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NOTICE-OF-INTENT TO APPLY FOR *P. AERUGINOSA* TEAM GRANT

The deadline for receipt is **Thursday, June 30, 2011**. This notice of intent must be emailed to Aida Fernandes (afernandes@cysticfibrosis.ca), Director, Medical/Scientific & Community Programs. **Incomplete and/or late notices of intent will be returned to the applicant.**

A. GENERAL INFORMATION

TEAM LEADER (PRINCIPAL INVESTIGATOR)			
Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof.		Given Name	Middle Name
Surname			
Position			
_____ (Signature)			_____ (Date)
MAILING ADDRESS OF PRINCIPAL INVESTIGATOR			
Institution		Department or Faculty	
Street Address			Suite or Floor (if applicable)
City	Province	Postal Code	Email Address
Office Telephone Ext.	Lab Telephone Ext.		Fax Number
TITLE OF GRANT APPLICATION			
HOST RESEARCH INSTITUTION			

PRINCIPAL INVESTIGATOR (Surname, Given name)

B. PROPOSED TEAM MEMBERS (CO-INVESTIGATORS AND COLLABORATORS)

CO-INVESTIGATOR & COLLABORATOR INFORMATION			
Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof.	Given Name	Middle Name	Surname
Institution		Department or Faculty	
Street Address		Suite or Floor	
City		Province	Postal Code
Check status: <input type="checkbox"/> Co-Investigator <input type="checkbox"/> Collaborator			

Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof.	Given Name	Middle Name	Surname
Institution		Department or Faculty	
Street Address		Suite or Floor (if applicable)	
City		Province	Postal Code
Check status: <input type="checkbox"/> Co-Investigator <input type="checkbox"/> Collaborator			

Title <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof.	Given Name	Middle Name	Surname
Institution		Department or Faculty	
Street Address		Suite or Floor (if applicable)	
City		Province	Postal Code
Check status: <input type="checkbox"/> Co-Investigator <input type="checkbox"/> Collaborator			

Please append additional copies of Page 2 if there are more than three Co-Investigators and/or Collaborators.

PRINCIPAL INVESTIGATOR (Surname, Given name)

C. BRIEF SUMMARY OF PROPOSAL

Keywords (to a maximum of 10):

Provide a 500-word summary of the proposal that explains the specific aims and experimental approaches. This summary will be used to assist with reviewer assignments and can be modified in the final application.

PRINCIPAL INVESTIGATOR (Surname, Given name)

D. EXTERNAL REVIEWERS

You must suggest three external reviewers who have the necessary expertise to critically evaluate your application and *with whom you do NOT collaborate or have a conflict-of-interest.*

EXTERNAL REVIEWER INFORMATION		
Name	Department	Institution
Address		
City	Phone Number	Email Address
Areas of expertise		

Name	Department	Institution
Address		
City	Phone Number	Email Address
Areas of expertise		

Name	Department	Institution
Address		
City	Phone Number	Email Address
Areas of expertise		

Please provide the names of any external reviewers to whom you would prefer the application not be sent to:

Name	Institution
Name	Institution
Name	Institution

FOR OFFICE USE ONLY	Received ___/___/___	Entered ___/___/___	Entered ___/___/___	External #1	External #2	External #3
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