

Letter of Intent: 2023 PCF Challenge Awards

Submission Instructions: Append a PDF of your NIH biosketch to the back of this completed form by combining PDFs. Rename your combined file as follows: **Your last name first name 2023 Challenge LOI** and email it to LettersOfIntent@pcf.org under the following subject line: **(Your Full Name): 2023 Challenge LOI**. You will receive a confirmation email from LettersOfIntent@pcf.org within 24 hours (Mon-Fri). *Please do not append additional supporting materials to this form or alter the form in any way.*

(PI) First Name:		Last Name:		Degree(s):	
Institution:					
Institution City:		State:		Country:	
Email Address:					
Work Phone:		Cell Phone:			
Professional Title:					
Proposal Title:					
Statement of Originality:					

Abstract: (Length limited to 3700 characters, ~500 words / Arial 9 pt. font)

Team Member Details: See RFA for team member requirements. There is no minimum number of team members required.

First Name:		Last Name:		Degree(s):	
Institution Name:					
Email Address:				Role:	

First Name:		Last Name:		Degree(s):	
Institution Name:					
Email Address:				Role:	

First Name:		Last Name:		Degree(s):	
Institution Name:					
Email Address:				Role:	

First Name:		Last Name:		Degree(s):	
Institution Name:					
Email Address:				Role:	

First Name:		Last Name:		Degree(s):	
Institution Name:					
Email Address:				Role:	

First Name:		Last Name:		Degree(s):	
Institution Name:					
Email Address:				Role:	

First Name:		Last Name:		Degree(s):	
Institution Name:					
Email Address:				Role:	

First Name:		Last Name:		Degree(s):	
Institution Name:					
Email Address:				Role:	

First Name:		Last Name:		Degree(s):	
Institution Name:					
Email Address:				Role:	

First Name:		Last Name:		Degree(s):	
Institution Name:					
Email Address:				Role:	

First Name:		Last Name:		Degree(s):	
Institution Name:					
Email Address:				Role:	

First Name:		Last Name:		Degree(s):	
Institution Name:					
Email Address:				Role:	

First Name:		Last Name:		Degree(s):	
Institution Name:					
Email Address:				Role:	

A large, empty rectangular box with a thin black border, occupying the majority of the page. This box is intended for the user to enter their research proposal text, which is limited to the field size and Arial 9 pt. font as specified in the header.

Organization Details:

What is the capability of the organizational resources available to perform the effort proposed. Identify the facilities to be used [laboratory, animal, clinical and "other"]. If appropriate, indicate their capacities, pertinent capabilities, relative proximity and extent of availability to the project.

VA Information (If applicable): Please provide the following: 1) Name and city of the VA Medical Center with which you are collaborating, 2) your relationship to the VA Medical Center (ex. WOC or 3/8 appointment), and 3) a brief description of the VA components of your project.

NIH Biosketch:

Append a PDF of your NIH Biosketch (PI only) to the back of this form by combining both PDFs. Rename your combined PDF per the instructions on page 1 of this form. Download RFA at <https://pcf.org/open-rfas/> for additional details.