **Human Subjects:** Yes No

If yes, specify IRB approval date or exemption number:

c) **Biohazards:** Yes No

If yes, specify Biohazard Committee approval date or exemption number:

22. Applicant's Research Involvement – Approximately what percentage of the applicant's time will be devoted to the following:

Research	
Clinical Work	
Teaching	
Administration	
Other (Specify)	

******NOTE: applicants must spend a minimum of 50% of his/her time on research in general (not necessarily on the proposed project alone).**

23. If selected, checks should be made payable to:

WAIVER

By signing this RESEARCH GRANT AWARD form (the "Applicant"), each of the signatories (collectively, the "Applicants") hereby release, discharge and absolve TOWER CANCER RESEARCH FOUNDATION, and its respective successors, assigns, affiliates, officers, directors, employees and agents (collectively, "TOWER CANCER RESEARCH FOUNDATION Parties"), from any and all actions, suits, claims and demands of any kind whatsoever, which the Applicants or their heirs, executors, administrators and assigns, not limited to, the operation of the application process and the determination and awarding of fellowships and grants. Applicants further agree that in no event will TOWER CANCER RESEARCH FOUNDATION Parties be liable for any direct, indirect, consequential or exemplary damages arising from or relating in any way to this Application.

I declare that to the best of my knowledge the statement and other information contained in this application are truthful, complete and accurate. *I further understand that an incomplete application will not be reviewed.*

Applicant signature - person named in 2 ("Per" signature not acceptable)

_____ Date _____

Institutional Official signature - person named in 16 ("Per" signature not acceptable)

_____ Date _____

Contact Information:

**Tower Cancer Research Foundation
8767 Wilshire Blvd., Suite 401, Beverly Hills, CA 9021
310-299-8471
www.towercancer.org**

***Please submit applications to kelli@towercancer.org
*For questions, please contact Kelli Sargent at kelli@towercancer.org
or 424-230-7154**