M.S.I. Foundation Letter of Intent

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Phone: (780) 421-7532 Fax: (780) 425-4467 Email: info@msifoundation.ca

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| --- | --- |
| **Title:**  |  |
| **PI Name:**   |  |
| **Knowledge User:** |  |
| **Co-Investigators:** |  |

|  |  |
| --- | --- |
| **Early Career Researcher** **(Date of First Academic Appointment):** |  |
| **Clinician Scientist** **(Date of Independent Research Program):** |  |
| **Hypothesis/Question**: |  |
| **Please explicitly demonstrate how this work will align with CIHR pillar 3 or 4:** |  |
| **Research Plan/Methodology:** |  |
| **Analysis Plan:** |  |
| **Impact/Relevance**: |  |

|  |  |
| --- | --- |
|  **Budget**: |  |