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| **Title:** |  |
| **Name of Investigator:** |  |
| **Investigator Email:** |  |
| **Investigator Phone:** |  |
| **Position Title:** |  |
| **Dept/Division:** |  |
| **School/Institution:** |  |
| **Abstract (350 words max.)** | |
| Abstract text goes here. Please address the background and significance, specific aims, study design, and target population. | |
| **Brief Timeline Summary (150 words max.)** | |
| Timeline Summary text goes here. | |
| **Brief Budget Summary (150 words max.)** | |
| Budget Summary text goes here. | |
| **How does your proposal address the role of recovery community centers in supporting persons who were or who are in or seeking recovery from a substance use disorder or advance the science to this end? (200 words max.)** | |
| Text goes here. | |
| **To what extent does your project focus on persons who are or have been maintained on medications for opioid use disorder (MOUD)? (200 words max.)** *(This focus is not required, but is encouraged).* | |
| Text goes here. | |

Please send this Letter of Intent to:

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