**MCW Cancer Center Pilot Grants Non-Supplanting Form**

This form will be used to identify existing or available funding for each proposed project or use to determine whether such existing or available funding would be replaced with financial support by the Cancer Center. Please use additional paper as needed.

1. Describe projects that the Investigator has previously done, or is currently doing, that are closely related to the proposed request (e.g. brief description, time period, funding).
2. Describe other funding that the Investigator now has, or has had in the last three years, for the proposed project or closely related projects.
3. Federal funding
4. State/Local Government funding
5. Foundation Funding
6. MCW Corporate funding
7. Local Community funding
8. Other funding
9. Indicate whether the Investigator has applied to another funding source for the same or similar project. If so, what was the date and result of that application, or when does the applicant expect to receive notification?
10. Please indicate any other factors that would be relevant to the non-supplanting requirement

By signing below, the Investigator verifies that the information included on this form is complete and accurate to the best of his/her knowledge. Please include the completed, signed form as part of the full application submission to the MCW Cancer Center.

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Investigator’s Signature Date

Printed Investigator’s Name