



**Clinical Cancer Research with Patients as Partners in Kenya and/or Uganda
Cover Page with Required Application Checklist**

Principal Investigator

Full Legal Name: _____

E-mail: _____

Phone: _____

Supporting Research / Medical Organization

Organization's Name: _____

Legal Representative's Name: _____

Legal Representative's Title: _____

Legal Representative's E-mail: _____

Legal Representative's Phone: _____

Signed Submission Statement:

We hereby confirm all data submitted for this application as truthful and complete and request RTFCCR's consideration for funding:

Principal investigator signature / date

Sponsoring Org reps signature /date

Application Checklist

For grant application to be considered, the following must be submitted):

Grant Abstract (not to exceed one page)

Grant Narrative (not to exceed 5 pages)

Key Personnel Forms & Bio-sketches for Principal Investigator and other key personnel

Budget (using linked template)

Minimum of 2 letters from patient orgs, patient body, or patient consultant/advocate

Attached (or provided link) for most recent audit or annual report with financials.