**Research I nitiative Letter of I ntent** – Please note: This document is provided for informational purposes only. In order to be considered for funding, all letters of intent must be submitted using the online form. A link to the online form can be found at http://www.avonfoundation.org/grants/breast-cancer/research-grant-guidelines/

### Organization Information

Please enter information about your organization below:

Organization Legal Name This should be the legal name of the entity that would be the payee if a grant were approved (501 c 3 or equivalent)

Also Known As (If applicable)

Address City State

Postal Code

Phone Fax

Organization Website

## Please answer the basic questions below as they pertain to your organization as a whole:

Background Give a brief history and mission of your organization (500 word limit)

Annual Budget Your total operating budget for this current fiscal year for your entire organization/hospital

### Please enter contact information below for the leader/ CEO of your organization

Prefix

First Name

Last Name

Suffix

Title

E-mail

Office Phone

#### **Contact Information**

Please enter all contact information for this proposal. Pay close attention to the description of each contact role and fill in the information correctly.

#### **Principal Investigator**

Prefix E-mail
First Name Office Phone
Middle Name Office Address
Last Name Office City
Suffix Office State
Title Office Postal Code

Department

Department

#### Co-Principal Investigator. If this position is not applicable, please leave these fields blank.

Prefix E-mail
First Name Office Phone
Middle Name Office Address
Last Name Office City
Suffix Office State
Title Office Postal Code

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# Fiscal Officer: This is the person in your organization's finance department who would serve as the financial contact for this grant.

Prefix E-mail
First Name Office Phone
Last Name Office Address
Suffix Office City
Title Office State

Department Office Postal Code

# Development Officer: This is the person at your organization who would serve as the institutional development contact for this grant.

Prefix E-mail
First Name Office Phone
Last Name Office Address
Suffix Office City
Title Office State

Department Office Postal Code

## PR/Communications Officer: This is the person at your organization who would serve as the public relations or communications contact for this grant.

Prefix E-mail
First Name Office Phone
Middle Name Office Address
Last Name Office City
Suffix Office State
Title Office Postal Code

Department

### **Preliminary Grant Information**

Project Title

Amount Requested Year 1

Amount Requested Year 2 (If Applicable)

Total Request Amount

Desired Project Start Date Must be July 1, October 1, or January 1

If your organization has previously been funded by the Avon Foundation, please check this box

Project Description / Lay Abstract Describe your proposed project in 250 words or less words using non-technical language. (If your project is funded, this information will be posted on the Avon Foundation web site).

Project Description / Scientific Abstract Describe your proposed project in 500 words or less words using technical language. If you will recruit volunteers for your study: (i) provide estimated sample size (N), (ii) type of samples you will collect, (iii) what type of volunteers needed (e.g., healthy women or breast cancer survivors), (iv) what volunteers would be asked to do (eg, give a blood sample; have an out-patient biopsy procedure), and, (v) whether your study will only recruit at your institution or if there are multiple sites. If you are not recruiting prospective volunteers for your study, please describe what samples or assays you will use.

## **Research Program Information**

Does the proposed research study involve collaborators?

If yes, please provide name and institution of collaborator(s).

Does the proposed research study involve animal experimentation?

If yes, has animal care/use approval been obtained?

Does the proposed study involve human subjects?

If yes, are IRB approval and consent provided as an attachment?

If not provided, give date of anticipated approval.

Will proposed research studies apply to access the Army of Women?

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Area of research studied: Please select all that apply:

Testing a new preventative strategy

Biomarker validation, diagnostics or assay development

Understanding disease progression

Role of environmental exposures or gene-environment interactions in breast cancer

Understanding parity or lactation-induced changes in breast cancer risk

Understanding the etiology of breast cancer

Identify three measurable, quantitative goals (Examples of quantitative goals: patient accrual goal; number of samples/specimens to be acquired; number of lab assays to be completed; timeline; etc):

### **Attachments**

For your letter of intent to be considered complete, please attach a biosketch for the principal investigator and a copy of the IRS Letter of Determination for the Payee Organization.

If you need a template for the biosketch, a link to one can be found on the bottom of the Research Program webpage: http://www.avonfoundation.org/grants/breast-cancer/research-grant-guidelines/

The organization that is listed on the IRS Letter of Determination must be the same organization that is listed in the Organization Legal Name field on page one of this letter of intent.