New Jersey Governor’s Council for

Medical Research and Treatment of Autism

Letter of Intent (LOI)

**Funding Opportunity**: [ ]  Basic Research Pilot (CAUT25BRP) [ ]  Clinical Research Pilot (CAUT25CRP)

 [ ]  Concept Projects (CAUT25ACP) [ ]  Postdoctoral Fellowship Research (CAUT25DFP)

 [ ]  Predoctoral Fellowship Research (CAUT25GFP)

**Principal Investigator (PI):** Fill Here

**PI Address:** Fill Here

**PI Email:** Fill Here

**PI Telephone:** Fill Here

**Project Collaborators (if applicable):** Fill Here

**Fellowship Mentor(s)/Supervisor(s):** Fill Here

**Participating Institutions and Organizations (including FEIN#):** Fill Here

**Project Overview**

**Descriptive Title of the Project Proposed:** Fill Here

**Specific IACC Question Addressed in Proposed Project (selected from Appendix 1):** Fill Here

**Significance:** Fill Here

**Specific Aims:** Fill Here

**Approach:** Fill Here