



**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