

## Letter of Intent Rapid Response 2025

## DEADLINE: March 18, 2025, 2:00pm ET

Applicants will be notified of Proposal invitations in June 2025.

Applicants may receive questions from the review committee (via Foundation staff) by April 4, 2025. Responses must be submitted by end of day April 11, 2025.

*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 program webpage for more details.

Application Number:

Principal Applicant:

Project Title:

### **Applicant Details**

|    | Team Members | Organizations                              | Primary Contact<br>Information | Role in Project          | Estimated Time<br>Spent on Project |
|----|--------------|--|--------------------------------|--------------------------|------------------------------------|
| 1. | Salutation:  | Primary<br>Organization:                   | Address:                       | □ Principal<br>Applicant | %                                  |
|    | First Name:  | Position Title:                            | Phone:                         | □ Co-Applicant           |                                    |
|    | Last Name:   | Other<br>Affiliations/<br>Position Titles: | Email:                         | □ Collaborator           |                                    |
| 2. | Salutation:  | Primary<br>Organization:                   | Address:                       | □ Principal<br>Applicant | %                                  |
|    | First Name:  | Position Title:                            | Phone:                         | □ Co-Applicant           |                                    |
|    | Last Name:   | Other<br>Affiliations/<br>Position Title:  | Email:                         | □ Collaborator           |                                    |

Note: Projects are <u>not</u> 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. What type of therapeutic or tool is being developed as the primary goal of the project? (Please select only one – therapeutic or tool – that is being *developed* as the primary goal of the project, e.g., do not select "Animal model" unless you are developing a new animal model.)

#### Therapeutic

Biologic
Cell therapy
Electrical brain stimulation
Magnetic brain stimulation
Medical device
Small molecule
Surgical intervention
Vaccine
Other Please specify:

| Tool                              |                       |  |  |  |
|-----------------------------------|-----------------------|--|--|--|
| 🗆 Animal model                    |                       |  |  |  |
| □ Assay/s                         | ∃ Assay/screen        |  |  |  |
| 🗆 Biomarker                       |                       |  |  |  |
| □ Cell line                       |                       |  |  |  |
| □ Clinical assessment instruments |                       |  |  |  |
| 🗆 Diagnostic                      |                       |  |  |  |
| □ Imaging                         | technique or reagent  |  |  |  |
| □ New me                          | thod of drug delivery |  |  |  |
| 🗆 Probe                           |                       |  |  |  |
| □ Other                           | Please specify:       |  |  |  |

#### If you selected 'biomarker' above, what is the primary purpose of the biomarker?

 $\Box$  Diagnostic – identify individuals with a particular disease or disease subtype/subset, or correctly rule out those who do not have the disease

□ Prognostic – indicate future clinical progression

□ Progression – objective measure of disease progression

□ Prediction to response to therapy – identify individuals likely to respond (favourably or unfavourably) to a specific treatment

□ Response to therapy: indicate that biological response has occurred after receiving a therapeutic intervention (e.g., a surrogate for a clinical end point)

# 2. If a therapeutic is being developed as the primary goal of the project, what phase(s) of development does the project cover?

(Please select only those that apply. There is no benefit to selecting more phases than fewer phases.)

- Target validation
   Assay development
   Screening and hits to leads
   Lead optimization
- $\Box$  Safety and toxicity in animals
- Efficacy in animals
  Phase I clinical trial
  Phase II clinical trial
  None
  Other Please specify:

*3.* Research will have a significant impact in which neurodegenerative disease(s) of aging? (Please select only those that apply. There is no benefit to selecting more diseases.)

Alzheimer's disease
 Dementia with Lewy bodies
 Frontotemporal dementia
 Multiple system atrophy
 Parkinson's disease

□ Progressive supranuclear palsy

 Vascular contributions to the listed diseases (not stroke-mediated vascular disease)
 Prodromes to the listed diseases (please also check the disease(s) to which your condition is a prodrome)



| 4. | Relevance of proposed work to the Institute's mandate: Explain how the tool or therapeutic you are developing will accelerate treatments for neurodegenerative diseases of aging. For tools, this requires addressing how the tool will have direct impact on accelerating translational research on therapeutics. (maximum 200 words)  |                 |  |  |  |
|----|---|-----------------|--|--|--|
|    |   |                 |  |  |  |
| 5. | Have you applied to the Weston Family Foundation (which includes the<br>Weston Brain Institute) previously with <i>similar</i> proposed work? If so,<br>specify the previous application title and program applied to. Briefly explain<br>how this application is different than the previously submitted work.<br>(This information will not be used to assess the application.) | □ Yes<br>□ No   |  |  |  |
|    |   |                 |  |  |  |
| 6. | Have you applied to other funding agencies with the same proposed   | □ Yes           |  |  |  |
|    | <b>work?</b><br>(This information will not be used to assess the application.)  | Please specify: |  |  |  |
|    |   | □ No            |  |  |  |
| 7. | Is this your first time applying for a grant from the Weston Family<br>Foundation?<br>(This information will not be used to assess the application.)  | □ Yes<br>□ No   |  |  |  |
| 8. | Is this your first application for a research grant specifically in the area of neurodegenerative diseases of aging?<br>(This information will not be used to assess the application.)  | □ Yes<br>□ No   |  |  |  |

The adjudication committee for this program does not include researchers based in Canada. Please list the full names of any individuals located outside of Canada who are competitive with you and therefore should not review your application. Please do not exclude reviewers for other reasons as we are unable to honour those requests. Type "None" if you have no reviewer exclusions. (maximum 65 words) (This information will not be used to assess the application.)



## **Project Information**

Before completing the project information requested below, please refer to the following sections in the Program Details document: *Section 1: Scope and other Project Considerations, Section 4: Review Criteria*, and *Section 6: Expected Project Outcomes*.

- 1. Central hypothesis, goals and specific aims. Aims should complement each other and address the stated goals and hypothesis(es). (maximum 200 words)
- 2. Novelty, significance, and impact: Clarify the innovative aspect of the project and how this project is different than what is currently studied. Why is it important that the proposed work be carried out (i.e., how would the results advance the research and development of this therapeutic or tool for neurodegenerative diseases of aging across diverse populations in Canada?) (maximum 200 words)
- *3.* Experimental approach: Please outline how the proposed work will be carried out and interpreted. Please do not include background information (e.g., pathology, etiology or incidence/prevalence) of neurodegenerative diseases of aging. (*maximum 600 words*)
- **4.** List of publications cited in the application: Please include <u>full citations</u> with PMID. (*maximum 600* words)

**Preliminary data:** A maximum of 1 page of preliminary data that best supports the application is required and can be uploaded as a PDF file, e.g., figures or tables.