**FUND FOR COLLABORATIVE RESEARCH IN IMAGING (FCRI) GRANT**

**LETTER OF INTENT (LOI) TEMPLATE**

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| --- | --- |
| **Date:** |  |
| **Project Title:** |  |
| **Applicant name(s) (Max. two PIs):** |  |
| **Applicant Institution(s):** |  |
| **Period of Project:**  | **Start:** | **End:** |
| **Brief Description of Clinical Problem:** |  |
| **Proposed Aims:** |  |
| **Brief Methods:** |  |
| **Brief Summary:** |  |