# Transformative Research AWards (TRA) 2022/23

# Retinal Degeneration

# **Letter of Intent form & Instructions**

**Letter of Intent (LOI) deadline: June 2, 2022, 5:00pm (EST)**

* Submit completed LOI through [this link](https://ffbcanada-my.sharepoint.com/:f:/g/personal/lmoniz_fightingblindness_ca/El8aAusD5etIlkcBobIxFqQBuklexSklu33OnjJOsHSTEg)
* Refer to the Competition Guide for a more detailed description of the competition including funding, review and eligibility criteria
* LOI’s will be reviewed and only those with high chance of success will be invited to submit full applications
* If you have any questions, please contact Larissa Moniz, Director, Research and Mission Programs at [**research@fightingblindness.ca**](mailto:research@fightingblindness.ca)

# formatting guidelines

* To facilitate peer-review, please submit all documents in English
* Use black ink for text and where word limits are not specified use single-spaced text, Calibri font, pt.11
* The application **should be submitted as a single PDF document** in the order specified below. Do not create the PDF from scanned documents. PDFs should be created by converting from Word or other compatible formats. Delete Instruction pages before saving as PDF.
* Include the last name of the Principal Investigator in the file name e.g. Smith\_Application

|  |  |  |
| --- | --- | --- |
| **Section** | **Format** | **Section Description** |
| 1 | Letter of Intent Form | **Letter of Intent Form:** Available below. |
| 2 | 3 pages maximum including figures; no page limits for references | **Research Proposal**: Describe the proposed research including significance, aims and objectives and research methods. |
| 3 | Free text, 300 words | **Statement of Impact**: Clearly state the potential impact of this research. How will this research advance the development of new therapeutic strategies for retinal degeneration? Which eye disease(s) does this research have the potential to impact? What unmet need does this research fill? |

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# **Letter of Intent Form**

## project overview

|  |
| --- |
| Project Title |
| Institution where funds will be administered |

**Disease Relevance -** **list the diseases that will be impacted by your proposed research:**

**Keywords – list up to 6 keywords**

## project team information

Please list all team members in the following tables. Brief definitions of team members are provided below. Refer to the Competition Guide for full details of eligibility. Add extra pages as necessary to accommodate the project team.

|  |  |
| --- | --- |
| **Principal Investigator** | * One individual only * Responsible for the direction of the proposed activities * Assumes administrative and financial responsibility for the grant * Receives correspondence related to the grant * Is an independent researcher at the Host Institution for this grant, which must be an accredited university, hospital or research institute * Cannot receive salary support |
| **Co-Investigator(s)** | * Researchers who are requesting funding to support their role in the project * Cannot receive salary support |
| **Collaborator(s)** | * Provide a specific service for the proposed project (e.g., access to equipment, provision of specific reagents, training) but is not requesting funding. Letters of support should be provided as needed. |

**Principal Investigator**

|  |  |
| --- | --- |
| Name | Email |
| Appointment/Position | Telephone |
| Department and Institution | Mailing Address |

**Co- Investigators**

|  |  |  |
| --- | --- | --- |
| Name | Position | Department and Institution |
|  |  |  |
|  |  |  |

**Collaborators**

|  |  |  |
| --- | --- | --- |
| Name | Position | Department and Institution |
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