**Educational Enhancement Grants**

**LSU Health Teaching Academy**

# 2016-17

##### Letter of Intent to Submit an EEG Proposal

**(Submission Deadline: Friday, February 19, 2015, 4:00 p.m.)**

Submit as a single PDF of original, signed version of this document to [academy@lsuhsc.edu](mailto:academy@lsuhsc.edu).

|  |  |
| --- | --- |
| **DRAFT PROPOSAL TITLE:** |  |

**ANTICIPATED PROPOSAL CATEGORY:** (check one)

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_\_Educational Innovation/Enhancement | \_\_\_Faculty Study Group | \_\_\_Faculty Mentorship | \_\_\_Travel Award |

**BRIEF PROJECT DESCRIPTION** (<50 words):

|  |
| --- |
|  |

**BRIEF PROJECT RATIONALE** (<50 words):

|  |
| --- |
|  |

**PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR:**

|  |  |  |
| --- | --- | --- |
| Name: | | Position: |
| Department/Section: | | School: |
| Telephone: | FAX: | Email Address: |
| Campus Address: | | |

**ANTICIPATED PROJECT TEAM MEMBERS:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Primary Department** |
|  |  |  |
|  |  |  |
|  |  |  |

**ESTIMATE OF FUNDS TO BE REQUESTED** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANTICIPATED PROGRAM/DEPARTMENT CASH and/or IN-KIND SUPPORT:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Describe briefly any anticipate in-kind support: |

**The undersigned individuals have discussed and agreed upon the above-stated intentions and confirmed the accuracy of this information.**

|  |  |
| --- | --- |
| Project Director/Principal Investigator Date | Sponsoring Dept. Chair/Program Director Date |