

PI (Last Name, First Name) - Country:



CENTER FOR
GLOBAL HEALTH



**Penn Center for Global Oncology
Proposal for Capacity Building Initiative in Low or Middle-Income
Country**

Deadline: April 30, 2025; 11:00PM EST

Completed applications should be sent to Kierstyn.claycomb@penndmedicine.upenn.edu

Applicant (PI) Name, Degree, and Faculty Level/Title:

Applicant Department and School:

Applicant Email Address:

Country/Site for Collaboration:

PI (Last Name, First Name) - Country:

AUTHORIZING SIGNATURES

PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR: I certify that the above information is accurate and complete as of this date. I agree to accept responsibility for scientific and technical conduct of this project and for provision of required technical reports if a grant or contract is awarded as a result of this application. If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and the University.

PI Signature

Date

BUSINESS ADMINISTRATOR (or other individual responsible for proposal preparation and project administration): The budget and administrative information contained in the attached proposal is complete and accurate to the best of my knowledge. If an award is made as a result of this proposal, I will administer it in accordance with the policies of the sponsor and the University. In accordance with the University's Patent Policy, all individuals working on sponsored projects must sign a Participation Agreement. All personnel on this project, including postdocs, students and visiting scientists, will have signed Participation Agreements prior to its initiation. (Call the Penn Center for Innovation, 898-9585, for information on inventions, patents, copyrights, etc.)

BA Signature

Date

BA Typed Name

DEPARTMENT CHAIR: The attached application is approved. It is within the total program and academic objectives of the Department. Adequate space is available or planned for the conduct of the project. The professional time allocations described therein are realistic. If matching funds/cost sharing is required as a condition of an award resulting from this proposal, I will be responsible for assuring that the necessary resources are made available. The information contained in this Application Form is accurate and correct to the best of my knowledge.

Department Chair's Signature

Date

Department Chair's Typed Name

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**University of Pennsylvania Center for Global Health
Statement of Compliance**

If this initiative is selected, I agree to acknowledge this grant with the phrase “**Supported by Center for Global Health and Center for Global Oncology at the University of Pennsylvania**” in all related sources of support, publications and presentations.

In addition, if requested of me, I will send a copy of any publications or abstracts to the administrative offices of the Penn Center for Global Oncology (kierstyn.claycomb@pennmedicine.upenn.edu).

I also agree to be contacted by the Penn Center for Global Oncology, Penn Center for Global Health or their representatives regarding my research and possible speaking opportunities.

Signature

Date

Name – Please print

PI (Last Name, First Name) - Country:

BIOGRAPHICAL SKETCH OF PI

A current NIH formatted Biographical Sketch MUST be included in all applications.

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DESCRIPTION OF PROPOSED CAPACITY BUILDING INITIATIVE

Site/Country: _____

Briefly address Sections A-H below - must not exceed 3 pages

A. State whether there is currently a relationship between Penn and the proposed site/country, and if so, a brief synopsis of the current relationship and any previous collaborative efforts.

B. A brief synopsis of the background on the challenge or need being addressed.

C. Outline of project being proposed with clear timelines and plan for sustainability, plan for evaluation and potential impact on patient outcomes.

E. Identify other currently engaged or potentially to be engaged Penn faculty members.

F. Literature Cited (no page limit)

PI (Last Name, First Name) - Country:

PROPOSED BUDGET

**PROJECT
TITLE:** _____

TOTAL AMOUNT REQUESTED:

TERM: 07/01/2025 to 06/30/2026

BUDGET PROPOSED:

A. Personnel

B. Supplies

C. Miscellaneous

E. Travel

BUDGET JUSTIFICATION:

PI (Last Name, First Name) - Country: