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**RRC TRADITIONAL GRANT**

**Letter of Intent (Fall 2024)**

**INSTRUCTIONS:** Use the template below to draft your Letter of Intent. The LOI should be one page, 11-pt. font and .5 margins. The one-page limit excludes the supporting documentation that may be required. Please delete the instructions in red font before submitting your LOI. The funding cycle for this grant is January 1, 2025 – December 31, 2025.

* Please review information about the RRC’s [eligibility criteria and funding guidelines](https://www.kp-scalresearch.org/virtual-research-office/regional-research-committee/) and read the [FAQ](https://www.kp-scalresearch.org/wp-content/uploads/2023/07/RRC-FAQ_15May23.pdf) to ensure your project is eligible for internal funding. Clinical trials are not eligible for RRC funding.
* Projects that do not meet eligibility criteria will not be considered for funding.
* LOI submission deadline: Friday, July 19, 2024, at 11:59PM.
* Send the LOI submission to: [Regional-Research-Committee@kp.org](mailto:Regional-Research-Committee@kp.org)

**PRINCIPAL INVESTIGATOR: [insert name, department, medical center]**

Please list only one Principal Investigator. The PI should be willing to assume responsibility for the management of the research, while also complying with the financial and administrative policies, and human subject protection regulations associated with the research project.

**STUDY TITLE: [insert study title]**

***Study Type (Select all that apply):***

Data review  Observational study (i.e., prospective, recruitment, on-line survey administration)

***Funding Priority Area (Select all that apply):***

Behavioral & Mental Health  Health Equity, Inclusion and Disparities

Cancer Care and Prevention  Personalized Medicine (Genomics)

Care Transformation and Care Delivery Models  Women and Maternal Health

Community Health  Not applicable

**BACKGROUND AND SIGNIFICANCE:** Provide a paragraph summary of the background and significance of your research idea. The background should succinctly describe the current state of knowledge and identify the problem to be addressed. References are not required.

**RESEARCH QUESTION / HYPOTHESIS:** Clearly state the research question or hypothesis that will be addressed in the proposed study.

**STUDY AIM(S):** Provide the study aim(s) that will be addressed in the proposed study. Please provide a brief description of the proposed methods e.g., retrospective vs. prospective, case-control, cohort, cross-sectional study design and a description of the main variables that will be measured.

**CLINICAL IMPLICATIONS / IMPACT:** Provide a statement of the potential clinical implications or operational impact of the proposed study. Please be as specific as possible.

**SUPPORTING DOCUMENTATION:** Please review the categories listed below. If applicable, provide the supporting documentation.

**Category #1: Previous Regional Research Committee Funding:  Yes  No**

* If you have received RRC funding in the past, on a separate page, provide the RRC grant number (if applicable) and a summary of your previous work (presentations / publications).
* You must provide a summary for each project that was funded by the RRC.

**Category #2: Institutional Review Board (IRB) Approved Study:  Yes  No**

* If your study is already IRB approved, please provide:
  + the IRB approval number,
  + copy of the IRB research application,
  + summary of the work that has already been completed, and
  + state why you are seeking RRC funding.
* If your study is pending IRB approval, please provide the date of when the research application was submitted to the IRB.
  + It is preferred to hold off on the IRB submission until after the RRC review meeting to ensure there are no delays with obtaining IRB approval and funding support. If the RRC approves your funding request, the RRC support team will coordinate and complete the IRB research application submission for you.

**Category #3: Graduate Medical Education (GME) Involvement:  Yes  No**

* If significant KPSC resident or fellow involvement is anticipated, please provide a detailed mentorship plan.
  + KP School of Medicine medical students are eligible to participate in this grant, however, additional administrative approvals are required.
  + Residents, fellows, or medical students from external institutions **are not eligible** to participate in this grant.
* The detailed mentorship plan should include:

1. names of the KPSC trainees to be involved, their GME program affiliation, medical center, PGY-level,
2. defining mentor / mentee roles and responsibilities,
3. establishing guidelines (meeting frequency and format / location),
4. outlining goals and objectives (what aspects of the study will the trainee be assigned?), and
5. stating the mentor’s plans for cultivating a research environment for the trainee.

Contact the RRC support team at [Regional-Research-Committee@kp.org](mailto:Regional-Research-Committee@kp.org) if you have questions, need help determining eligibility, or need assistance completing the letter of intent.