



Letter of Intent for Aniridia and/or Albinism Research

Please complete the following document and e-mail along with a PI Biosketch to Bruce@cureswithinreach.org.

The LOI file should be named in the following format:

Abbreviated Institution Name_PI First Name_Last Name_Project Title_Year_Month.doc

(Example - UIC_Jane_Doe_Maddonic Acid for Rockitis_2016_11.doc)

Dear Applicant-thank you for your interest in the Vision for Tomorrow aniridia and albinism research initiative. To assist you in deciding whether to apply, and what to include in your application, here are the questions **we will be asking our Science Reviewers** about your grant. **Note-you are not supposed to answer these questions:**

- 1) Is this proposed research likely to create clinical impact for patients with aniridia or albinism in the next 3-5 years?
- 2) Is this proposed research unique and/or innovative in some way that is likely to create either a breakthrough in these diseases, or provide some new strong fundamental knowledge that will make future breakthroughs possible?
- 3) If this project is a clinical trial, is this project likely to show clinically significant difference between control and test groups, or clinically significant differences from the normal course of the disease where there is no control group? Is the proposed research designed to create a treatment that appropriately balances efficacy with safety?
- 4) If this is a pre-clinical study, will it quickly lead to a clinical trial, or to off-label use? Are the animals or cell based models being used valid and reliable?
- 5) Are the costs and timelines as minimal as possible to accomplish the purpose of the project?
- 6) Is the applicant likely to have the credentials, ability and support to conduct the research, and does the applicant have knowledge about these diseases that would support the research?

We look forward to receiving your LOI.

Letter of Intent Form

PI First Name	
Last Name	
Institution, Organization or Corporation Name	
Degree(s)	
Dept./Division	
Academic or Business Title	
LOI Submission Date	
PI Mailing Address	
City	
State	
Country	
Postal Code	
PI Office Phone	
Mobile Phone	
E-Mail Address	
Estimated project length	
<p>Estimated overall project cost and budget breakdown (Overall cost-effectiveness is a critical decision criterion. Be as frugal as you can and still accomplish your goals. Indirect costs are not allowed for these grants. However, up to 10% of the can be applied to direct admin costs, if justified.</p>	<p>Overall Project Cost:</p> <p>Budget Items:</p> <p>A-Personnel-</p> <p>B-Patient Costs-</p> <p>C-Core Facilities-</p> <p>D-Supplies-</p> <p>E-Other costs-</p>
<p>If this is a clinical trial, have you filed an application with the FDA for a new use for this therapy? If so, please supply the NDA#, BLA#, 510K#, or PMA#.</p>	

If a clinical trial, estimated number of patients to be treated	
If a clinical trial, estimated length of patient treatment	
What primary disease will this research impact? What other diseases might be impacted?	
What other funders have evaluated (or might evaluate) this proposed project?	
Have you or your tech transfer office protected any intellectual property involved in this research? If so, what have you done, when did you do it and what stage is it in?	
Have you or anyone else published (or have a manuscript submitted on) this research idea or disclosed it to the public in any way?	

PLEASE PROVIDE CONTACT INFORMATION FOR THREE SCIENTISTS QUALIFIED TO REVIEW YOUR GRANT (AFTER THEY SIGN A NON-DISCLOSURE AGREEMENT WITH US) FROM OUTSIDE OF YOUR INSTITUTION/ORGANIZATION/CORPORATION, NOT INVOLVED IN ANY OF YOUR RESEARCH, AND WITH NO KNOWN CONFLICT OF INTEREST.

YOU MAY ALSO SEND US THE NAMES OF COLLEAGUES WHO WE SHOULD NOT REACH OUT TO FOR REVIEWS, EITHER BECAUSE OF CONFLICTS OF INTEREST OR OTHER ISSUES.

Potential Reviewer #1	
Name	
Institution	
Email address	
Office phone	
Potential Reviewer #2	
Name	
Institution	
Email address	
Office phone	
Potential Reviewer #3	
Name	
Institution	
Email address	
Office phone	

Research Project Title:

Research Description: (Please type here and onto an additional page, if necessary. Please limit your description to not more than 1000 words describing the proposed research project. In addition, you may also provide references to up to 5 supportive published articles.)