



LOMA LINDA UNIVERSITY

LLeRA# []
Office of Research Affairs
24887 Taylor Street, Suite 201
Ext. 88544, FAX 558-0244

Letter of Intent for
Internal Funding Mechanisms
including GRASP mechanisms, GCAT, and FIT

Letter of Intent Process: Step 1 - Complete form, print and obtain signatures from both PIs. Submit signed form to Pre-award Services via email (researchaffairs@llu.edu) or fax (x80244) by the LOI deadline stated in the funding announcement.

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) []

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) []
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.

Principal Investigator Signature []

Principal Investigator Signature []