The Hitchcock Foundation

One Medical Center Drive

Lebanon, NH 03756

SUSAN A. REEVES ADVANCED PRACTICE PROVIDER GRANT

LETTER OF INTENT COVER PAGE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title of Project:** | | | | | | |
| **The project is:** | Quality Improvement | | Research | | | |
| **The project will use human subjects**  **Yes**  **No**  *If yes, please contact the D-H IRB for additional information and/or assistance*: [*Dartmouth Health Human Research Protection Program (HRPP) & Institutional Review Board (IRB) (hitchcock.org)*](https://one.hitchcock.org/intranet/education-research/hrpp-irb) | | | | | | |
| **The project will use or disclose Protected Health Information**  **Yes**  **No**  *If yes, please review the Research Data Handbook and contact the Dartmouth Health SYNERGY Informatics group for additional information and/or assistance:* [*Dartmouth SYNERGY – Clinical and Translational Science Institute*](https://synergy.dartmouth.edu/) | | | | | | |
|  | |  | | | | |
| **Budget Amount Requested:** | | $ | | | *Not to exceed $30,000.* | |
|  | |  | | | | |
| **Principal Investigator (PI)/Applicant:** | |  | | | | |
| **PI Degree & Position Title:** | |  | | | | |
| **PI Meets Eligibility Requirements:** | | **Yes**  **No** | | | | |
| **PI % Effort:** | |  | | | *Not to exceed 10%* | |
|  | |  | | | | |
| **Department:** | |  | | **Dept Chair:** | |  |
| **Section:** | |  | | **Sect Chief:** | |  |
|  | |  | | | | |
| **Mentor Name. Degree & Title:** | |  | | | | |
|  | |  | | | | |
| **Sub-Investigator Name, Degree & Title:** | |  | | | | |
|  | |  | | | | |
| **Sub-Investigator Name, Degree & Title:** | |  | | | | |
| Sub-Investigator(s) is **not** named in another Letter of Intent being submitted this cycle | | | | | | |

**PRINCIPAL INVESTIGATOR’S SIGNATURE**

I understand that the Review Committee will review this Letter of Intent and, if approved, I will be invited to submit a full proposal.

Submission of this Letter of Intent does not obligate me to submit a full application. However, if I become aware of any reason for which I will be unable to submit a full application or carry through on the proposed project, I will inform The Hitchcock Foundation immediately.

Applicant (PI) Signature Date