



## Independent Research Award Letter of Intent

### Instructions for the completion of the letter of intent (LOI)

To be accepted for review, LOIs must be completed:

1. According to the instructions
2. By the submission deadline
3. By qualified candidates within the field of cystic fibrosis (CF)
4. Text must be 10pt or larger

Required materials for submission:

1. One-page cover letter outlining investigator's eligibility for the award and track record of CF research
2. One-page biosketch of primary investigator
3. Completed and signed letter of intent application form (no more than five pages)
4. The above materials should be submitted as one single PDF document

Please note that applications that exceed the page limit stated above will not be accepted. Appendices and addenda are not allowed for LOIs and will not be sent to reviewers.

**Full name of lead investigator (include title):**

**Applicant institution/organization details (and full postal address):**

**Email address and telephone number for lead investigator:**

**Other institution/organization details (for multicenter applications only):**



**Eligibility Criteria:**

**Are you a newly independent researcher establishing a career in CF research (basic or clinical)?**

YES       NO

**Do you have a PhD, MD, or equivalent?**

YES       NO

*Please state your qualification(s):* .....

.....

**Is it less than 15 years since you completed your last degree?**

YES       NO

*Please state how many years it has been since you completed your last degree:* .....

.....

**Do you control your own research direction/lab space (as applicable) and funding?**

YES       NO

**Do you have more than one nationally peer reviewed grant? (e.g. R01, CFF, or equivalent)**

YES       NO

**Are you the primary investigator of at least one grant?**

YES       NO

*Please insert details of your current and previous grants on page 3*

**Do you have an established publication record in the field of CF?**

YES       NO

*Please state how many CF-related publications you have contributed to:* .....

**Are you performing research in the field of CF?**

YES       NO



**CYSTIC FIBROSIS**  
RESEARCH INNOVATION  
AWARD

Grant details							
External funding agency (no internal grants)	Number/ref for grant	Start date	End date	Grant amount (US\$)	Are you lead PI or co-PI?	Title of grant	Is it a research grant? A pilot grant? Training grant? Other (please specify)?



**Title of proposed project:**

**Project description:** *(Maximum one page)*

*Please include a high-level description of the proposed research program that addresses the following:*

- *How the research program would significantly impact understanding and/or approach to the treatment of CF*
- *How the proposed research program is novel and innovative*
- *Scientific basis for the proposed program*
- *Research objectives*

CONFIDENTIAL



Project duration (months/years):	Start date:	Finish date:
Please provide an estimate of requested funding in US dollars. Please note that a detailed budget will be required as part of a full application if selected.	\$US	
<b>Final declaration:</b>		
<b>Principal investigator assurance</b> I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I agree to accept responsibility for the scientific conduct of the project and to provide any required progress reports should a grant be awarded as a result of this application.		
Insert name and e-signature below:		
<b>Name:</b>	<b>Signature:</b>	
<b>Details of the official signatory for applicant organization(s)</b> (e.g. Head of Finance Department) (including full name and position, address and country)		
Insert name and e-signature below:		
<b>Name:</b>	<b>Signature:</b>	

Please send your completed application to:  
[RIAProgram@vrtx.com](mailto:RIAProgram@vrtx.com)  
**BY 5PM EST, August 13<sup>th</sup> 2021**