Children's Cardiomyopathy Foundation™

2018 LETTER OF INTENT FORM FOR CCF RESEARCH GRANT

RESEARCH INFORMATION

Title of Research Project:_____

Type of Research: ❑ Basic ❑ Clinical ❑ Population/Epidemiologic ❑ Translational
Research Involvement: ❑ Human Subjects ❑ Animal Subjects ❑ Biohazards

APPLICANT INFORMATION

Principal Investigator Name (First, MI, Last)

Title Degree(s)

Institution Division/Department

Mailing Address

Phone Fax E-mail

RESEARCH PROJECT BUDGET

Total research project budget: $ _____

CCF funding requested ($50,000 maximum): $ _____

Budget Components: _____

_____

_____

APPLICANT'S STATEMENT

I certify that the information contained in this letter of intent submission is accurate and not misleading. I have read CCF's letter of intent instructions and grant guidelines and understand CCF's research grant application process.

Applicant's Signature: _____

Date: _____