



VHA RESEARCH & DEVELOPMENT LETTER OF INTENT COVER PAGE

1. RESEARCH & DEVELOPMENT SERVICE/PROGRAM <input type="checkbox"/> BIOMEDICAL LABORATORY R&D SERVICE (BLR&D) <input type="checkbox"/> CLINICAL SCIENCE R&D SERVICE (CSR&D) <input type="checkbox"/> COOPERATIVE STUDIES PROGRAM (CSP) <input type="checkbox"/> HEALTH SERVICES R&D SERVICE (HSR&D) <input type="checkbox"/> REHABILITATION R&D SERVICE (RR&D)		3. PROGRAM AND LEVEL MERIT REVIEW <input type="checkbox"/> Standard Merit Review <input type="checkbox"/> Research Career Scientist <input type="checkbox"/> Pilot/SPIRE <input type="checkbox"/> Senior Research Career Scientist CAREER DEVELOPMENT PROGRAMS <input type="checkbox"/> OTHER <input type="checkbox"/> Career Development Award 1 (CDA-1) <input type="checkbox"/> Career Development Award 2 (CDA-2) <input type="checkbox"/> Career Development Enhancement Award (CDEA)		
2. IS THIS LOI <input type="checkbox"/> NEW <input type="checkbox"/> REVISION (changed from previous LOI) <input type="checkbox"/> RESUBMISSION (no changes from previous LOI)		<input type="checkbox"/> RESPONSE TO SPECIFIC ANNOUNCEMENT (provide RFA title and number)		
INDICATE PREVIOUS eRA APPLICATION NUMBER, IF APPLICABLE				
4. PROJECT TITLE (Be succinct and descriptive. May not exceed 200 characters, including spaces.)				
5. PRINCIPAL INVESTIGATOR				
LAST NAME, FIRST NAME			DEGREE(S)	
MAIL CODE	VA TITLE	GRADE	Current % VA /8ths	Expected % VA /8ths
APPLYING AS A <input type="checkbox"/> CLINICIAN <input type="checkbox"/> NONCLINICIAN		U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		
ACADEMIC AFFILIATION			ACADEMIC RANK	
FULL ADDRESS FOR EXPRESS OR COURIER DELIVERY				
TELEPHONE	FAX	E-MAIL		
6. ASSOCIATE CHIEF OF STAFF (or Coordinator for R&D)				
NAME			TITLE	
MEDICAL CENTER				
TELEPHONE	FAX	E-MAIL		
SIGNATURE				DATE