



2017 LETTER OF INTENT FORM FOR CCF RESEARCH GRANT

RESEARCH INFORMATION

Title of Research Project: _____

Type of Research: Basic Clinical Population/Epidemiologic Translational
 Research Involvement: Human Subjects Animal Subjects Biohazards

APPLICANT INFORMATION

Principal Investigator Name (First, MI, Last) _____

Title _____ Degree(s) _____

Institution _____ Division/Department _____

Mailing Address _____

Phone _____ Fax _____ E-mail _____

RESEARCH PROJECT BUDGET

Total research project budget: \$ _____

CCF funding requested (\$50,000 maximum): \$ _____

Budget Components: _____

APPLICANT'S STATEMENT

I certify that the information contained in this letter of intent submission is accurate and not misleading. I have read CCF's letter of intent instructions and grant guidelines and understand CCF's research grant application process.

Applicant's Signature: _____

Date: _____