**Oregon Tax Checkoff for Alzheimer’s Research Fund**

**through Oregon Partnership for Alzheimer’s Research (OPAR)**

**Administered by the OHSU Layton Aging & Alzheimer's Disease Center**

**Letter of Intent (for research support)**

**Letter of Intent instructions**

* **Submission Deadline is 5 p.m. Fri Nov 15, 2024, for funding beginning August 2025**. Complete this form as your letter of intent. **Deliver in one complete PDF by email** to Natasha Spoden [spoden@ohsu.edu](mailto:spoden@ohsu.edu) **Please use this for the subject line of your email: OPAR LOI (last name).** If you do not **receive an acknowledgement by 5 p.m. Mon Nov 18, 2024** please email Natasha Spoden [spoden@ohsu.edu](mailto:spoden@ohsu.edu)
* **Applicants will be notified by email from OPAR Co-chair Allison Lindauer, PhD, NP by 5 p.m. Fri Dec 20, 2024 if a full proposal is requested. Dr. Lindauer will notify applicants either way.**
* Use .5” margins and Arial size 11 font. Single-space. Small figures and tables are allowed.
* Page one is the face page; two and three are the research proposal pages; and page four is for references. **Please do not exceed four pages total for your Letter of Intent**.
* **In addition** to the four-page Letter of Intent, please send your biosketch using NIH format. **This can be part of one PDF (“the fifth page”) or separately as a PDF**. Link to NIH biosketch instruction: <http://grants.nih.gov/grants/forms/biosketch.htm>

**Letter of Intent (for research support)**

1. Project Title:(Limit: 120 characters)
2. **Principal Investigator(s)**A – B: Principal Investigator (if applicable add co-principal investigator’s name to A)  
   C – F: Institution and department, service, laboratory or equivalent division PI is presently associated  
   G – K: Faculty/project mentor (if applicable)

A. Name(s):

B. Title(s):

C. Institution/department:

D. Mailing Address:

E. Telephone: (     )

F. Email:

G. Name of project mentor:

H. Title(s):

I. Institution/department:

J. Telephone: (      )

K. Email:

1. **Total Amount Requested (maximum allowable is $35,000): $**     No indirect costs allowed.

**The following items (1-4) not to exceed two pages (not including references). References not to exceed one-page.**

1. **Summary of the research question and specific aims:**

Click here to enter text.

1. **Rationale for Proposed Research:**

How is the proposed study innovative and supportive of the goals of the Oregon Tax Checkoff Fund for Alzheimer’s Research?

Click here to enter text.

1. **Description of Methods:**

Briefly describe the study design and data collection procedures.

Click here to enter text.

1. **How an OPAR grant will help your future research:**

Please describe how your proposed project will help you obtain future funding from NIH or other major funding sources for dementia-related research (including, if appropriate, foundations or other state or federal sources of funding).

Click here to enter text.