

**CCHMC Innovation Fund/Adare Repurposing Innovation Award**

**2018 Letter of Intent Cover Page and Narrative**

**Letter of Intent (LOI) Cover Page**

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| **Title of Project** |  |
| **Primary Innovator (PI)** |  |
| **PI Title** |  |
| **Department** |  |
| **Email** |  |
| **Phone** |  |
| **Estimated funds requested (request may not exceed $100,000.00)** |  |
| **Was an Invention Disclosure submitted (yes/no)?** |  |

Please select the appropriate category(ies) for this project:

* Biologic, Cell & Tissue Therapies
* Diagnostics and Medical Devices
* Digital Health and Care Delivery
* Small Molecule Therapies
* Drug Repurposing or Optimization (**Adare**)

**Please use the next page to complete your LOI narrative.**