



LOMA LINDA UNIVERSITY

LLeRA# \_\_\_\_\_  
Office of Research Affairs  
11219 Anderson Street, Loma  
Linda, CA, 92354  
Ext. 88544, FAX 558-0244

## Internal Grant Letter of Intent

Pre-Proposal Process - Complete this form and follow the Pre-Proposal instructions on the NOFO. Email to [rapreaward@llu.edu](mailto:rapreaward@llu.edu)

### I. PROPOSAL INFORMATION

Proposal/Project Title			
Funding Mechanism	Proposed Project Start Date	Revision of Application	If yes, previous LLeRA #

Principal Investigator	Degree	Academic Title	Department
Email	School	If previous awardee, select mechanism, list LLeRA number(s) and provide eligibility on a separate page.	
		LLeRA(s)	

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		LLeRA(s)	
SDA Institution (if GRASP-Intl application)			

### II. PARTNERSHIPS AND QUALITY CONTROL (Check those statements which apply.)

Yes	No
1. The project involves human subjects. If yes, date of IRB approval: _____ IRB #: _____	
2. The project involves vertebrate animals. If yes, date of IACUC approval: _____ IACUC#: _____	
3. The project involves ionizing radiation. If yes, date of RSC approval: _____	
4. The project involves potentially biohazardous material or recombinant DNA, such as plasmids, viral vectors, or genetically modified organisms or microorganisms. If yes, date of Institutional Biosafety Committee approval: _____	

### III. INSTITUTIONAL RESEARCH THEMES (Check all themes that relate to this proposal.)

- |                                |  |
|--------------------------------|--|
| Lifestyle/Vitality/Longevity   | Stroke/Brain Trauma/Neurological Disease     |
| Maternal/Fetal/Neonatal Health | Health Disparities among Diverse Populations |
| Regenerative Medicine          | International Health                         |
| Infectious Disease             | Other, please specify:                       |
| Cancer                         |  |

Each signer below certifies that:

1. He/She has reviewed the eligibility requirements and certifies that he/she meets all of them.
2. He/She has reviewed this proposal and approves of this activity and acknowledges his/her responsibility for implementing the University policies and guidelines which apply to the proposal referenced above.
3. He/She certifies that the information submitted within the application is true, complete and accurate to the best of his/her knowledge.
4. He/she agrees to accept responsibility for the scientific conduct of the project and to provide the required reports if awarded.
5. **For GCAT Fill in page 2 (Read eligibility requirements carefully).**

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Principal Investigator Signature



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Indicate if GCAT -