SUE REEVES ADVANCED PRACTICE PROVIDER GRANT

## LETTER OF INTENT COVER SHEET

*This completed and signed form must be received by*

*Tracy.L.Ostler@Hitchcock.ORG and Karen.E.Jones@Hitchcock.org*

*no later than 12:00 pm on the due date.*

*(12:00:01 will be considered late)*

|  |  |
| --- | --- |
| **Principal Investigator’s name & title**:  | **Department**:**Section**: |
| **DH Address**: | **Department Chair**:**Section Chief**: |
| **Approximate budget**:(not to exceed $30,000) | **Does this project currently have funding?**[ ]  **Yes** [ ]  **No****If yes, funding source**: **Is this project being submitted to other funding sources?**[ ]  **Yes** [ ]  **No****If yes, funding source**:  |
| **Co-Investigator’s name(s) & title(s)**:[ ]  Co-Investigator is **not** named in any other Letter of Intent being submitted this cycle  | Proposal Title: |
| **Mentor’s name & title:** |  |
| **ADDITIONAL INFORMATION** (this section must be completed):**The project is research that will use human subjects**. [ ]  **Yes** [ ]  **No***If yes, the project most likely is subject to the federal regulatory requirements under the Common Rule. If you have answered yes, please indicate whether the project will be exempt from review, will qualify for expedited review or will require full review by the IRB. If you are unsure, please contact the D-H IRB for assistance*.**The project will use or disclose Protected Health Information.** [ ]  **Yes** [ ]  **No***If yes, explain how the project will meet the HIPAA requirements under D-H’s policy and protocol on keeping PHI confidential.* |
| **PRINCIPAL INVESTIGATOR’S SIGNATURE***I understand that the Review Committee will review this Letter of Intent and, if approved, I will be invited to submit a full proposal.**Submission of this Letter of Intent does not obligate me to submit a full application. However, if I become aware of any reason for which I will be unable to submit a full application or carry through on the proposed project, I will inform The Hitchcock Foundation immediately.* Signed: Date: |

**Letter of Intent**

Summary Statement:

Scientific Summary:

Closing:

Attachments:

References (if applicable)

Biosketches in the NIH format (not to exceed five pages each)