# Innovation Grants - Letter of Intent Forms Request

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| You must submit this form to obtain web portal log-in credentials and LOI forms and instructions.Please provide all of the information requested below (yellow highlighted fields are required) and send the completed form to grantapps@amfar.org to request forms for the Targeted Biomedical Research LOI.Each potential applicant must submit a separate request. Log-in credentials are not interchangeable.The information requested is meant to provide preliminary information about research that you would propose if you are invited to submit an application and will be used as needed to facilitate the solicitation of qualified application reviewers.***This form will not be provided to LOI or application reviewers***. |

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| **Institution: Name/City/State/Country** (where Principal Investigator will be located during period of performance) |       /       /      /       | **EIN** (if known) |       |
| **Principal investigator** (first name /last name /doctoral degrees) |                   | **Email** (required) |       |
| **Principal Investigator’s CURRENT position/Title** |       |

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| **Project Title** (max 80 characters and spaces) |       |

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| One Sentence DescriptionIn the space below, please provide a one-sentence description of the research you would propose if an application is invited. |
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| KeywordsIn the space below, please provide 5 to 10 keywords relevant to the research you would propose if an application is invited. |
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| **Experts**Please provide the names and institutions of at least two scientists who (1) have the expertise to review the proposed research; and (2) are not at your institution or the institution(s) of co-investigators; and (3) have not collaborated with you or the co-investigators. |
| 1. First Name:       Last Name:       Institution:      2. First Name:       Last Name:       Institution:      3. First Name:       Last Name:       Institution:       |
| Please let us know below if there is anyone who should NOT be assigned to review your submission. |
| 1. First Name:       Last Name:       Institution:      2. First Name:       Last Name:       Institution:       |