



FUNDS AVAILABLE FOR NEW INVESTIGATORS

Open to Cancer Consortium Members

April 2026

RELEASE DATE: APRIL 1, 2026

APPLICATIONS DUE: MAY 15, 2026 BY 5:00PM PST

Funds are available from the Cancer Center Support Grant (CCSG) to provide developmental support to assistant and associate professors within the Cancer Consortium. These funds are intended to help investigators generate preliminary data for future cancer-related grant applications and to accelerate their path toward independent research funding. In addition to supporting research, the award is designed to foster career development by encouraging structured mentorship, participation in professional development activities that enhance research leadership skills, and integration into Consortium programs through collaborations with established investigators.

Three to four New Investigator Awards for up to \$100,000 direct costs each (plus F&A/indirect costs) will be made from Consortium funds. All proposed research must be cancer-focused, take place at one or more of the Consortium institutions (Fred Hutch [FH]; University of Washington [UW]; Seattle Children's [SC]), and may include projects aligned with Cancer Consortium strategic priorities (see appendix to learn more about priority areas).

ELIGIBILITY

Faculty who have received a Cancer Center Support Grant (CCSG)-funded award of any kind or a Safeway pilot award within three years of the anticipated award start date (July 1, 2026), **are not eligible to apply**. Investigators who are principal investigators on R01, P01, or P50 grants are considered to already have independent research funding, so therefore they are not eligible for this funding mechanism.

Eligibility Criteria
Only eligible applicants may serve as Principal Investigator (PI) on the New Investigator Award.
Applicants must be Consortium members or provisional members* by the application deadline to be eligible.
Assistant and Associate Professor-level faculty and who have begun their appointment at one of the Consortium institutions (FH, UW, SC) on or after July 2023.
New faculty being recruited who will meet Consortium membership criteria at the time of the award start date (July 1, 2026).
Consortium members in Acting faculty positions are eligible to apply.
Faculty with clinical trial affiliate membership* are not eligible to apply but can be involved in the project as collaborators.
Faculty can only serve as PI on one new investigator award application per each annual New Investigator Award competition; however, they may be collaborators/co-Investigators on more than one application.

*For additional information about membership categories (member, provisional member, and clinical trial affiliate) and an up-to-date listing of Consortium members, visit: <https://www.cancerconsortium.org/membership.html>.

ALLOWABLE COSTS

Funds can be used to support any aspect of an investigator's research except for training and tuition, upgrades to established shared resources, and capital equipment. Foreign components are not allowed. Allowable costs include staff and faculty salaries (such as a research coordinator or lab technician), supplies, travel, publishing, regulatory costs, shared resources usage, etc. **A budget and budget justification are required for all applications.** Funds should be expended within two years of the award start date.

APPLICATION

All application elements will be completed within the Fred Hutch instance of [InfoReady](#). This information is provided below for reference as you complete the application in the InfoReady platform. Please adhere to NIH font and line spacing guidelines as outlined [here](#).

1. Requirements

- Project Title
- Primary Institution
- Primary Institution Start Date (Month, Year)

2. Research Plan

In two pages, the applicant should clearly outline the aims and the strategy of the project and why funding through this grant mechanism is appropriate. This can be current work or an extension of an ongoing project. No preliminary data is needed; the purpose of these awards is to help investigators gather preliminary data needed to seek outside funding. Please also describe how the preliminary data generated will help support future grant applications and what funding mechanisms may be pursued.

- Show how any proposed collaboration reveals the creative strengths of the investigator and increases transdisciplinary research within the Cancer Consortium.
- Describe how this work will benefit cancer prevention, early detection, diagnosis, treatment, or survivorship.
- If relevant, describe how this project addresses the Cancer Consortium's strategic priorities (please refer to the *Appendix* on pages 5-6).

3. Career Development Plan

Applicants must submit a one-page career development plan. This plan should outline how the proposed project and associated support will contribute to the applicant's professional growth and trajectory toward independent research funding. The plan should be tailored to the applicant's career stage and goals, and should include the following components:

- **Career Objectives:** Briefly describe your short- and long-term career goals.
- **Mentorship Plan:** Identify your primary mentor(s) and describe the planned mentorship structure and how mentorship will support your research and career development. Include any existing and planned collaborations with established investigators.
- **Professional Development Activities:** Outline any planned activities that will enhance your skills and career advancement, such as grant writing workshops, leadership training, networking opportunities as well as participation in Consortium activities including symposia, research program retreats, liaison program, committee service, etc.
- **Institutional Support:** Describe any additional resources or support provided by your department or institution to facilitate your development as an independent investigator.

4. Budget & Budget Justification

Please use the template provided on the Supporting Documents page in the InfoReady platform.

Funding
Subawards to Consortium institutions (FH, UW, SC) are allowed. Subawards to outside institutions are not allowed.
Not allowable: tuition and training, upgrades to established shared resources, or equipment. Foreign components are not allowed.
Funds should be spent in two years.
A single no-cost extension will be considered on a case-by-case basis and will only be considered for projects facing extenuating circumstances. All no-cost extension requests will be reviewed by the Consortium Executive Committee.

Primary Site Fred Hutch

- UW or Children's collaborators are allowable and a subaward should be budgeted.
 - Submit a PHS398 budget page for each institution. Direct cost budgets should total \$100,000 combined.
 - An LOI from the subaward institution must accompany the pilot application.
- Subawards to non-Consortium institutions are not allowed.

Primary Site UW or Seattle Children's

- Cross-institutional collaborators at Fred Hutch, UW, and Seattle Children's are allowable.
 - Submit a PHS398 budget page for each institution. Direct cost budgets should total \$100,000 combined.
- Institutional sign-off should be received prior to submission of a pilot award proposal for review.
- Third tier subawards are not allowed.
- Subawards to non-Consortium institutions are not allowed.

Primary Site UW or Seattle Children's with a FH budget component:

- A FH co-Investigator (or Administrative PI) needs to be named to maintain financial oversight of the work taking place at FH.
- Funds to be spent at FH will be deducted from the award amount prior to issuing the subaward; the balance will be issued via a subaward to UW or Children's.
- FH direct cost budget and UW/Children's direct budget should total \$100,000 combined. F&A will be provided to each institution at the appropriate rate. Submit a PHS398 budget page for each institution.
- Additional F&A associated with Consortium F&A collection will be included in your award and will not come out of your direct costs.

5. NIH Biosketch

The applicant should provide an NIH Biosketch that adheres to the most recent NIH guidelines. A biosketch sample, template, and instructions can be found [here](#). Please be sure all information is current, especially the applicant's appointment date at their primary Consortium institution.

6. Other Support

The applicant should provide an NIH Other Support document adhering to the most recent NIH guidelines. Other Support sample, template, and instructions can be found [here](#). Please be sure all information is current.

7. Institutional Sign-off

• Fred Hutch Applicants

Institutional sign-off is not required at the time of submission for applicants from Fred Hutch who intend to keep the entire budget at Fred Hutch. Fred Hutch OSR approval via Hutch Grants will be required at the time of award. However, if the applicant anticipates issuing a subaward for a portion of the budget to UW or Children's, an LOI from the institution receiving the subaward will need to be included in the application packet.

• UW and Seattle Children's Applicants

Per [Executive Order 34](#), **institutional sign-off by the applicant's Office of Sponsored Research/Programs is required at the time of application.** A signed letter of intent must be submitted with the application packet.

- **UW Applicants:** please complete the FDP Subrecipient LOI_UW supporting document found in InfoReady and upload where indicated (PDF only)
- **Seattle Children's Applicants:** please complete the Fred Hutch LOI_Seattle Children's supporting document found in InfoReady and upload where indicated (PDF only)

SUBMISSION DEADLINE

Applications are due **Friday, May 15 by 5:00pm PST**. Applications received after this deadline will not be accepted for evaluation by the New Investigator Award Review Committee.

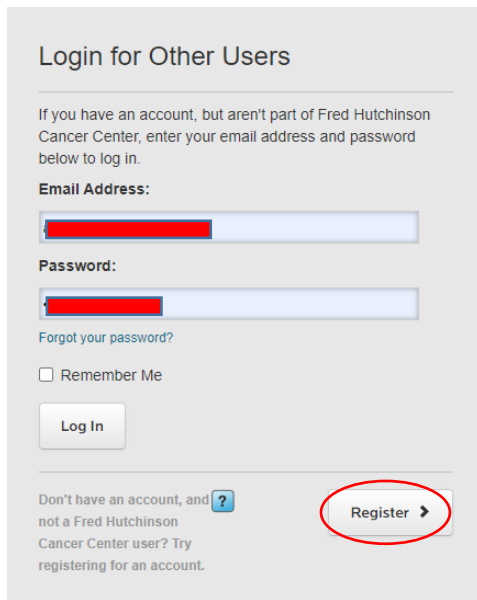
SUBMISSION INSTRUCTIONS

Applications will be submitted in the Fred Hutch instance of InfoReady:

<https://fredhutch.infoready4.com/#freeformCompetitionDetail/2010045>. Log-in instructions are provided below.

Fred Hutch Applicants. Please log in with your Fred Hutch Cancer Center username and password.

University of Washington and Seattle Children's Applicants. Please create an account by selecting "Register" as shown below. Please use the applicant's primary institutional affiliation email address. If you would like an administrator to submit on your behalf, the primary applicant will need to sign-in and designate this role.



Login for Other Users

If you have an account, but aren't part of Fred Hutchinson Cancer Center, enter your email address and password below to log in.


Email Address:

Password:

Forgot your password?

Remember Me

Log In

Don't have an account, and  not a Fred Hutchinson Cancer Center user? Try registering for an account.

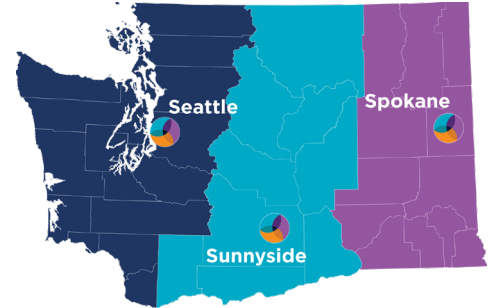
Register →

If you have any questions about this award competition or using the InfoReady platform, please reach out to cancerconsortium@fredhutch.org.

APPENDIX: CONSORTIUM CATCHMENT AREA PRIORITIES

The Consortium’s Catchment Area

- Constitutes all 39 counties in Washington (WA)
- Includes 7,785,786 people
- 36.5% of the population are members of minoritized racial or ethnic groups
- On average, 39,412 cases of invasive cancer are diagnosed annually among people living in WA



Populations experiencing health disparities in cancer

- Black/African American
- American Indian/Alaska Native (AI/AN)
- Children ages 0-14 with Leukemia
- Women ages ≥65 with Ovarian cancer

Priority Cancers

- Breast cancer
- Colon cancer
- Lung cancer
- Hematologic malignancies
- Prostate cancer

Cancer Control Priorities

- Colorectal cancer screening
- Breast cancer screening
- HPV vaccination

The following is a snapshot of the cancer burden in WA, as presented in the 2025 Community Health Assessment.

Table 1. Age-adjusted cancer incidence rates per 100,000 in Washington State, All ages, All races and ethnicities, 2017-2021

	Annual Average Count	Rate	95% Confidence Interval
Female breast	6205	137.1	(137.1-135.6)
Prostate	4815	104.0	(102.6-105.3)
Lung	4513	49.0	(48.4-49.7)
Hematologic malignancies	3729	42.6	(42.0-43.2)
Colorectal	2964	34.2	(33.7-34.8)

WA Disparities in Cancer Incidence (2017-2021)

- Breast Cancer:
 - AI/AN people have the highest incidence rate of female breast cancer (159.9 per 100,000).
 - AI/AN people also have the highest rate of late-stage female breast cancer (63.8 per 100,000).
 - Chelan county has the highest incidence of late-stage female breast cancer (57.1 per 100,000).
 - Chelan, Skagit, and Snohomish counties all experienced late-stage female breast cancer incidence that significantly exceeded the overall rate in WA.
- Prostate cancer:
 - Black men have the highest incidence rate of prostate cancer (164.0 per 100,000).
 - The incidence of late-stage prostate cancer is highest among Black men (46.7 per 100,000).
 - San Juan county has the highest incidence of late-stage prostate cancer (42.1 per 100,000).
 - San Juan, Clallam, Whatcom, and King counties all have significantly higher incidence rates of late-stage prostate cancer compared to the overall rate in WA.

- Lung Cancer:
 - The incidence of lung cancer is higher for males (51.5 per 100,000) than females (47.5 per 100,000).
 - AI/AN people have the highest lung cancer incidence rate (77.3 per 100,000).
 - AI/AN people also have the highest rate of late-stage lung cancer (54.8 per 100,000).
 - Mason, Grays Harbor, Okanogan, Pierce, Skagit, Snohomish, Clallam, and Thurston counties all have significantly higher incidence rates of late-stage lung cancer compared to the overall rate in WA.
- Hematologic malignancies:
 - AI/AN people have the highest incidence rate (48.3 per 100,000) of hematologic malignancies.
- Colorectal cancer:
 - AI/AN people have the highest rate of colorectal cancer (53.4 per 100,000).
 - AI/AN people also have the highest rate of late-stage colorectal cancer (33.7 per 100,000).
 - Counties with the highest incidence of late-stage colorectal cancer include: Adams, Franklin, San Juan, Island, Jefferson, Grays Harbor, and Skamania.

Table 2. Age-adjusted cancer mortality rates per 100,000 in Washington State, All ages, All races and ethnicities, 2018-2022

	Annual Average Count	Rate	95% Confidence Interval
Female breast	904	18.7	(18.2-19.3)
Prostate	770	20.5	(19.8-21.2)
Lung	2762	29.8	(29.3-30.3)
Hematologic malignancies	1291	14.6	(14.2-14.9)
Colorectal	1065	11.9	(11.6-12.2)

WA Disparities in Cancer Mortality (2018-2022)

- Breast cancer mortality rates for White (19.6 per 100,000), Black (19.3 per 100,000) and AI/AN (21.6 per 100,000) people are significantly higher than the mortality rates for Asian/Pacific Islander (11.1 per 100,000) or Hispanic (12.8 per 100,000) people.
- Black men have the highest prostate cancer mortality rate (36.5 per 100,000).
- Lung cancer mortality rates for White (31.2 per 100,000), Black (31.8 per 100,000) and AI/AN (38.3 per 100,000) people are significantly higher than the mortality rates for Asian/Pacific Islander (20.8 per 100,000) or Hispanic (14.6 per 100,000) people. Black (16.0 per 100,000) and AI/AN (16.1 per 100,000) people have the highest mortality rates of hematologic malignancies.
- AI/AN (17.8 per 100,000) and Black (14.3 per 100,000) people experience significantly higher mortality rates of colorectal cancer compared to Hispanic (9.1 per 100,000) and Asian/Pacific Islander people (9.1 per 100,000).

For more information, please see [2025 Community Health Assessment](#). If you need any other cancer data for your application, please complete an [OCOE Recruitment & Retention Shared Resource Request Form](#).