



# VHA RESEARCH AND DEVELOPMENT LETTER OF INTENT COVER PAGE

[For Headquarters Use Only]

1. R&D SERVICE:

- COOPERATIVE STUDIES PROGRAM
- HEALTH SERVICES R&D SERVICE
- MEDICAL RESEARCH SERVICE
- REHABILITATION R&D SERVICE

2. IS THIS LOI NEW?  OR REVISED?

If Revised, indicate previous LOI No. \_\_\_\_\_

3. PROGRAM AND LEVEL:

- MERIT REVIEW
- RESPONSE TO SPECIFIC ANNOUNCEMENT

Title and No. (if applicable)  
\_\_\_\_\_

- CAREER DEVELOPMENT
  - Research Career Development
  - Advanced Research Career Development
  - Career Development Enhancement

OTHER (specify)  
\_\_\_\_\_

4. **PROJECT TITLE** (Be succinct and descriptive. May not exceed 72 characters, including spaces. Use bold type.)

5. **PRINCIPAL INVESTIGATOR:**

Last Name, First Name, Degree(s): \_\_\_\_\_ Mail Code: \_\_\_\_\_

VA Title, Grade: \_\_\_\_\_ % VA ("8th's"): \_\_\_\_\_

Academic Affiliation: \_\_\_\_\_ Academic Rank: \_\_\_\_\_

Full Address for Express or Courier Delivery:  
\_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Research Site (specify VA or other):  
\_\_\_\_\_  
\_\_\_\_\_

6. **ASSOCIATE CHIEF OF STAFF** (or Coordinator for R&D):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Medical Center: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-Mail: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

7. **MEDICAL CENTER DIRECTOR:**

Name: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

VA Form 10-1313-13

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