



PRE-APPLICATION LETTER OF INTENT

Principal Investigator	
Institution	
Address	
Telephone	
Email	
Project Title	
Principal Location	<input type="checkbox"/> Single Center <input type="checkbox"/> Multi-center
Amount requested from TMA	
Proposed Start Date	
Length of study/research project	
If you have discussed this proposal with staff or Scientific Council members of the TMA, please include their name	

Name of Principal Investigator

(Please Print)

Signature of Principal Investigator

Date

NARRATIVE

Please describe your project/proposal by answering the following questions (not to exceed 2 pages).

- I. What is the problem your project/research plan/proposal would address? How does it relate to the better understanding of rare neuro-immunologic disorders and the goals of the TMA?
- II. Describe the key activities in the proposed project.
- III. How would you define success? What are the key challenges to the success of the project?
- IV. Please include some detail about the research team, and other centers if the project involves multiple centers.