



the FOUNDATION *for*
PERIPHERAL NEUROPATHY

Letter of Intent
To
The Foundation for Peripheral Neuropathy

Please complete the following

Date:	
Name of Organization:	
Street Address:	
Phone Number:	
Fax Number:	
E-Mail:	
Primary Investigator Name:	
Primary Investigator Address:	
Primary Investigator Phone Number:	
Primary Contact E-Mail	
Is your Organization Tax-Exempt under section 501(c)(3) of the Internal Revenue Code:	___ Yes ___ No
If your answer to the above Question is No, please indicate which category applies:	
Project Title:	
Proposed Start Date:	
Amount Requested:	
Estimated months to complete the project:	

Please check the following area that applies to your project.

Key Area:

- ___ General Operating Support
- ___ Peripheral Neuropathy Research
- ___ Clinical Trial
- ___ Scientific Conferences and Workshops

Please complete the following questions:

Scientific and Lay Summary of the Project:

Scientific Summary of Project:

1. The Scientific Summary should provide a clear, concise overview of the proposed work, including the background, objective, or hypothesis and its supporting rationale; specific aims of the study for general scientific audience. This should be no more than one-half page. (Description of Project in Lay Terms: A clear, concise overview in simplified language, appropriate for the general public)

2. Relevance of the Project to the mission of the Foundation for Peripheral Neuropathy.

3. Provide a brief outline of the budget for this project.

4. Are there any other significant contributors to this project?