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| LLS logo_FNL_colorTherapy Acceleration Program (TAP) Initial Inquiry Form |
| **Institution:**  | **Date:**  |
| **Contact:**  | **Email:**  |
| **Address:**  |
|  |  |
| **Please complete this initial questionnaire and *do not exceed* *one page*. The answers should be high level, summarizing main points.** |
| **1. Therapeutic Entity and Target** |
|  |
| **2.** **INDICATION &** **Hematology Relevance** *(Supportive In Vitro & In Vivo Preclinical or Clinical Data*) |
|  |
| **3. Description of Project Requesting Funding** |
|  |
| **4. TAP FUNDING REQUESTED** |
| * Total project funding secured:
* Funding request to LLS:
 |
| **5. Development Plan** (*Current Development Status,* Scientific Rationale*, Budget & Timeline Synopsis*) |
|  |
| **6. Investigator and team RELATED EXPERIENCE** *(Highlights)*  |
| *
 |
| **7. Investigator Related Funding to date***(in dollars)* |
| * Private Total:
* Grants:
* Other:
 |

**Please return this completed form along with a non-confidential presentation. Thank you.**