



**2009 ONS Foundation Translation to Practice Grant
LETTER OF INTENT FORM**

Please review application for specific requirements.

Note: Applications without a prior letter of intent form will be returned and not considered for funding.

Principal Investigator: (Name, credentials, institutional affiliation and previous funding experience and amount of funding)

Name & Credentials:

Institution:

Previous Research Funding Experience, including amount:

Email Address:

Title of the project:

Brief statement describing the proposed study, including the following areas:

(Please limit the description to 30 lines)

Purpose/Background:

Aims:

Methods (Design/Sample/Setting/Procedure):

Research Team: (names, credentials, institutional affiliations, role on the team, previous research funding experience and amount of funding)

***Note:** At least one team member must have received research funding greater than \$25,000.

An Advanced Practice Nurse (APN) is strongly recommended to serve on the research team. member.

List of potential research sites, if applicable: