

ATTACHMENT 9
Formative Research to Assess Non-Government Funding Opportunities for
Complementary and Alternative Medicine (CAM) Cancer Research

OMB #0925-0046
Exp. Date: 10/31/2006

NCI/OCCAM Funding Directory Survey

Screener Questions

1. Does your organization have an open grant application process (i.e., do you accept grant applications that are initiated by an investigator)?
₁ Yes ₂ No → GO TO END
2. Does your organization use a peer review system to evaluate grant applications?
₁ Yes ₂ No
3. Has your organization ever funded research to examine the use of complementary and alternative medicine (CAM) therapies for the diagnosis, prevention or treatment of cancer, cancer-related symptoms or side-effects of conventional therapy? (Click Previous Page button below for list of the categories of CAM therapies with some examples)
₁ Yes ₂ No
4. Would your organization consider funding CAM cancer research in the future?
₁ Yes ₂ No → GO TO END

Contact Info

Please complete (or update) the fields below to provide information about your organization, and up to two points of contact for grant applicants.

5. About Your Organization

Name: _____
Website: _____
Phone: _____
Fax: _____
Email: _____
Address 1: _____
Address 2: _____
City: _____
State: _____
Zip: _____
Country: _____

6. First Point of Contact

Full Name: _____
How should this person be addressed in written materials?

Position: _____
Phone: _____
E-Mail: _____
Notes: _____

7. Second Point of Contact

Full Name: _____

How should this person be addressed in written materials?

Position: _____

Phone: _____

E-Mail: _____

Notes:

Types of Research Funded

8. Which of the following types of cancer research have you funded in the past? Which would you consider funding in the future?

	Have Funded in Past	May Fund in Future
a. Brain	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
b. Breast	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
c. Colon	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
d. Lung	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
e. Leukemia, Lymphoma, Multiple Myeloma	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
f. Ovarian	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
g. Pancreatic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
h. Prostate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
i. General (i.e. not type-specific)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁

9. Please describe any other types of cancer research that you have funded in the past or that you would consider funding in the future.

10. Which of the following types of CAM research have you funded in the past? Which would you consider funding in the future? *(To see a definition of each CAM therapy, hover your mouse pointer over the name of the corresponding therapy)*

	Have Funded in Past	May Fund in Future
a. Alternative Medicine Systems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
b. Energy Therapies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
c. Exercise Therapies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
d. Manipulative Therapies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
e. Mind-Body Interactions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
f. Nutritional Therapeutics	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
g. Pharmacological / Biologic Therapies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
h. Spiritual Therapies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁

11. Please describe any other types of CAM research that you have funded in the past or that you would consider funding in the future.

Typical Funding

Please answer the following questions about the grants that your organization awards in a typical year.

12. Cancer Research Grants

Number of grants per year: _____
Dollar value of grants per year: _____
Typical grant amount (or range): _____
Typical length of grant (or range): _____

13. CAM Research Grants

Number of grants per year: _____
Dollar value of grants per year: _____
Typical grant amount (or range): _____
Typical length of grant (or range): _____

14. Which of the following types of grants might your organization award to support cancer CAM research? (Check all that apply)

- Grants to Community-Based Institutions
- Conference Grants
- Demonstration Projects
- Facilities Construction Grants
- Fellowship Grants (Pre-Doctoral)
- Fellowship Grants (Post-Doctoral)
- Grants to Research Institutions
- Grants to support individual researcher's careers
- Program Development Grants
- Research Project Grants (Basic Research)
- Research Project Grants (Clinical Research)
- Research Project Grants (Translational Research)
- Seed or developmental support Grants
- Other (please specify): _____

Organizational Info

15. Please provide a description of your organization's grant application and review processes. If this information is available on the web, or in published materials, please provide instructions about how applicants can access this information.

16. What is the typical length of time between receipt of a grant application and notification of acceptance or rejection?

17. What is the typical length of time between acceptance of a grant application and funding?

18. Please provide an overview of your organization's mission. If this information is available on the web, or in published materials, please provide instructions about how applicants can access this information.

19. Does your organization have other priorities beyond those in its mission (e.g. short-term special calls for research projects on specific topics)?
