|  |  |
| --- | --- |
| Azrieli Science Grants Program  The Neuroimmune System and Brain Development | Letter of Intent  Due date:  May 14, 2021; 6:00pm EST |
|  |  |

**INFORMATION and INSTRUCTIONS**

* This form is provided for the purpose of gathering necessary information *​*required for the Letter of Intent (LOI); do not submit this form
* The LOI information that you prepare and submit must be entered on the online application portal
* Further details for access and registration/submission using the portalwill be posted on the Azrieli Foundation [website](https://azrielifoundation.org/our-priorities/science-research-healthcare/azrieli-science-grants-program/the-neuroimmune-system-and-brain-development/)
* Budget information is not required for the Letter of Intent

**DEFINITIONS**

* **Nominated Principal Investigator**: an independent researcher (with mandate to direct own research and manage own funding) at an accredited Canadian university or research institute with Canadian Registered Charity status; if the application is a Team submission, is authorized to provide consent for this LOI on behalf of the team, and is responsible for managing the collaboration. The Nominated Principal Investigator’s host institution will direct funds to the Co-Principal Investigator(s).
* **Co-Principal Investigator**: an independent researcher (with mandate to direct own research and manage own funding) at an accredited Canadian university or research institute with Canadian Registered Charity status.
* **Collaborator**: any researcher or individual who contributes to the proposed project, from any jurisdiction, but who will not receive funding
* **Early-career Researcher:** an independent researcher, who is within **5 years** of their first independent research/academic position, taking into account time used for official leaves of absence (medical, parental, for example)
* **Neurodevelopmental Disorder:** A condition affecting the nervous system that manifests in the prenatal and/or early postnatal developmental period(s). This includes developmental brain dysfunction, which is evident as neuropsychiatric problems, learning, language or non-verbal communication impairments and/or impaired motor function.

|  |
| --- |
| PROJECT INFORMATION |

|  |
| --- |
| Project Title |
| Click here to enter text. |

|  |
| --- |
| Statement of Purpose  *(Describe in 30 words or less what the project is expected to achieve)* |
| Click here to enter text. |

|  |
| --- |
| Keywords  *(Provide up to 10 keywords for your project)* |
| Click here to enter text. |

|  |
| --- |
| Project Summary (up to 500 words*)*  (*Include scientific objectives, methods, experimental model system, scientific significance and relevance to neurodevelopmental disorders*) |
| Click here to enter text. |

|  |
| --- |
| APPLICANT INFORMATION |

|  |  |
| --- | --- |
| Nominated Principal Investigator | |
| Full Name: | Click here to enter text. |
| Contact Information | |
| Institution Name: | Click here to enter text. |
| Institution Address: | Click here to enter text. |
| City: | Click here to enter text. |
| Postal Code: | Click here to enter text. |
| PI Email Address: | Click here to enter text. |
| PI Office Telephone: | Click here to enter text. |

|  |
| --- |
| CO-PRINCIPAL INVESTIGATOR(S) |

|  |  |  |  |
| --- | --- | --- | --- |
| Co-PIs  *(add rows if needed)* | | | |
| Full Name | Institution  Name | Institution  Address | PI Email Address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| COLLABORATOR(S) |

|  |  |  |  |
| --- | --- | --- | --- |
| Collaborators  *(add rows if needed)* | | | |
| Full Name | Institution  Name | Institution  Address | Email Address |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |
| --- |
| POTENTIAL REVIEWERS |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List of Potential Reviewers (include suggestions from outside Canada)  *(add rows if needed)* | | | |  |
| Full Name | Institution  Name | Reviewer Email Address | Area of Expertise | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |

|  |  |
| --- | --- |
| List of researchers who should not be reviewers due to conflict of interest  *(add rows if needed)* | |
| Full Name | Institution |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

|  |
| --- |
| CONSENT |

I, the undersigned, Nominated Principal Applicant, declare and certify that all the information contained in this Letter of Intent form is correct and complete.

The **Co-Principal Investigator(s)** and/or **Collaborator(s)** identified in this Letter of Intent have confirmed to me their agreement to participate in the Research Project described in this Letter of Intent and I have obtained their authorization to provide the personal and confidential information concerning them that are found in this Letter of Intent.

**or**

I am applying as an individual

I authorize The Azrieli Foundation (“Azrieli”) personnel to keep and use all the personal and scientific information contained in this Letter of Intent. Personal information shall be managed in accordance with the terms described in the document entitled The Azrieli Foundation Canada Privacy Statement. Azrieli personnel have signed confidentiality agreements.

☐ I authorize Azrieli advisors to keep and use personal and scientific information contained in this Letter of Intent. Azrieli advisors have signed confidentiality agreements.

I authorize Azrieli to make available the information contained in this Letter of Intent to Azrieli personnel and advisors who are responsible for managing the application process to:

* Communicate with applicants
* Process applications for review of eligibility
* Identify appropriate peer review committee members
* Compile statistics