2021 - 2022 COVER PAGE FOR LETTER OF INTENT CLAUDE D. PEPPER OLDER AMERICANS INDEPENDENCE CENTER

		Date Submitted:///			
Principal Investigate	or:				
Name:		Title:			
Address:	Chront	Department/Section:			
	Street	Cell Phone:			
_	Town, State, Zip				
Email:					
Mentor (If Applicabl	e):				
Name:		Title:			
Address:	Street	Department/Section:			
		Cell Phone:			
_	Town, State, Zip	Cen i none.			
Email:					
Are you a U.S. Citizen or permanent resident? ☐ Yes ☐ No					
Project Title:					
HIC #: Status/Approval Date:					
IACUC #:		Status/Approval Date:			
☐ Career Develop	nent Award (maximum t	wo years)			
Proposed Project Co	sts (total direct only):	Year 1:			
		Year 2:			
☐ Pilot/Explorator	y Study (maximum one y	/ear)			
Proposed Project Costs (total direct only):		Year 1:			

duri	ng any part of the review and is confidential.		
1.	Date of birth		
2.	Gender	☐ Male ☐ Female [Intentionally withheld
3.	Do you consider yourself to be Hispanic or Cuban, Mexican, Puerto Rican, South or Coregardless of race	·	·
	☐ Hispanic or Latino☐ Not Hispanic or Latino☐ Intentionally withheld		
4.	What race do you consider yourself to be?	(select one or more of the follow	ving)
	 □ American Indian or Alaska Native. A properties of the Indian subcontinent, including, for expansion, the Philippine Islands, Thailand, and Black or African American. A person in the Indian subcontinent, including the properties of the Indian Subcontinent. 	maintains tribal affiliation or con of the original peoples of the Fa kample, Cambodia, China, India, and Vietnam. having origins in any of the blac	nmunity attachment. Ir East, Southeast Asia, Japan, Korea, Malaysia, k racial groups of Africa.
	 Native Hawaiian or Other Pacific Islan peoples of Hawaii, Guam, Samoa, or other White. A person having origins in any North Africa. Intentionally withheld 	Pacific Islands.	
5.	Do you have a disability? Individuals with a mental impairment that substantially limits a Yes No Intentionally withheld	•	

As part of the annual reporting process for National Institute on Aging (NIA), we are required to report the

following information on all applicants to career development and training awards. This information is not used

Do you come from a disadvantaged background?
(1) Individuals who come from a family with an annual income below established low-income thresholds. These thresholds are based on family size, published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines
(2) Individuals who come from a social, cultural, or educational environment such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.
YesNoIntentionally withheld

6.