**LETTER OF INTENT**  
**Proof of Principle: 2023**

**DEADLINE:** **August 1, 2023, 2:00pm ET**  
Applicants will be notified of Proposal invitations in August 2023.

*This Letter of Intent is an example only. Do not complete this paper application.  
Please submit the Letter of Intent online through the Foundation’s grant management system.  
Please visit our website for more details at [our program webpage](http://www.ourfoundation.org).*

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**Application Number:**

**Principal Applicant:**

**Project Title:**

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**Applicant Details**

<table>
<thead>
<tr>
<th>Team Members</th>
<th>Organizations</th>
<th>Primary Contact Information</th>
<th>Role in Project</th>
<th>Estimated Time Spent on Project</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Salutation:</td>
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<tr>
<td>First Name:</td>
<td>Primary Organization:</td>
<td>Address:</td>
<td>☐ Principal Applicant</td>
<td>%</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Position Title:</td>
<td>Phone:</td>
<td>☐ Co-Applicant</td>
<td>☐ Collaborator</td>
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<tr>
<td></td>
<td>Other Affiliations/Position Titles:</td>
<td>Email:</td>
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</tbody>
</table>

| **2.** Salutation: | | | | |
| First Name: | Primary Organization: | Address: | ☐ Principal Applicant | % |
| Last Name: | Position Title: | Phone: | ☐ Co-Applicant | ☐ Collaborator |
| | Other Affiliations/Position Titles: | Email: | | |

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*Note: Projects are not limited to two team members as laid out on this sample application form; projects may include as many team members as needed for the successful execution of the project.*
Application Overview

1. Keywords to describe the proposed work:

2. Research will have a significant impact in which areas?
   (Select only those that apply. There is no benefit to selecting more diseases.)
   - Immunity
   - Immune-mediated Chronic Diseases
   - Brain Health
   - Healthy Aging
   - Metabolic Disorders
   - Cancer
   - Infection
   - Nutrition and Diet
   - Microbial Metabolism and Metabolites

3. Have you applied to the Weston Brain Institute or the Weston Family Microbiome Initiative previously with similar proposed work? If so, specify the previous LOI title and program applied to. Please briefly explain how this LOI is different than the previously submitted work. (This information will not be used to assess the application.)
   - Yes
   - No

4. Have you applied to other funding agencies with the same proposed work? (This information will not be used to assess the application.)
   - Yes
   - No

5. Is this your first time applying for a grant from the Weston Family Foundation? (This information will not be used to assess the application.)
   - Yes
   - No

The review panel for this program is predominantly comprised of international reviewers based outside of Canada. Please list the full names (first and last names) of any individuals located outside of Canada who are competitive with your research and therefore should not review your application. Please do not exclude individuals for other reasons as we are unable to honour those requests. Type "None" if you have no reviewer exclusion. (This information will not be used to assess the application.)
Project Information

1. **Central hypothesis, goals and specific aims:** *(maximum 200 words)*

2. **Background and significance:** Why is it important that the proposed work be carried out? Evaluate existing knowledge and identify gaps that this project is intended to fill. *(maximum 200 words)*

3. **Experimental approach:** Outline how the proposed work will be conducted. Please include the experimental methods to address the specific objectives and any contingencies, as well as a power calculation as necessary. Please do not include background information (e.g., pathology, etiology, or incidence/prevalence) of diseases. *(maximum 600 words)*

4. **Future Directions and Applications:** How will a successful outcome influence the development of novel health applications? Provide a high level overview of the future work, timeline, and capital required to realize application. *(maximum 200 words)*

**List of publications cited in the application:** Please include full citations with a complete author list and PMID.

Citation Format Example