

[Your Name]
[Your Title]
[Department/Institution]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]
[Date]

Division of Receipt and Referral
Center for Scientific Review
National Institutes of Health
6701 Rockledge Drive, Suite 1040, MSC 7710
Bethesda, MD 20892-7710

RE: Letter of Intent/Application for [Funding Opportunity Announcement Number (e.g., PA-XX-XXX)]

Dear Director,

I am submitting the enclosed application entitled "[Full Project Title]" for consideration for the [Funding Opportunity Announcement Title].

Request for Institute/Center Assignment:

Primary: [Name of NIH Institute or Center]
Secondary: [Optional Name of Secondary Institute/Center]

Request for Study Section Assignment:

Primary: [Scientific Review Group (SRG) / Study Section Short Name]
Secondary: [Optional Secondary SRG]

List of Specific Expertise Required for Review:

- [Expertise 1]
- [Expertise 2]
- [Expertise 3]

Individuals Not to Review (Conflicts of Interest):

[Name, Institution, Reason for exclusion - Optional]

Additional Information:

[Note any special circumstances, such as late submission justifications or links to prior communications with Program Officers.]

Sincerely,

[Your Signature/Name]
Principal Investigator