



**TORCH INITIATIVE**

**Letter of Intent (LOI)**

Please fill in the fields below to complete the Letter of Intent (LOI) for grant consideration by the Isabella Santos Foundation (ISF).

**APPLICANT INFORMATION**

**1. Applicant's Name:**

---

**2. Applicant's Title:**

---

**3. Institution/Organization:**

---

**4. Address:**

---

**5. City, State, ZIP Code:**

---

**6. Email Address:**

---

**7. Phone Number:**

---

**PROJECT INFORMATION**

**1. Project Title:**

---

**2. Area of Focus (Clinical Research, Basic Science, Survivorship):**

---

**3. Project Summary (Brief Overview):**

---

**4. Significance & Impact (How this research advances pediatric cancer care):**

---

**5. Research Approach (Methods, key strategies, potential outcomes):**

---

**6. Institutional Support & Team (Principal investigators, collaborators, resources):**

---

**7. Estimated Budget & Funding Request:**

---

**8. Additional Funding Sources (If applicable):**

---

Thank you for your interest in applying for funding from the Isabella Santos Foundation. Please submit this LOI by the designated deadline. Selected applicants will be invited to submit a full proposal.