

## NCI/OCCAM Funding Directory Follow-Up Survey

### Screener Questions

- 1a. Does your organization ever provide funds to individuals outside the organization, to support cancer research? Examples of this funding could include research grants, fellowship grants, funding for demonstration projects, funding for conference or related travel, support for educational materials, or other types of funding).
- <sub>1</sub> Yes <sub>2</sub> No → GO TO END
- 1b. Does your organization have an open grant application process (i.e., do you accept grant applications that are initiated by an investigator)?
- <sub>1</sub> Yes <sub>2</sub> No → GO TO END
2. Does your organization use a peer review system to evaluate grant applications?
- <sub>1</sub> Yes <sub>2</sub> 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? Please note that our definition of CAM covers a broad range of therapies, including exercise therapies, manipulative therapies, nutritional therapies, and several others. (Click Previous Page button below for list of the categories of CAM therapies with some examples)
- <sub>1</sub> Yes <sub>2</sub> No
4. Would your organization consider funding CAM cancer research in the future?
- <sub>1</sub> Yes <sub>2</sub> 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?**

Respondent must select at least one of these items, or provide text response to Q9

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

**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)  
**Respondent must select at least one item from the “future” column, or provide text response to Q11**

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

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.

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### 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)  
**Respondent must select at least one of these items**

- <sub>1</sub> Grants to Community-Based Institutions
- <sub>1</sub> Conference Grants
- <sub>1</sub> Demonstration Projects
- <sub>1</sub> Facilities Construction Grants
- <sub>1</sub> Fellowship Grants (Pre-Doctoral)
- <sub>1</sub> Fellowship Grants (Post-Doctoral)
- <sub>1</sub> Grants to Research Institutions
- <sub>1</sub> Grants to support individual researcher’s careers
- <sub>1</sub> Program Development Grants
- <sub>1</sub> Research Project Grants (Basic Research)
- <sub>1</sub> Research Project Grants (Clinical Research)
- <sub>1</sub> Research Project Grants (Translational Research)
- <sub>1</sub> Seed or developmental support Grants
- <sub>1</sub> 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.**

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

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

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**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.**

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

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