



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"/> Research Career Scientist <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	