**LETTER OF INTENT FORM**

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| **This form must be submitted electronically as a WORD DOCUMENT (do not send a PDF) to** [**cloud@donaghue.org**](mailto:cloud@donaghue.org) **by the principal investigator by 5:00pm EST on March 31, 2021.** Following a review of all letters of intent, we begin Phase 2 by inviting some applicants to complete a more substantial application. | |
| **March 31, 2021** | Letter of intent deadline |
| **June 23, 2021** | Invited applications due |
| **December 2021** | Grant term begins |
| In 2021, the Foundation will invest a total of approximately $750,000 in this grant program and expects to make four or five awards. Projects may be up to two years in length. | |

**Please do not provide any identifying information about your institution or stakeholder while describing your research idea. All identifying information is to be provided on the separate page that follows this form.**

The letter of intent must include ***(Please be sure to number each section of your letter of intent)***

1. The title of the proposed study
2. A brief description of the proposed research project that explains each of these components:

***(please be sure to letter each point)***

1. The research question
2. Research methods
3. Datasets that will be used in the analysis
4. The role of the stakeholder
5. The intended user of the findings that result from this research
6. Information that addresses each of the points below: ***(please be sure to letter each point)***
   1. Whether the proposed research is of an early formative nature or builds upon a more developed body of work
   2. Description of datasets including the full name of each set next to its acronym or abbreviation
   3. If you plan to collect new data, please estimate the percent of total grant funds you expect to use for this and describe how new data will enhance the utility of the project outcomes for improving quality and equity of care
   4. Why you chose this stakeholder to work with you on this grant and in what ways you see their participation as facilitating dissemination and use of your findings
   5. A brief description of activities that would be planned and undertaken during the grant term and later that would facilitate incorporating the research findings into practice, whether it is into a more refined research question, clinical practice, public health campaign, policy initiative, or other avenue.
   6. Steps to ensure that no aspect of the research plan inadvertently masks or exacerbates racial, ethnic or gender health inequities.

**May not exceed 1500 words (font must be 11 point or larger)**

**Identifying Information**

Please provide an estimated total amount of funding you are requesting from Donaghue to undertake the proposed project. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Project\_\_\_\_\_\_\_\_\_ (maximum two years)

Will your budget include the cost of collecting new data? No Yes. If yes, what percentage of the budget will be used for new data collection %\_\_\_\_\_\_\_

**Please check the primary topic area your project addresses or is most aligned with**

\_\_\_ Improving the quality and availability of palliative, end of life and hospice care

\_\_\_ Evaluating the impact of innovations in workforce roles and expertise on quality of life for residents and staff

\_\_\_ Assessing the role of family members and informal caregivers on resident quality of life

\_\_\_ Reducing the negative effects of isolation and loneliness on resident health and well-being

\_\_\_ Addressing racial, ethnic, gender or income disparities in care quality or health outcomes

\_\_\_ Enhancing understanding of the specialized care needs of resident populations with developmental disabilities or with serious mental illness or addiction

\_\_\_ Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Information**

Name

Title

Institution

Address

Phone

Email

**This section is not mandatory to complete, but will help the Foundation assess its success in attracting a diverse pool of letter of intent submissions.**

To which gender identity do you identify? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RACE:

\_\_\_\_ American Indian or Native American \_\_\_\_ Asian

\_\_\_\_ Black or African American \_\_\_\_\_Native Hawaiian or Other Pacific Islander

\_\_\_\_ White \_\_\_\_\_Prefer not to respond

ETHNICITY:

\_\_\_\_ Hispanic or Latino \_\_\_\_ Not Hispanic or Latino \_\_\_\_Prefer not to respond

**Stakeholder Information**

Name

Title

Organization

Address

Phone

Email

**Please let us know how you heard about the Another Look grant opportunity? (check all that apply)**

Donaghue communications Social media

Your institution Colleague

You

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Letter of Intent Submission Checklist**

|  |  |
| --- | --- |
|  | Check  **√** |
| Letter of intent is blinded. No identifying information is included in the letter submission (except on the identifying information page) |  |
| Letter of intent is in Word format (no PDFs) |  |
| Letter of intent does not exceed the 1500 maximum word count |  |
| Letter of intent is submitted by the principal investigator by 5:00pm EST on March 31, 2021 |  |