



**CANCER LEAGUE OF COLORADO, INC  
CANCER RESEARCH GRANT PROGRAM APPLICATION FORM  
Spring 2026**

**Applications are due no later than Friday, March 6, 2026**  
**If applying for a collaborative grant, use one signature page for each investigator**

*Page 1*

DATE: \_\_\_\_\_  
TITLE OF PROJECT: \_\_\_\_\_  
AMOUNT REQUESTED: \_\_\_\_\_  
PRINCIPAL INVESTIGATOR: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
INSTITUTION: University of Colorado Denver  
PI ADDRESS: \_\_\_\_\_  
PI TELEPHONE: \_\_\_\_\_ PI FAX: \_\_\_\_\_  
PI E-MAIL: \_\_\_\_\_

**REQUESTED GRANT PERIOD: From: July 1, 2026 – June 30, 2027**

Has this project previously been submitted to another agency or organization for funding?  
(check one) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, the status of the application must be described, and justification for consideration of a grant that has already been submitted elsewhere or previously funded by the Cancer League of Colorado must be included. Please attach to this page.

SIGNATURES:

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Institutional Official/date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Fellowship Mentor (if applicable)

\_\_\_\_\_  
Mentor Name (if applicable)

CHECKS MADE PAYABLE TO:

University of Colorado Denver

\_\_\_\_\_  
Institution

Stephanie Chandler-Thompson

\_\_\_\_\_  
Financial Officer

303-724-0090

\_\_\_\_\_  
Telephone number  
Grants and Contracts  
PO Box 209436

\_\_\_\_\_  
Address

Dallas, TX

\_\_\_\_\_  
City, State

75320-9436

\_\_\_\_\_  
Zip