



[research@bcured.org](mailto:research@bcured.org)  
[www.bcured.org](http://www.bcured.org)

## 2025 Brain Cancer Research Investigator Grant - \$50,000

This award is presented annually by B\*CURED to a clinical doctor or research scientist whose primary focus is brain cancer research. Clinical projects are encouraged, as well as translational projects with significant clinical promise. Projects for adult and pediatric brain cancer research will be considered.

### Important Dates:

**Application Deadline: March 3, 2025**

**Award Announcement: May 1, 2025**

**Funding Available: upon contract completion**

### TERMS:

The term of the grant is **one year**. The award will be for \$50,000 and will be given in two installments. The first installment of \$25,000 will be paid to the winner on or about **June 1, 2025**. The second installment of \$25,000 will be paid six months after the start of the project, only after a satisfactory progress report (approximately three pages plus a budget review) is submitted, reviewed, and approved by the B\*CURED Medical Advisory Board. This progress report will be due six months from the initial funding date. A Final Report (approximately three pages plus a budget summary) is required one year and 30 days from the date of funding.

**The research project must be directly related to the field of brain cancer.** The award will be given to the applicant exclusively for the purpose of conducting the proposed research. All proposed research must have appropriate Institutional Review Board approval for clinical projects before funding is granted. The winner's name, institution, title of the research project, and a brief description of the project in layman's terms will be posted on the B\*CURED website.

Any publication associated with the research must recognize B\*CURED as a sponsor.

### APPLICANT REQUIREMENTS:

Applicants must be full time faculty (or have a contract for such) at a research institution in North America and be undertaking the following:

- Clinical or translational research, with the intention of applying for R01 NIH funding or the equivalent within five years, or
- Innovative research to bridge from bench to animal research or to acquire preclinical data from animal models.

### REQUIREMENTS FOR GRANT PROPOSALS:

Applicants will compose an outstanding research proposal that demonstrates relevance, sound methodological design, and feasibility. Demonstrated support from the applicant's institution must be included. Formal involvement of a biostatistician is required for all clinical trial proposals, but is not required for pre-clinical or translational science proposals.

### Please include:

#### Project Title

**Cover Letter** explaining the career goals of the applicant and how the B\*CURED grant might assist in the overall research program of the applicant. A specific paragraph should outline how the institutional environment is suitable for the proposed research.

**Brief description** of your project in 250 words or less using **non-technical** language.

**Brief description** of your project in 250 words or less using **technical** language.

**NIH Bio-sketch** of applicant

**Letters of support** from project collaborators. Please include supporters' names, emails and phone contacts. Please include letters of support directly in the PDF application package.

**Letter of support from Department Head** stating that the applicant has the resources and the time to perform the proposed research. Please include name, email and phone contact for Department Head or Chief with your proposal.

**Detailed Budget (NIH Format)**. No indirect costs are permitted. Please keep salary costs to a maximum of 60% of budget.

List of all other **active and pending financial support** pertaining to your clinical work or research during the funding term.

List of **all financial conflicts of interest**, including equity, fiduciary responsibility, advisory payment or sponsored research agreements with a for-profit entity (public or private) over the past two years. Please indicate any conflicts of interest.

**Scientific Proposal** (5 Pages) organized as follows:

- **Project Abstract (1/2 Page)** – Brief statement of the clinical problem including background and significance (burden of disease) detailing how the applicant's approach is both novel and feasible. A statement of how the study findings will advance brain tumor therapeutic research is required.
- **Specific Aims (1/2 Page)** – A specific scientific hypothesis should be included with at least two specific aims.
- **Preliminary Data (1 Page)** – The applicant is encouraged to use one or two key figures to illustrate major points (preferably from peer-reviewed published literature.)
- **Research Plan (2 Pages)** – For clinical proposals, the proposed study design should carefully define the study population and state the number of proposed patients including the number of sites where applicable. The specific inclusion and exclusion criteria for any clinical population should be stated. Clinical endpoints and when they are measured should be stated. For translational science proposals, the study design should explicitly state how the study would connect a basic science finding to clinical or pre-clinical studies.
- **Statistics (1/2 Page)** – The expected treatments (where applicable) should be stated and sample size estimates (80% and 90% power) should be clearly summarized.
- **Study Limitations (1/2 Page)** – Study limitations and potential pitfalls should be discussed.
- Applicants submitting a clinical trial proposal should consult an introductory reference on clinical trial design:
  - Friedman LM, Furberg CD, DeMets DL: *Fundamentals of Clinical Trials – 3<sup>rd</sup> ed.* New York, Springer-Verlag New York, Inc., 1998.
- **Bibliography**
- **Bio-hazards statement**
- **Human investigation statement**
- **Laboratory animal statement**

#### **APPLICATION PROCEDURE:**

**Final applications must be emailed as a single PDF to [mrussell@bcured.org](mailto:mrussell@bcured.org) on or before March 3, 2025.** Please adhere to the format as specified. The Medical Advisory Board of B\*CURED will review and evaluate the applications. Based on those results and their subsequent review by B\*CURED's Grants Committee, recommendations of award winners will be made to the B\*CURED Board of Directors for final approval. All applicants will be notified via e-mail of the decisions. Arrangements for contracts and payment to the grant recipient(s) will be made at that time.

All applications are confidential and available only to the Board of Directors, the Grants Committee, and the Medical Advisory Board. If any grantee or sponsoring institution fails to adhere to the policies and qualifications of B\*CURED regarding its grants, the grant will be subject to termination.

**B\*CURED GRANT APPLICATION:**

Date \_\_\_\_\_

Project Title \_\_\_\_\_  
\_\_\_\_\_

Name of applicant \_\_\_\_\_ Degree/s \_\_\_\_\_

Professional Title \_\_\_\_\_ Date appointed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Wire Transfer Information:**

Institution \_\_\_\_\_

Routing/ABA Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Authorized Institutional Grant Administration Representative:**

\_\_\_\_\_  
Address: \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

**SIGNATURES REQUIRED:**

**I hereby confirm that I have reviewed and approved this application and the accompanying budget. Please scan signatures into this application.**

Authorized Institutional Grant Administration Representative

Printed Name and Title\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

Email address\_\_\_\_\_

Applicant's signature\_\_\_\_\_ Date\_\_\_\_\_

**Please contact [mrussell@bcured.org](mailto:mrussell@bcured.org) or [research@bcured.org](mailto:research@bcured.org) with any questions.**

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