

ATTACHMENT 4

Letter of Intent

New York State Department of Health, NYSTEM and the ESSCB Investigator Initiated Research Projects and Innovative, Developmental or Exploratory Activities (IDEA) Awards for Stem Cell Research

A Letter of Intent is required of prospective applicants in order to develop appropriate Review Panels in a timely manner. This form is mandatory and must be completed and filed as instructed in Section IV.C. of this RFA.

Check the appropriate box:

Investigator Initiated Research Project IDEA

I. Investigator Information (please print or type)

Principal Investigator:					
Sponsoring Institution:					
Address:					
City:		State:		ZIP Code:	
E-Mail:					

II. Collaborator Information (please print or type)

Primary Contact:					
Collaborating Institution:					
Address:					
City:		State:		ZIP Code:	
E-Mail:					

Primary Contact:					
Collaborating Institution:					
Address:					
City:		State:		ZIP Code:	
E-Mail:					

Collaborator Information (cont.)

Primary Contact:				
Collaborating Institution:				
Address:				
City:		State:		ZIP Code:
E-Mail:				

Primary Contact:				
Collaborating Institution:				
Address:				
City:		State:		ZIP Code:
E-Mail:				

Primary Contact:				
Collaborating Institution:				
Address:				
City:		State:		ZIP Code:
E-Mail:				

This institution intends to file _____ application(s) from the PI listed on this form.*

*** the institution must file separate Letters of Intent for each PI that intends file applications in response to this RFA.**

SIGNATURES OF PRINCIPAL INVESTIGATOR ("Per" not allowed):	
X	DATE:
ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge.	
SIGNATURE OF THE OFFICAL SIGNING FOR THE APPLICANT ORGANIZATION ("Per" not allowed) :	
X	DATE: