Department of Veterans Affairs

(For Headquarters Use Only)

VHA RESEARCH & DEVELOPMENT LETTER OF INTENT COVER PAGE

1. RESEARCH & DEVELOPMENT SERVICE

- ☐ BIOMEDICAL LABORATORY R&D SERVICE
- ☐ CLINICAL SCIENCE R&D SERVICE
- ☐ HEALTH SERVICES R&D SERVICE
- ☐ REHABILITATION R&D SERVICE
- ☐ COOPERATIVE STUDIES PROGRAM

2. IS THIS LOI

NEW ☐ OR ***REVISED*** ☐

IF REVISED, INDICATE PREVIOUS LOI NUMBER

3. PROGRAM AND LEVEL

- ☐ MERIT REVIEW
- ☐ RESPONSE TO SPECIFIC ANNOUNCEMENT

Title and number (if applicable)

- ☐ CAREER DEVELOPMENT
  - ☐ Research Career Development
  - ☐ Advanced Research Career Development
  - ☐ Career Development Enhancement
- ☐ OTHER (Specify)

4. PROJECT TITLE *(Be succinct and descriptive. May not exceed 72 characters, including spaces. Use bold type.)*

5. PRINICIPAL INVESTIGATOR

LAST NAME, FIRST NAME	SSN (Numbers only – no hyphens)

DEGREE(S)

MAIL CODE	VA TITLE, GRADE	% VA ('8ths')

ACADEMIC AFFILIATION	ACADEMIC RANK

FULL ADDRESS FOR EXPRESS OR COURIER DELIVERY

TELEPHONE	FAX	E-MAIL

RESEARCH SITE *(Specify VA or Other)*

6. ASSOCIATE CHIEF OF STAFF *(or Coordinator for R&D)*

NAME	TITLE

MEDICAL CENTER

TELEPHONE	FAX	E-MAIL

(This area intentionally left blank)	SIGNATURE	DATE

7. MEDICAL CENTER DIRECTOR

NAME	SIGNATURE	DATE