



Eli & Edythe Broad Center of Regenerative Medicine and Stem Cell Research at UCLA
Stem Cell Research Innovation Award – Letter of Intent
Applicant Information & Signature Form

1. Title of Research Project _____

2. Applicant Information

Last First MI

Department Title

PI's Fund Manager Name Fund Manager Email Address

3. **Research Description:** Provide one page concise description of the research proposal and goals. *Do not exceed one page using 11 point Arial type.*
4. **Budget:** Provide one page estimated total budget and general breakdown of projected expenses.(See page 2)
5. **Attach biographical sketch in NIH format** (5 page maximum)
6. **Submit Letter of Intent by 3 pm, April 20, 2021 to:** bscrc@mednet.ucla.edu

Signature

Date



**Eli & Edythe Broad Center of Regenerative Medicine and Stem Cell Research at UCLA
Stem Cell Research Innovation Award – Letter of Intent
Budget for Initial Budget Period (Direct Costs Only)**

PERSONNEL (*PI salary and benefits must be no more than 10% of proposed budget total*)

NAME	ROLE ON PROJECT	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
SUBTOTAL				

SUPPLIES (*itemize by category*)

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EQUIPMENT (*Equipment will be funded in exceptional cases with specific justification*)

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TRAVEL (*Must not exceed \$3000/year*)

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OTHER

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TOTAL DIRECT COSTS

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Principal Investigator (Last, First, Middle):