

# CONSORTIA TASK INITIATION REQUEST FORM

Epidemiology and Genetics Research Program  
Division of Cancer Control and Population Sciences  
National Cancer Institute

Note: Turn off "automatic forms" mode for easier navigation with screen readers.

**Instructions:** Please e-mail the completed form, and any requested attachments, to the EGRP Contact for your consortium. A list of contact names and e-mail addresses for all consortia is available on the following Web page: <http://epi.grants.cancer.gov/Consortia/>.

Date of Request: \_\_\_\_\_

## EGRP Contact for Consortium

Contact Name: \_\_\_\_\_

Relevant Consortia: \_\_\_\_\_

## INITIATOR of Request

Initiator Name: \_\_\_\_\_

Initiator Address: \_\_\_\_\_

Initiator Telephone: \_\_\_\_\_

Initiator Fax: \_\_\_\_\_

Initiator E-mail: \_\_\_\_\_

## INDICATE REQUESTED SUPPORT

Conference/Meeting:  Teleconference:  Travel:  Web Portal:  Other: \_\_\_\_\_

## SUPPORT SPECIFICS

### Conference/Meeting Support (attach draft agenda with this form)

#### Meeting Information

Meeting Name: \_\_\_\_\_

Meeting Location: \_\_\_\_\_

Potential Meeting Date(s): \_\_\_\_\_

Meeting Purpose: \_\_\_\_\_

#### Meeting Participants

Total participants (estimate):  Fed:  Non-Fed:

#### The following support is requested:

Meeting/sleeping room(s):  Number of meeting room(s):   
Number of sleeping room(s):

Meeting room(s) only:  Number of meeting room(s):

Audio/visual equipment:  Laptop (how many):

Internet access:  LCD projector (how many):

Other, specify: \_\_\_\_\_

Has EGRP provided support for a previous meeting?

List previous meeting date(s): \_\_\_\_\_  
and attach with this form previous meeting minutes, products, and outcomes.

#### Teleconference Support

Number of subcommittees needing support for calls:

Number of calls per month:

Name(s) of EGRP staff to be on calls: \_\_\_\_\_

#### Travel Support (government per diem rates apply)

##### Sponsored Travel

Number of Domestic Travelers:

Number of International Travelers:

##### Lodging and Meals/Incidentals (per diem)

Number of days:

##### Ground Transportation

Amount per person (in U.S. dollars): \_\_\_\_\_

##### Airline Travel

Number of individuals:

##### Speaker Honorarium

Amount per speaker (in U.S. dollars): \_\_\_\_\_

**Web Portal Construction** Attach Web Portal justification. Additional information may be requested from EGRP Contact.

Portal Name: \_\_\_\_\_

## FOR EGRP STAFF ONLY

Have Consortia Guidelines been submitted?

If so, list submission date: \_\_\_\_\_ If not, list expected receipt date: \_\_\_\_\_

List previous EGRP support (e.g. other meetings, travel, teleconferences, Web portal): \_\_\_\_\_

Is Approval Given?  Amount (in U.S. dollars): \_\_\_\_\_

If Approval Conditional, specify: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_