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**LETTER OF INTENT FORM**

**AUGUST 2011– AUGUST 2012**

(Due April 18, 2011)

*Please complete all sections and ensure signatures are present*

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APPLICANT(S):

INSTITUTION MAILING ADDRESS (please include street address, city and province, country and postal code):

TELEPHONE:

TELEPHONE (alternate):

FAX:

EMAIL ADDRESS:

POSITION TITLE:

INSTITUTION:

FACULTY:

DEPARTMENT:

TITLE OF RESEARCH PROJECT:

SCIENTIFIC ABSTRACT (not to exceed 100 words)

LAY SUMMARY (not to exceed 200 words):

COLLABORATORS OR KEY PERSONNEL:

TOTAL AMOUNT OF FUNDING REQUESTED:

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may be grounds for denying the grant request. I agree to accept responsibility for the scientific conduct of the project, provide the required progress reports, comply with the terms and conditions set out in the Request for Applications and otherwise meet the other requirements specified should a grant be awarded as a result of this application.

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APPLICANT(S) SIGNATURE:

DATE:

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**Ontario Rett Syndrome Association**

P.O. Box 25096, London, Ontario N6C 6A8 (519) 474-6877

**Ontario Rett Syndrome Resource Centre**

P.O. Box 25096, London, Ontario N6C 6A8 (519) 850-7388

**www.rett.ca**

Charitable Business No.  
890178999RR0001

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