

Letter of Intent (LOI)





THIS DOCUMENT IS FOR REFERENCE ONLY. THE <u>WEBFORM VERSION</u> MUST BE USED FOR ALL SUBMISSIONS.



Instructions

The purpose of the Letter of Intent (LOI) is to streamline approvals prior to the start of an application; to assist Deans and Associate Deans with course release planning; and to alert CARIE to the number of expected applications and budget requests.

As you prepare your LOI, please consider the following:

- Applicants should carefully read the <u>CARIF Guidelines</u> as this LOI must be prepared in accordance.
- The LOI must be approved by the respective: (a) Associate Dean, (b) Centre Dean or Leader and (c) Financial Analyst (or equivalent) for the Centre.
- Approval of an LOI does not mean the full application will be approved by the CARIF Review Panel.
- The completed LOI must be received by CARIE by **4:00 PM on the SECOND Monday in January**.



Applicant information

Name of Applicant	
School or Unit	

Will the project include a co-applicant? If YES, please complete the following:	
Name of Co-Applicant	
School or Unit	

Project information

Project Overview: Provide a brief description of your project including any expected outcomes and deliverables. Briefly state how it aligns with the goals of your Centre (or area) and how it contributes to a long-term vision and plan for research.



Are you planning to coordinate this project with an application for SSHRCExchangeor SSHRCExplore?

	O YES	С
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Are you planning to request course release as part of your budget?	O YES	O NO
Course release request for applicant (enter the number per semester)	🔘 Fall	O Winter
Course release request for co-applicant (enter the number per semester)	🔘 Fall	O Winter



Provide a brief description of the project's expected expenses in addition to course release

Total estimated budget request

Ethics and hazards

Will this proposed project involve human subjects?	O YES	O NO
Will animals be used in the proposed project?	O YES	O NO
Will animals be used in the proposed project at any other location?	O YES	O NO
Will radioactive, biological, hazardous material or lasers be used?	O YES	O NO

BE READY.



Suggested reviewers

Please provide the name and contact information for up to two potential reviewers for your application. **Reviewers may be faculty or staff, or they may be external to the College; however, they must not be used as a resource or consulted during the application process.** Their expertise and value as a reviewer for this application must also be stated. It is at the CARIF Review Panel's discretion to use any reviewers suggested by the applicant.

Name of Reviewer #1	
Title and Organization	
Contact Information	
Rationale For Use as a Reviewer	

Name of Reviewer #2	
Title and Organization	
Contact Information	
Rationale For Use as a Re	viewer



Approvals

Applicant's Associate Dean	Co-Applicant's Asso	ciate Dean
Date:	Date:	
Name:	Name:	
Signature	Signature	

Applicant's Centre Dean (or Leader)	Co-Applicant'sCentreDean(or Leader)
Date:	Date:
Name:	Name:
Signature	Signature

Applicant's Financial Analyst	Co-Applicant's Financial Analyst
Date:	Date:
Name:	Name:
Signature	Signature

Applicant acknowledgement

□ I hereby accept the terms and conditions as outlined in the <u>CARIF Guidelines</u>.

Applicant #1:	Co-Applicant:
Date:	Date:
Signature:	Signature:

