The Hitchcock Foundation

One Medical Center Drive

Lebanon, NH 03756

PILOT RESEARCH GRANT LETTER OF INTENT COVER PAGE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title of Research Project:** | | | | | | | | |
| **The project will use human subjects**  **Yes**  **No**  *If yes, please contact the D-H IRB for additional information and/or assistance*: [*Dartmouth Health Human Research Protection Program (HRPP) & Institutional Review Board (IRB) (hitchcock.org)*](https://one.hitchcock.org/intranet/education-research/hrpp-irb) | | | | | | | | |
| **The project will use or disclose Protected Health Information**  **Yes**  **No**  *If yes, please review the Research Data Handbook and contact the Dartmouth Health SYNERGY Informatics group for additional information and/or assistance:* [*Dartmouth SYNERGY – Clinical and Translational Science Institute*](https://synergy.dartmouth.edu/) | | | | | | | | |
| **The project will use live animals**  **Yes**  **No**  *If yes, the project is subject to Federal Guidelines for Animal Research. Please contact the IACUC for additional information and/or assistance.* [*Institutional Animal Care and Use Committee (dartmouth.edu)*](https://www.dartmouth.edu/iacuc/) | | | | | | | | |
|  | | | | | | | | |
| **Amount Requested:** | $ | | | | *Not to exceed $50,000.* | | | |
| Does this project currently have funding? Yes  No | | | Source: | |  | | | |
| Is the project being submitted to other funding sources?  Yes  No | | | Source: | |  | | | |
|  | | | | | | | | |
| **Principal Investigator (PI):** |  | | | | | **Title:** | |  |
| **PI Email:** |  | | | | | **Phone:** | |  |
| **PI Meets Eligibility Requirements:** | Yes  No | **Employed by:** | | | | D-H  Dartmouth College | | |
|  | | | | | | | | |
| **PI Department:** |  | | | **Dept Chair:** | | |  | |
| **PI Section:** |  | | | **Sect Chief:** | | |  | |
|  | | | | | | | | |
| **Sub-Investigator Name & Title:** |  | | | | | | | |
|  |  | | | | | | | |
| **Sub-Investigator Name & Title:** |  | | | | | | | |
| Sub-Investigator(s) is **not** named in another Letter of Intent being submitted this cycle | | | | | | | | |

**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.

Applicant (PI) Signature Date

**Letter of Intent**

**Summary Statement**:

**Scientific Summary**:

**Closing**:

**Attachments**:

References

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