

## **ACEP 2020 Section Grant Letter of Intent Form**

*Please enter your response under each heading.*

**Name of section:**

**Name, address, phone number, e-mail address of project coordinator:**

**Name, address, phone number, e-mail address of section chair:**

**Title of project:**

**Please confirm that you have read and understand the Criteria for Evaluation and include a completed copy of the Letter of Intent Checklist with this application (see Section Grant Manual):**  
Y / N

\_\_\_\_\_  
**\*Signature of Project Coordinator**

\_\_\_\_\_  
**\*Signature of Chair**

\_\_\_\_\_  
**\*Signature of Staff Liaison**

\*Electronic signatures or email trail with appropriate approvals are accepted.

**Brief description of project:**

**Explanation of project objectives (What will this project accomplish? How will it benefit the section, help educate the public, and/or further the advancement of emergency medicine?):**

**Define the outcome product:**

**Estimate of project costs and revenues (please itemize and refer to the Criteria for Evaluation, #18 for a list of items not applicable for funding):**

**Other funding sources requested (please provide information on any other grant programs or funding sources that will be used to complete this project and note that all patents and copyrights arising from section grant projects will be owned by national ACEP):**

**Estimate of section members' time to be spent on the project:**

**Estimate of ACEP staff support for project in terms of time and dollars. See page 10 of the Section Grant Manual for staff labor rates and contact your section staff liaison for clarification on job grade levels:**

**Total estimate of funds to be requested from the ACEP Section Grant Program (estimated project costs and ACEP staff support in dollars):**