

**Oregon Tax Checkoff for Alzheimer's Research Fund
Through Oregon Partnership for Alzheimer's Research (OPAR)
Administered by the OHSU Layton Aging & Alzheimer's Disease Center
Letter of Intent (for research support)**

Letter of Intent instructions

- Submission Deadline is 5 p.m. PST Friday February 8, 2019 for funding beginning on or about September 1, 2019. Complete this form as your letter of intent. **Deliver in one complete PDF by email** to Allison Lindauer, PhD, NP at lindauer@ohsu.edu. If you do not receive an acknowledgement by 5 p.m. PST Monday February 11, 2019 please email Allison Lindauer, PhD, NP. Applicants will be notified through email by Allison Lindauer, PhD, NP by 5 p.m. PST Friday March 1, 2019 if a full proposal will be requested. Dr. Lindauer will notify applicants either way.
- Use .5" margins and Arial size 11 font. Small figures and tables are allowed.
- Page one is the face page; two and three are the research proposal pages (expand sections as needed); and page four is for references. Please do not exceed four pages total for your Letter of Intent.
- In addition to the four-page Letter of Intent, please send your biosketch using NIH format. Link to NIH biosketch instruction: <http://grants.nih.gov/grants/forms/biosketch.htm>

Letter of Intent (for research support)

1. PROJECT TITLE: (Limit: 120 characters)

2. PRINCIPAL INVESTIGATOR(S)

A – B: Principal Investigator (if applicable add co-principal investigator's name to A)

C – F: Institution and department, service, laboratory or equivalent division PI is presently associated

G – K: Faculty/project mentor (if applicable)

A. Name(s):

B. Title(s):

C. Institution/department:

D. Mailing Address:

E. Telephone: () Ext.:

F. Email:

G. Name of project mentor:

H. Title(s):

I. Institution/department:

J. Telephone: () Ext.:

K. Email:

3. TOTAL AMOUNT REQUESTED (MAXIMUM ALLOWABLE IS \$20,000): \$ _____

No indirect costs allowed.

Summary of the research question and specific aims:

[Click here to enter text.](#)

Rationale for Proposed Research:

How is the proposed study innovative and supportive of the goals of the Oregon Tax Checkoff Fund for Alzheimer’s Research?

[Click here to enter text.](#)

Why should this project be done?

[Click here to enter text.](#)

Description of Methods:

Briefly describe the study design and data collection procedures.

[Click here to enter text.](#)

How an OPAR grant will help your future research:

Please describe how your proposed project will help you obtain future funding from NIH or other major funding sources for dementia-related research (including, if appropriate, foundations or other state or federal sources of funding).

[Click here to enter text.](#)