

**Request for Proposals (RFP) - KFLA Regional Centre  
for Healthy Aging Ancillary Studies Competition**



**Canadian  
Frailty  
Network**

**Réseau canadien  
des soins aux  
personnes fragilisées**

**Letter of Intent (LOI)**

***This PDF is for informational purposes only.  
The LOI must be completed and submitted online.***

- The LOI must be completed and submitted using CFN’s online system, Forum. Online LOI can be found at CFN’s Forum website ([forum.cfn-nce.ca/index.php/Special:Report?report=AncillaryStudiesIntent](http://forum.cfn-nce.ca/index.php/Special:Report?report=AncillaryStudiesIntent)).
- For those who do not already have an online Forum account register at [forum.cfn-nce.ca/index.php/Special:Register](http://forum.cfn-nce.ca/index.php/Special:Register).
- **Only applicants that have submitted an LOI are eligible to submit a Full Application**
- The LOI is for administrative purposes only and will not be adjudicated. Information in this form will be used to determine conflicts of interest when assigning reviewers.
- All sections of the LOI must be completed in English by the deadline.
- The title of the proposal and Project Leader cannot be changed.
- New team members cannot be added once LOI has been submitted.
- Visit CFN’s website for project team role definitions [www.cfn-nce.ca/wp-content/uploads/2018/09/cfn-project-team-roles-2016-07-07.pdf](http://www.cfn-nce.ca/wp-content/uploads/2018/09/cfn-project-team-roles-2016-07-07.pdf)

<b>Title of Proposal</b> (Maximum 15 words; appropriate for lay audience)	
<b>Length of Ancillary Study</b> (Maximum 18 months)	
<b>Funding Requested from CFN</b> (Maximum \$75,000)	
<b>Project Leader (PL)</b> (i.e. Principal Investigator/primary applicant responsible for managing project team and scientific & financial reporting)	First Name:
	Last Name:
	Email Address:
	Daytime Phone Number:
	Institution that will receive/administer funds:
	Title at Institution/Organization:
<b>Secondary Contact for PL</b> (e.g., Project Manager, Assistant etc.):	First Name:
	Last Name:
	Email Address:
	Daytime Phone Number:
<b>Principal Investigator #1</b>	First Name:
	Last Name:
	Email Address:
	Institution that will receive/administer funds:
	Title at Institution/Organization:
<b>Principal Investigator #2</b>	First Name:
	Last Name:

	Email Address:
	Institution that will receive/administer funds:
	Title at Institution/Organization:
<b>Note: Insert rows to add additional Principal Investigators</b>	

<b>Co-Investigator #1</b>	First Name:
	Last Name:
	Email Address:
	Institution/Organization:
	Title at Institution/Organization:
<b>Co-Investigator #2</b>	First Name:
	Last Name:
	Email Address:
	Institution/Organization:
	Title at Institution/Organization:

**Note: Insert rows to add additional Co-Investigators**

<b>Partners:</b> Please list currently identified and potential partners. Additional partners can be added in the full application.	Partner #1:	Company/Institution Name:
		Contact - First Name:
		Contact - Last Name:
		Title:
		Email Address:
	Partner #2:	Company/Institution Name:
		Contact - First Name:
		Contact - Last Name:
		Title:
		Email Address:
	Partner #3:	Company/Institution Name:
		Contact - First Name:
		Contact - Last Name,
		Title:
		Email Address:
<b>Note: Insert rows to add additional partners</b>		

<b>Non-Confidential Project Summary</b> (Max. 500 words)	

**NATIONAL Scientific Reviewers - Please provide details for a minimum of 3 non-conflicted reviewers that we may contact to review your proposal. Mandatory.**

<b>National Reviewer #1:</b>	First Name:
	Last Name:
	Institution:
	Email Address:
	Phone Number:
<b>National Reviewer #2:</b>	First Name:
	Last Name:
	Institution:
	Email Address:
	Phone Number:
<b>National Reviewer #3:</b>	First Name:
	Last Name:
	Institution:
	Email Address:
	Phone Number:

**INTERNATIONAL Scientific Reviewers - Please provide details for a minimum of 3 non-conflicted reviewers that we may contact to review your proposal. Mandatory.**

<b>International Reviewer #1:</b>	First Name:
	Last Name:
	Institution:
	Email Address:
	Phone Number:
<b>International Reviewer #2:</b>	First Name:
	Last Name:

	Institution:
	Email Address:
	Phone Number:
<b>International Reviewer #3:</b>	First Name:
	Last Name:
	Institution:
	Email Address:
	Phone Number:

SAMPLE