**LETTER OF INTENT**

**Administrative Form**

|  |  |
| --- | --- |
| **Institution:** |  |

**Institution Contact Person**

|  |  |
| --- | --- |
| Surname or Family Name: |  |
| Given Name or Initials: |  |
| Title/Position: |  |
| Telephone: |  |
| Email Address: |  |

Institution’s preferred language for correspondence from the Secretariat:

|  |  |
| --- | --- |
| English |  |
| French |  |

**Information related to Competition 1**

Is this a resubmission of an application not funded in Competition 1?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes, has the proposal significantly changed for Competition 2?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If yes, please describe the changes (250-word maximum):

|  |
| --- |
|  |

**Signature and Submission**

Notice to Institutions

The Letter of Intent (LOI) is a mandatory requirement for participation in Competition 2 of the Fund. Institutions that do not submit an LOI before the deadline will not be eligible to submit a full application in Competition 2.

The LOIs will be adjudicated and only institutions successful at the LOI stage will be invited to submit an application to Competition 2. At the application stage of Competition 2, a scientific strategy that differs significantly from the contents of the LOI (with respect to the area of research and its alignment with ST&I priority research areas) will not be accepted.

On behalf of our institution, Click here to enter text., I confirm that the information presented above, as well as in each attachment submitted concurrently with this form, accurately reflects our intention to apply to the Canada First Research Excellence Fund.

It is agreed that the conditions associated with the LOI, as outlined above, are understood and hereby accepted by the institution.

It is agreed that the use and disclosure of information by the Canada First Research Excellence Fund Program, as outlined on the Program website, are understood and hereby accepted by the institution.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter text.

Signature of institutional representative Title (President, Rector or Principal of the institution

or authorized representative)

Date: Click here to enter a date.

dd/mm/yyyy

*Please print, sign and mail the original to the Secretariat at:*

Tri-agency Institutional Programs Secretariat

*350 Albert Street, 16th Floor*

*P.O. Box 1610*

*Ottawa, Ontario K1P 6G4*