

LETTER OF INTENT **Proof of Principle: 2024**

DEADLINE: June 4, 2024, 2:00pm ET

Applicants will be notified of Proposal invitations in July 2024.

This Letter of Intent is an example only. Do not complete this paper application.

Please submit the Letter of Intent online through the Foundation's grant management system.

Please visit our website for more details at our program webpage.

А р	ncipal plicant: oject Title:						
Applicant Details							
	Team Members	Organizations	Primary Contact Information	Role in Project	Estimated Time Spent on Project		
1.	Salutation:	Primary Organization:	Address:	□ Principal Applicant	%		
	First Name:	Position Title:	Phone:	☐ Co-Applicant			
	Last Name:	Other Affiliations/ Position Titles:	Email:	□ Collaborator			
2.	Salutation:	Primary Organization:	Address:	□ Principal Applicant	%		
	First Name:	Position Title:	Phone:	☐ Co-Applicant			
	Last Name:	Other Affiliations/ Position Titles:	Email:	□ Collaborator			

Note: Projects are not limited to two team members as laid out on this sample application form; projects may include as many team members as needed for the successful execution of the work.



Application Overview

1. Which therapeutic area best aligns with the project? (drop down list)	 Cardiology Dentistry Dermatology Gastroenterology Hematology Hepatology Immunology/Autoimmunity/Allergy Infectious Diseases/Vaccines Medical Devices/Diagnostics Mental Health Metabolism/Endocrinology Nephrology Neurology Nutrition Oncology Orthopedics Pediatrics Psychiatry Rare/Orphan Diseases Respirology Rheumatology Transplantation Urology Women's Health Other Please specify: 	
2. Does your project involve engagement with patients sampling from patients (e.g. clinical trial, observational etc.)?		
3. Have you applied to the Weston Brain Institute or the Family Microbiome Initiative previously with similar prowork? If so, specify the previous LOI title and program to. Please briefly explain how this LOI is different than previously submitted work. (This information will not be used to assess the application of the previous Leading to	roposed □ No m applied n the cation.) LOI title and program applied to. Please brief	fly



4. Have you applied to other funding agencies with the same proposed work? (This information will not be used to assess the application.)	☐ Yes <i>Please specify:</i> ☐ No					
(If "Yes" to this question) Please specify the funding agencies.						
5. Is this your first time applying for a grant from the Weston	□ Yes					
Family Foundation?	□ No					
(This information will not be used to assess the application.)						
6. The review panel for this program is predominantly comprised of international reviewers based						
outside of Canada. Please list the full names (first and last names) of any individuals located outside of Canada who are competitive with your research and therefore should not review your application.						
Please do not exclude individuals for other reasons as we are unable to honour those requests.						
Type "None" if you have no reviewer exclusion.						
(This information will not be used to accept the smallestics)						
(This information will not be used to assess the application.)						



Project Information

- **1. Central hypothesis, goals and specific aims:** Please explicitly state hypothesis(es) and outline the specific aims of the proposed project. Aims should complement each other and address the stated goals and hypothesis(es). *(maximum 200 words)*
- **2. Background and significance:** Why is it important that the proposed work be carried out? Evaluate existing knowledge and identify gaps that this project is intended to fill. Be sure to characterize the scale of the problem, need for solution, and describe the proposed intervention, biomarker(s), and responder/non-responder groups, if applicable. *(maximum 250 words)*
- **3. Experimental overview:** Outline how the proposed work will be conducted. Please include the experimental methods to address the specific objectives and any contingencies, as well as a power calculation as necessary. Please do not include background information (e.g., pathology, etiology, or incidence/prevalence) of diseases. *(maximum 600 words)*
- **4. Short-term goals:** How will a successful outcome lead to short-term (3 5 years after project start date) impacts on the health of Canadians? (e.g. follow-up clinical trials, next experimental steps)? Provide a high-level overview of the future work, timeline, and capital required to realize application. (maximum 150 words)
- **5. Long-term goals:** How will a successful outcome lead to <u>long-term (5+ years after project start date)</u> impacts to the health of Canadians? (e.g. novel health applications, new treatment options, or changes to policy)? Provide a high-level overview of the future work, timeline, and capital required to realize application. (*maximum 150 words*)

List of publications cited in the application: Please include <u>full citations</u> with a complete author list and PMID. *(maximum 25 references)*

Citation Format Example

Sala-Torra O, Gundacker HM, Stirewalt DL, Ladne PA, Pogosova-Agadjanyan EL, Slovak ML, Willman CL, Heimfeld S, Boldt DH, Radich JP. Connective tissue growth factor (CTGF) expression and outcome in adult patients with acute lymphoblastic leukemia. Blood. 2007 April 1; 109(7): 3080-3083. PMID: 17170128



Preliminary data: A maximum of 1 page of preliminary data that best supports the application is optional, and must be uploaded as a PDF file, e.g., figures or tables.

