Check if applicable:

VA Affiliation

Healthcare Disparities



Letter of Intent: 2023 PCF Young Investigator Awards

SUO / YUO Member

<u>Submission Instructions:</u> Append a PDF of your NIH biosketch to the back of this completed form by combining PDFs. Rename your combined file as follows: <u>Your last name_first name_2023 YI LOI</u> and email it to <u>LettersOfIntent@pcf.org</u> under the following subject line: (<u>Your Full Name</u>): <u>2023 YI LOI</u>. You will receive a confirmation email from <u>LettersOfIntent@pcf.org</u> within 24 hours (Mon-Fri). <u>Please do not append additional supporting materials to this form or alter the form in any way.</u>

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First Name:	Last Name:		Degree(s):								
Institution:											
Institution City:	State:	Country	:								
Email Address:	·										
Work Phone:		Cell Phone:									
Professional Title:		,									
ELIGIBILITY QUESTIONS I am within six-years following completion of a professional degree (MD, DO, PhD, MD-PhD, DSc, ScD, DDM, DDS, DMD,											
MBBS, or equivalen	t) or subsequent mentored academic or	clinical training program.	, 200, 002, 22, 220, 22,								
Yes No											
If no, please explain:											
I hold the title of Pos	stdoctoral Fellow, Instructor, Research	Associate, Assistant Professor	or equivalent.								
Yes No											
If no, please explain:											
institutional funds a	nted commitments for more than \$300,00 the time of this application. VA Career										
Yes No If no, please prov funding source and											
MENTORS (1 minim	um, 3 maximum)										
First Name:	Last Name:		Degree(s):								
Institution Name:											
Email Address:											
First Name:	Last Name:		Degree(s):								
Institution Name:			1								
Email Address:											
First Name:	Last Name:		Degree(s):								
Institution Name:	Eust Huille.										
Email Address:											

PROPOSAL DETAILS

Proposal Title:												
Statement of Proposal Impact & Innovation:												
Abstract: Text limited to ~5,260 characters / ~780 words with spaces, 9 pt. font												
2, 2,												

Organization Details: What is the capability of the organizational resources available to perform the effort proposed. Identify the facilities to be used [laboratory, animal, clinical and "other"]. If appropriate, indicate their capacities, pertinent capabilities, relative proximity and extent of availability to the project.	
	-
What would this award mean for your career & research trajectory?	-

NIH Biosketch:

Append a PDF of your NIH Biosketch to the back of this form by combining both PDFs.

Rename your combined PDF per the instructions on page 1. Download RFA at https://pcf.org/open-rfas/ for additional details.