**Letter of Intent**

***Form 3　 Letter of Intent Please delete when submitted***

*\* Signed LOI must be added as an Annex to the proposal.*

*\* Letter of intent is to confirm that a researcher understands his or her responsibilities in the proposal.*

*\*The U.S.A Principal Investigators must provide information to AMED. This page will go to the AMED for eligibility check.*

**Title of the R&D project:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Hereby we agree to the content of the project proposal and confirm our planned cooperation and responsibility to the project.

Japanese based PI

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (printed name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_　 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) (Date)

U.S.A. based PI

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (printed name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_　　\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) (Date)

**Information on U.S.A Principal Investigator**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Title** |  |
| **Academic title** |  |
| **Family Name** |  |
| **First Name** |  |
| **Name of Institution** |  |
| **Type of Entity** |  |
| **Department** |  |
| **Position** |  |
| **Institution Address** |  |
| **City** |  |
| **Country** | U.S.A. |
| **Phone** |  |
| **Email** |  |
| **Which funding body have you received funding from? OR Which funding body are you applying to?** |  |

**BUDGET (indicate currency in USD)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FINANCIAL YEAR** | **2022** | **2023** | **2024** | **2025** | **2026** | **Total** |
| **Total budget requested** |  |  |  |  |  |  |

I hereby confirm that as U.S.A. Principal Investigator I meet the funding requirements of national or private funding body in U.S.A.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) (Date)