



NOTICE OF INTENT

Research Team

- Principal Applicant
  - Name: \_\_\_\_\_
  - Primary Affiliation:  University of Calgary  Alberta Health Services
  - I confirm that I am eligible to hold funding at this institution:  (check)
  - Appointment/Position: \_\_\_\_\_
  - Work Address: \_\_\_\_\_
  - Attach a brief biosketch to the NOI, using the same format as a CIHR Biosketch.

- Co-Investigators
  - Name: \_\_\_\_\_

Primary Affiliation: \_\_\_\_\_

- Name: \_\_\_\_\_

Primary Affiliation: \_\_\_\_\_

- Name: \_\_\_\_\_

Primary Affiliation: \_\_\_\_\_

- Collaborators
  - Name: \_\_\_\_\_

Primary Affiliation: \_\_\_\_\_

- Name: \_\_\_\_\_

Primary Affiliation: \_\_\_\_\_

- Name: \_\_\_\_\_

Primary Affiliation: \_\_\_\_\_

- Other Team Members

- Name: \_\_\_\_\_

Primary Affiliation: \_\_\_\_\_

- Name: \_\_\_\_\_

Primary Affiliation: \_\_\_\_\_

- Name: \_\_\_\_\_

Primary Affiliation: \_\_\_\_\_

NOTE: Team members and collaborators may be added or removed in the full proposal.

**Proposal**

- Title: \_\_\_\_\_

- Provide up to 10 keywords that best describe this proposal:

- Keyword 1: \_\_\_\_\_

- Keyword 2: \_\_\_\_\_

- Keyword 3: \_\_\_\_\_

- Keyword 4: \_\_\_\_\_

- Keyword 5: \_\_\_\_\_

- Keyword 6: \_\_\_\_\_

- Keyword 7: \_\_\_\_\_

- Keyword 8: \_\_\_\_\_

- Keyword 9: \_\_\_\_\_

- Keyword 10: \_\_\_\_\_

- Attach a brief description of the proposal, including the objectives of the proposed research, the scientific approach, the expected impact, and how the proposed work will achieve the goals and expectations of the Innovation Catalyst Grant. The description should be one page max, using Times New Roman 12-point font and 1-inch margins.

- Should your proposed research change substantially from the time you submit your NOI to the time you submit your application, please contact [charbonneau@ucalgary.ca](mailto:charbonneau@ucalgary.ca).

**Scientific Reviewers**

Please provide the names, affiliations and email addresses of 2-3 potential external scientific reviewers for whom you do NOT have a conflict of interest, and who are from different institutions from one another and can provide an independent assessment of your application.

- Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Email address: \_\_\_\_\_

- Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Email address: \_\_\_\_\_

- Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Email address: \_\_\_\_\_

**Signature**

\_\_\_\_\_

Principal applicant signature

\_\_\_\_\_

Date