



<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input style="width:150px;" type="text"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input style="width:150px;" type="text"/></p> <p>c. * Estimated Program Income <input style="width:150px;" type="text"/></p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:                  DATE: <input style="width:150px;" type="text"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR  <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

\* I agree

*\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.*

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:  \* Last Name:  Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:  \* ZIP Code:

\* Country:

\* Phone Number:  Fax Number:  \* Email:

**\* Signature of Authorized Representative** **\* Date Signed**

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**20. Pre-application**

**National Cancer Institute  
Cancer Genetic Markers of Susceptibility  
Data Access Request Form**

**Appendix 1: Project Summary and Statement of Intent**

**Project Summary**

**Project Title:**

**Name of CGEMS data set being requested** (Separate requests should be made for each study):

**Breast Cancer (NHS)**

**Prostate Cancer (PLCO)**

**Please enter the required Statement of Intent in the area below:**

It should be a brief description of the proposed research suitable for dissemination to the public and may include a statement of objectives and methods to be employed. Please state clearly how you will use the CGEMS data. This summary must not include any proprietary/confidential information. Please limit the summary to  $\leq$  200 type-written words.

**National Cancer Institute  
Cancer Genetic Markers of Susceptibility  
Data Access Request Form**

**Appendix 2: Credentials and Additional Investigators**

**INVESTIGATOR 1: PROJECT DIRECTOR / PRINCIPAL INVESTIGATOR (PD/PI)**

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credential:	<input type="text"/> (NIH ID or eRA Commons ID, if available)			
Position/Title:	<input type="text"/>	Dept:	<input type="text"/>	Org. Name: <input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>	Email: <input type="text"/>

**SIGNING OFFICIAL (SO)**

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credential:	<input type="text"/> (eRA Commons ID required)			
Position/Title:	<input type="text"/>	Dept:	<input type="text"/>	Org. Name: <input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>	Email: <input type="text"/>

**ADDITIONAL INVESTIGATOR 1**

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position/Title:	<input type="text"/>	Dept:	<input type="text"/>	Org. Name: <input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>	Email: <input type="text"/>

**ADDITIONAL INVESTIGATOR 2**

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position/Title:	<input type="text"/>	Dept:	<input type="text"/>	Org. Name: <input type="text"/>
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>	Email: <input type="text"/>