



2013 Irving Institute CaMPR-BASIC Pilot Award Letter of Intent

<i>PI #1 – Basic Sciences</i>	
ROLE:	
NAME:	
ACADEMIC TITLE:	
HOME DEPARTMENT:	
LOCAL ADDRESS:	
EMAIL ADDRESS:	
NIH eRA Commons user name:	
TELEPHONE NUMBER:	
<i>PI #2 – Clinical/Translational Research</i>	
ROLE:	
NAME:	
ACADEMIC TITLE:	
HOME DEPARTMENT:	
LOCAL ADDRESS:	
EMAIL ADDRESS:	
NIH eRA Commons user name:	
TELEPHONE NUMBER:	
<i>Co-Investigators</i>	
ROLE:	
NAME:	
ACADEMIC TITLE:	
HOME DEPARTMENT:	
LOCAL ADDRESS:	
EMAIL ADDRESS:	
NIH eRA Commons user name:	
TELEPHONE NUMBER:	

**2013 Irving Institute CaMPR-BASIC Pilot Award Application Instructions**

<i>Co-Investigators</i>	
<b>ROLE:</b>	
<b>NAME:</b>	
<b>ACADEMIC TITLE:</b>	
<b>HOME DEPARTMENT:</b>	
<b>LOCAL ADDRESS:</b>	
<b>EMAIL ADDRESS:</b>	
<b>NIH eRA Commons user name:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>ROLE:</b>	
<b>NAME:</b>	
<b>ACADEMIC TITLE:</b>	
<b>HOME DEPARTMENT:</b>	
<b>LOCAL ADDRESS:</b>	
<b>EMAIL ADDRESS:</b>	
<b>NIH eRA Commons user name:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>ROLE:</b>	
<b>NAME:</b>	
<b>ACADEMIC TITLE:</b>	
<b>HOME DEPARTMENT:</b>	
<b>LOCAL ADDRESS:</b>	
<b>EMAIL ADDRESS:</b>	
<b>NIH eRA Commons user name:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>ROLE:</b>	
<b>NAME:</b>	

**2013 Irving Institute CaMPR-BASIC Pilot Award Application Instructions**

<b>ACADEMIC TITLE:</b>	
<b>HOME DEPARTMENT:</b>	
<b>LOCAL ADDRESS:</b>	
<b>EMAIL ADDRESS:</b>	
<b>NIH eRA Commons user name:</b>	
<b>TELEPHONE NUMBER:</b>	
<b>ROLE:</b>	
<b>NAME:</b>	
<b>ACADEMIC TITLE:</b>	
<b>HOME DEPARTMENT:</b>	
<b>LOCAL ADDRESS:</b>	
<b>EMAIL ADDRESS:</b>	
<b>NIH eRA Commons user name:</b>	
<b>TELEPHONE NUMBER:</b>	

**2013 Irving Institute CaMPR-BASIC Pilot Award Application Instructions**

<b>PROJECT TITLE:</b>	
<b>ABSTRACT:</b> (use only space provided below – minimum 11 point font, maximum 300 words)	

2013 Irving Institute CaMPR-BASIC Pilot Award Application Instructions

SIGNATURES OF APPROVAL

- A. I certify that the information presented in this proposal is, to the best of my knowledge, complete, accurate, and developed according to practices commonly accepted within the scientific community.

---

*Signature of PI #1 – Basic Sciences*

*Date*

---

*Signature of PI #2 – Clinical/Translational Research*

*Date*

- B. I have reviewed this application and recommend that it be submitted. Furthermore, I hereby take responsibility for ensuring that the necessary space, personnel, and facilities which are mentioned in the application pertaining to my Department will be available for this project should it be funded.

---

*Signature of Research Dean (PI #1 – Basic Sciences)*

*Date*

---

*Signature of Department Chair (PI #2 – Clinical)*

*Date*

**REMINDER:** In addition to submitting this form, please also submit the following as a **single PDF by 5:00p, Monday, December 2, 2013 to Sabrina Harris, [slh2168@columbia.edu](mailto:slh2168@columbia.edu)**:

- 1) Specific Aims, Rationale and Brief Description of experimental approach (*1-2 pages*)
- 2) Signatures of Approval Page (*if electronic signatures are not available*)
- 3) NIH-style biosketches for all team members