



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 <input type="text" value="Choose from list"/>	Proposed Project Start Date <input type="text"/>	Revision of Application <input type="text" value="No"/>	If yes, previous LLeRA # <input type="text"/>
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Principal Investigator <input type="text"/>	Degree <input type="text"/>	Academic Title <input type="text"/>	Department <input type="text"/>
Email <input type="text" value="@llu.edu"/>	School <input type="text" value="LLU"/>	If previous awardee, select mechanism, list LLeRA number(s) and provide eligibility on a separate page. <input type="text" value="GRASP"/> LLeRA(s) <input type="text"/>	

Principal Investigator <input type="text"/>	Degree <input type="text"/>	Academic Title <input type="text"/>	Department <input type="text"/>
Email <input type="text" value="@llu.edu"/>	School <input type="text" value="LLU"/>	If previous awardee, select mechanism, list LLeRA number(s) and provide eligibility on a separate page. <input type="text" value="GRASP"/> LLeRA(s) <input type="text"/>	

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

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.)

- | | |
|---|---|
| <input type="checkbox"/> Lifestyle/Vitality/Longevity | <input type="checkbox"/> Stroke/Brain Trauma/Neurological Disease |
| <input type="checkbox"/> Maternal/Fetal/Neonatal Health | <input type="checkbox"/> Health Disparities among Diverse Populations |
| <input type="checkbox"/> Regenerative Medicine | <input type="checkbox"/> International Health |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> 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