

National Institute of Mental Health (NIMH) Instrumentation Program (S10 Clinical Trial Not Allowed)
RFA-MH-22-155
Internal Letter of Intent

MGH Principal Investigator:
MGH Principal Investigator (if multiple PDs/PIs):

Title of Submission:

Purpose:

Select one.

To purchase a single commercially available instrument or a group of components to create an instrument that is not commercially available.

To upgrade a commercially available instrument or a group of components to create an instrument that is not commercially available.

3. Equipment Requested.

Name of the equipment and a URL for specifications.

Will the purchase replace existing equipment? Yes No

Does the equipment already exist on an MGH campus? If yes, explain why the equipment is not accessible or cannot be used. To see a list of equipment at MGH [click here](#). Yes No

4. Estimated Cost of Equipment.

\$

5. Planned Location of Equipment. Include Building, Floor and Room #, if known.

Building: Floor: Room #:

6. Renovation Required.

Will any renovations be required to install the equipment? If yes, who will be paying for the renovations? Yes No

7. Significance. What is the significance of procuring this piece of equipment to your research lab, department and the institution? Please be specific in discussing your field of study and the impact of this equipment.

8. Use of Institutional Funds. What do you plan to do with the institutional funds? (i.e. procurement, maintenance, etc.)

**NIMH Shared Instrumentation (S10) Program
Confirmation of Endorsement**

Form for Unit/Division/Center Director and Department Chief

The following applicant _____ is a full-time faculty in
(Name of applicant)

_____ and is submitting an application for (select the application type below):
Department/Unit/Center

NIMH Instrumentation Program (S10) - RFA-MH-22-155

Other

The unit/division/center and department fully endorses this application and request for institutional support from the Executive Committee on Research (ECOR). The costs of any renovations or enhancements of infrastructure that exceed the committed funds provided by ECOR and approved via the capital budget process are the financial responsibility of the department. By signing this form, the Chief and/or Center Director acknowledges that they are aware of this arrangement and will be responsible for any additional costs for the renovation or enhancement.

Name of Unit/Division/Center Director Signature of Unit/Division/Center Director Date

Name of Department Chief Signature of Department Chief Date

Comments: