

California Department of Public Health
Alzheimer's Disease Program

ALZHEIMER'S DISEASE RESEARCH AWARDS

Request for Application #18-10612
December 2018



Chronic Disease Control Branch
Alzheimer's Disease Program
P.O. Box 997377 MS 7210
Sacramento, CA 95899-7377

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I. Alzheimer's Disease Research Awards: Background

The California Department of Public Health (CDPH), Chronic Disease Control Branch (CDCB), Alzheimer's Disease Program (ADP) was established pursuant to Assembly Bill 2225 (Chapter 1601, Statutes of 1984) and was expanded pursuant to Senate Bill 139 (Chapter 303, Statutes of 1988). The mission of ADP is to reduce the human burden and economic costs associated with Alzheimer's disease and related dementias, and ultimately to assist in discovering the cause and treatment of this disease.

An estimated 610,000 California adults aged 65 years and older were diagnosed with Alzheimer's disease (Alzheimer's Association, 2016). The projected population of people 65 and older in the United States is estimated to reach 98.2 million people in 2060. Within the next twenty years, the number of Californians living with Alzheimer's disease is projected to nearly double, to over 1.1 million. California is on track for a 33 percent increase in adults aged 65 years and older being diagnosed with Alzheimer's disease by 2026. The largest growth in people living with Alzheimer's disease will occur between the years 2015 and 2030, as a greater percentage of the baby boomers age (Ross, Brennan, Nazareno, & Fox, 2009). Further, there is a desperate need for research into changes in care processes that will lead to improvement in the lives of people with Alzheimer's disease and related dementias, and their caregivers.

Through the approval of the fiscal year (FY) 2018-2019 California State Budget, the ADP has received resources to fund research in connection to the study of Alzheimer's disease and related dementias. The amount available for the Alzheimer's Disease Program Grant Awards under this Request for Application (RFA) is approximately **\$3,115,000, a year**, and is derived from the California State General Fund. The amount of the grant award is contingent upon appropriations by the California State Legislature and available State Funds. **Carryover of these funds is not allowed.**

Our goal is that these projects lead to an advancement of knowledge regarding Alzheimer's disease and related dementias, either in the academic or research field and to clinical implementation, including new treatment methodologies, or new detection and diagnosis innovations. We would like to improve the capacity of the public health, health care delivery and long-term care services and support systems in California for persons with Alzheimer's disease and related dementias. Additionally, a better understanding of underrepresented or disparate populations will assist in framing public health and long-term care services and support systems at the community level.

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II. PROJECTED TIME LINE (subject to change)

Projected Date	Description
December 21, 2018	Request for Applications posted on ADP web page: CDPH website Alzheimers' Disease Program Research Grants
January 4, 2019	Last day to submit questions for Informational Teleconferences Send questions to: AlzheimersD@cdph.ca.gov
January 11, 2019	<p><u>Informational Teleconferences</u> 10 a.m. to 12 noon Pacific Standard Time</p> <p>Call-in Number: 1-877-810-9415 Access Code: 2763277</p> <p>Conference begins promptly at 10 a.m.</p>
January 18, 2019	<p>Letter of Intent Due by 5:00 p.m. Pacific Standard Time Send to AlzheimersD@cdph.ca.gov Please include research topic area in Letter of Intent</p>
February 8, 2019	<p>Applications Due by 5:00 p.m. Pacific Standard Time Send in PDF file format to: AlzheimersD@cdph.ca.gov</p>
February - March 2019	Review and Scoring Process
March 16, 2019	Notice of Intent to Award posted on ADP web page; Applicants notified by e-mail
July 1, 2019	Proposed Grant Effective Date

III. OBJECTIVES

The State of California supports research that contributes to better understanding, care and support of patients and families affected by Alzheimer's disease and related disorders.

Applicants are invited to submit research applications for studies in the following topic areas:

- 1) Caregiving: The economic and social impacts of caregiving. Examples:
 - Improving the delivery of social support and health care services for Alzheimer's disease patients and their families and caregivers; and
 - Understanding and alleviating the financial, emotional and physical impact of caring for a loved one with Alzheimer's disease or a related disorder.

- 2) Prevention: The identification of risk factors and targets for preventive healthcare and public health messaging. Examples:
 - Identifying risk and preventive factors for Alzheimer's disease such as sleep patterns; chronic diseases such as high blood pressure, heart disease and diabetes; and the impacts of exercise and nutrition; and
 - Developing and/or using appropriate risk assessments, diagnostic tools, and effective interventions to prevent and treat Alzheimer's disease and related dementias among California's diverse population.

- 3) Early Diagnosis and Detection: Research and evaluation of tools for early diagnosis and detection of Alzheimer's disease. Examples:
 - Detection of dementia by primary care practitioners and specialists through the use of brain imaging, or standardized clinical tests of memory and thinking abilities;
 - Innovative methods of linking research findings and technological advances with clinical practice, medical education and new medical settings; and
 - Evaluating best practice clinical guidelines or toolkits.

- 4) Long-Term Services and Support Systems/Health Services: Investigate pathways for reducing disparities in access to health services for persons with Alzheimer's disease and related dementias utilizing Long-Term Services and Supports Systems/Health Services. Examples:
 - Increasing the quality of dementia care in health care delivery systems;
 - Improving access to Long-Term Services and Support Systems/Health Services, as well as home and community-based services, through improved care coordination; and
 - Researching effective health care system strategies and technologies that aid in reducing incidents of re-hospitalization and emergency department use.

- 5) Populations Suffering from Health Disparities: Identifying and understanding upstream determinants of health that result in disproportionate health outcomes; and prevalence of Alzheimer's disease and related disorders among California's diverse population including African Americans, Latinos and women. Examples:
 - Investigating the racial, ethnic, gender, sexual orientation/identity, and socioeconomic differences and their impacts on risk and treatment outcomes for Alzheimer's disease and related dementias; and

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- Increasing the quality of dementia care in health care delivery systems, particularly as it relates to cultural and linguistic competency.

Applications for feasibility studies, pilot projects, and start-up grants are encouraged, as are applications that expand the scope of ongoing research activities related to the area or topic of this RFA, or which entail multidisciplinary or collaborative research. New investigators are encouraged to apply. Please note that this Request for Application **does not** accept applications proposing **clinical trial(s)**.

IV. APPLICATION INFORMATION

A. FUNDING SCOPE AND TIME PERIOD

Applications may be submitted for a five-year duration. Although there is no guarantee of continued funding, successful applicants who have submitted applications for five-year projects will be eligible for support for those subsequent years, based upon satisfactory performance and the continued availability of funding.

The number of awards issued will be dependent on available funding. It is anticipated that grants will be awarded for the initial 12-month period beginning July 1, 2019.

B. CATEGORIES OF AWARDS

Two categories of funding are available: Independent Investigator Awards and Consortium Research Awards. Applicants may apply in one or both categories. California Department of Public Health (CDPH) reserves the right to award funds in one or both categories, contingent on available funds. CDPH will make the final determination of the awards.

1. Individual Investigator Awards

In this category, grant awards of up to **\$623,000** per project, per fiscal year may be funded. Award dollars are inclusive of all costs. Up to five (5) awards may be funded in this category.

2. Consortium Research Awards

In this category, grant awards of up to **\$1,000,000** per project, (not per institution), per fiscal year may be funded. Award dollars are inclusive of all costs. These grants may be awarded to an institution for a research project performed through a collaborative, formalized agreement **between the grantee institution and two (2) or more participating institutions**. Up to two (2) awards may be made in this category.

The grantee must have a leadership role in the conduct of the planned research and not merely serve as a conduit of funds to another party or parties. A letter of commitment from all parties must be included in the grant application.

Applicants are expected to detail proposed collaborations as part of the grant application. The scope and nature of the proposed research should clearly demonstrate the value of a collaborative, multi-site project for successful execution. Applicants shall include letters of commitment from the participating institutions that describe the activities for which the participating institution will be responsible and staffing commitments, as applicable.

C. APPLICANT ELIGIBILITY

Investigators must be eligible to hold Principal Investigator status at an academic institution in the State of California, if applying as an academic institution.

California public or private nonprofit institutions are eligible to apply. Applicants must be California-based, and all relevant project activities must take place in California. Institutions and principal investigators participating in a Consortium Research Award are also subject to these requirements.

Applicants who have previously received awards from the ADP are eligible to apply for new research projects. Renewals of existing projects must align with the areas or topics of this RFA. Applications in each award category (see III. Objectives, page 5) must meet RFA submission requirements and deadlines. Each application will be evaluated on a competitive basis using a standard scoring tool.

D. DATA PRIVACY

Information obtained in the course of any ADP-funded study that identifies an individual or entity must be treated as confidential in accordance with any promises made or implied regarding the use and purposes of the data collection, including all mandates of the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

V. APPLICATION REQUIREMENTS

1. A Letter of Intent is required. Please include your proposed topic area of research. Due date for the Letter of Intent: **January 18, 2018, 5:00 p.m.** Pacific Standard Time.
E-mail the letter of intent to: AlzheimersD@cdph.ca.gov.

2. The application will consist of the following:

- Project Application Face Sheet (Attachment A)
- Consortium Application – if applicable (Attachment A1)
- Table of Contents (Attachment B)
- Project Summary (Attachment C)
- Body of Proposal/Research Strategy (see Attachment D)
 - Specific Aims
 - Significance
 - Innovation
 - Approach
 - Facilities, Equipment & Resources
- Budget Justification (see Attachment E)
- Proposed Budget (see Attachment E1)

Required Appendices:

- Biographical Sketch(es) (Appendix 1)
- Project Time Line (See example, Appendix 2)
- Proposed Topic Area (Appendix 3)
- Reviewer Recruitment (Appendix 3a)
- Organization Chart (see example, Appendix 4)

3. The application should be submitted in the order identified above. Explanations for each item begin on the following page. Projects may be submitted for a five-year duration.

4. The maximum grant amount requested, **per year**, including indirect costs, may not exceed:

- Individual Investigator Awards—\$623,000
- Consortium Awards—\$1,000,000 (per year per award, not per Institution)

5. See Formatting Requirements on Page 15. Please follow the instructions for each component of the application.

Applications that do not adhere to these requirements will NOT be considered for funding. NO EXCEPTIONS.

A. PROJECT APPLICATION FACE SHEET (Attachment A)

All applicants, whether individual or consortium, must complete Attachment A. In Item 1, indicate the research area or topic by checking the appropriate box/es. In Item 2, Project Title, specify the proposed name of the project. In Item 3, specify if you are applying for an Individual Investigator or Consortium Research Award, and in Item 4, mark to confirm this is a five-year research project. The Grant Period must align with State of California fiscal years, beginning with July 1, 2019.

Complete Items 5 through 11. For Item 11, a person authorized to sign on behalf of the applicant institution must execute the required signature. Signature must be in blue ink.

Failure to complete any items on the Project Application Face Sheet will be viewed as non-responsive and the RFA may not be considered for funding.

A1. CONSORTIUM APPLICATION: COLLABORATING INSTITUTIONS (Attachment A1)

Consortium applicants must complete Attachment A1. Please include Letter(s) of Commitment from collaborating institutions and attach to A1. Failure to include the Letter(s) of Commitment will be viewed as non-responsive and the application may not be considered for funding.

B. TABLE OF CONTENTS (Attachment B)

Complete Attachment B. Ensure the Project Application Face Sheet begins Page 1 of the Table of Contents.

C. PROJECT SUMMARY (Attachment C)

Complete the fillable portion of Attachment C, and then add the project summary as follows:

1. Provide a summarized description of the project.
2. List proposed staff who will be engaged in the research. Describe the duties and qualifications of each. Indicate the staff's percentage of time's involvement to be funded by this RFA award.
3. Describe the management plan to oversee the project.
4. Subcontractors and consultants must be identified, their qualifications set forth, and a description of the work they are to perform provided in detail.
5. Maximum 2 pages, single spaced, Arial 12 pt. font for Individual Investigator Applications. Maximum 4 pages, single spaced, Arial 12 pt. font for Consortium Applications.

D. BODY OF PROPOSAL/RESEARCH STRATEGY

(Formatting Requirements: Maximum 20 pages for sole applications, double spaced, Arial 12-pt. font. Maximum 30 pages for consortium applications, double spaced, Arial 12 pt. font.)

The Body of Proposal/Research Strategy must include the following:

The Body of Proposal/Research Strategy is organized into five sections: Specific Aims, Significance, Innovation, Approach and Facilities, Equipment and Resources. The detail for each section is described below.

1. SPECIFIC AIMS

- a) The purpose of the specific aims is to describe concisely and realistically the goals of the proposed research and summarize the expected outcome(s), including the impact of the proposed research will exert on the research fields involved.
- b) The recommended length of the specific aims is one page.
- c) The specific aims should cover broad, long-term goals; the specific objectives and hypotheses to be tested; summarize expected outcomes; and describe impact on the research field.

2. SIGNIFICANCE

- a) The Significance section should explain the importance of the problem or describe the critical barrier to progress in the field that is being addressed. This section should also include the significance of the proposed research and relevance to public health. Explain how the proposed research project will improve scientific knowledge, technical capability, and/or clinical practice in one or more broad fields. Describe how the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field will be changed if the proposed aims are achieved.
- b) The recommended length is approximately one to two pages.
- c) The Significance section should cover: the state of existing knowledge, including literature citations and highlights of relevant data; the rationale of the proposed research; explain gaps that the project is intended to fill; and potential contribution of this research to the scientific field(s) and public health.

3. INNOVATION

- a) Explain how the application challenges and seeks to shift current research or clinical practice paradigms. Describe any novel theoretical concepts,

approaches or methodologies, instrumentation or interventions to be developed or used, and any advantage over existing methodologies, instrumentation, or interventions. Explain any refinements, improvements, or new applications of theoretical concepts, approaches or methodologies, instrumentation, or interventions.

- b) The recommended length of the innovation section is one page.
- c) The innovation section should include the following: explain why concepts and methods are novel to the research field, focus on innovation in study design and outcomes, and summarize novel findings to be presented as preliminary data in the Approach section.

4. APPROACH

- a) The purpose of the approach section is to describe how the research will be carried out. This section is crucial to how favorably an application is reviewed.
- b) The maximum recommended length of the approach section is 9-10 pages.
- c) The research design and methods section should include the following: PI's preliminary studies, data, and experience relevant to the application and the experimental design; the overview of the experimental design; a description of methods and analyses to be used to accomplish the specific aims of the project; a discussion of potential difficulties and limitations and how these will be overcome or mitigated; expected results, and alternative approaches that will be used if unexpected results are found; and a projected sequence or timetable (work plan).

5. FACILITIES, EQUIPMENT & RESOURCES

Describe available facilities, major equipment, and resources. Describe the scientific environment and institutional setting in which the proposed project will be carried out.

E. BUDGET AND BUDGET JUSTIFICATION (Attachments E and E1)

See Attachment E, page 26, for instructions. Attachment E1 contains five (5) pages of fillable form for completing Budget; one page for each proposed year of the grant.

F. APPENDICES

See Appendices instructions beginning on Page 32.

VI. SUBMISSION REQUIREMENTS

- A. Submit the application components in the order specified on page 9, Section V, Application Requirements.
- B. Submit the application in PDF format to AlzheimersD@cdph.ca.gov.
- C. Applications should include the names and contact information for six (6) reviewers who have expertise in any of the application's five topic areas (see Appendix 3a).
- D. Applications must be received by **February 8, 2018, no later than 5:00 p.m.** Pacific Standard Time.

VII. REVIEW PROCESS

Applications satisfying the conditions set forth in this RFA will be forwarded to the Review Panel. Please note that reviewers will not be required to review application beyond the maximum number of pages. The Review Panel will include external reviewers with expertise in the research topic areas of this RFA. Reviewers will employ a standard CDPH scoring tool based on the RFA requirements. Applications with the highest scores will be considered for funding. The maximum score is 125.

<u>Component</u>	<u>Maximum Points</u>
Project Application Face Sheet	2
Table of Contents	1
Project Summary	10
Body of Proposal/Research Strategy (total 70 points):	
-Specific Aims	20
-Significance	10
-Innovation	10
-Approach	20
-Facilities, Equipment & Resources	10
Budget	3
Budget Justification	3
Biographical Sketch/Qualifications & Experience	15
Project Time Line	10
Reviewer Recruitment	10
Organization Chart	1
Total	125

To be considered for funding, a minimum score of **95 (76%)** is required. CDPH reserves the right to request clarification or supplemental information from the applicant.

VIII. NOTIFICATION OF GRANT AWARD

Applicants will be notified of the award decisions by e-mail. Grant award notification letters will be also mailed to the selected Grantee(s).

IX. GRANT REQUIREMENTS

Following the review process, grant awards will be negotiated between the successful applicant institution and CDPH. Grantees will be required to conform to CDPH's contractual requirements and standard State provisions and restrictions included in each grant.

The following two pages include some of the major grants provisions and restrictions.

A. Human Subjects

All applicants using human subjects, and approved for funding, will be required to provide copies of their Institutional Review Board (IRB) approval and consent forms to CDPH prior to the effective date of the grant award. If applicants have not received approval for human subjects, please visit the [Committee for the Protection of Human Subjects \(CPHS\)](https://oshpd.ca.gov/data-and-reports/data-resources/cphs/) website at <https://oshpd.ca.gov/data-and-reports/data-resources/cphs/>. Applicants must submit proposals to CPHS. CPHS serves as the IRB for the California Health and Human Services Agency. Applicants may also call CPHS at 916-326-3660 or by email at cph-mail@oshpd.ca.gov. The IRB approval must show the protocol ID number, date of approval, and expiration date. Evidence of annual renewal of the IRB approval and Consent Forms for project years three to five will be required for continued funding.

All Consortium Award applicants using human subjects, and approved for funding, will be required to provide evidence to CDPH prior to the effective date of the grant award that the appropriate Human Subjects' Clearances have been obtained from the IRBs at all of the participating institutions. If Consortium Award applicants have not received approval for human subjects, please visit the [Committee for the Protection of Human Subjects \(CPHS\)](https://oshpd.ca.gov/data-and-reports/data-resources/cphs/) website at <https://oshpd.ca.gov/data-and-reports/data-resources/cphs/>. Applicants must submit proposals to CPHS. CPHS serves as the IRB for the California Health and Human Services Agency. Applicants may also call CPHS at 916-326-3660 or by email CPHS at cph-mail@oshpd.ca.gov. Evidence of annual renewal of the IRB approval and Consent Forms at all of the participating institutions for project years three to five will be required for continued funding.

B. Laboratory Animals

All applicants using vertebrate laboratory animals, and approved for funding, will be required to provide copies of their Institutional Animal Care and Use Committee (IACUC) approval indicating the protocol ID number, date of approval, and expiration date to CDPH prior to the effective date of the grant award. Evidence of annual renewal of the IACUC approval for project years two, three, four, and five will be required for continued funding. All Consortium Award applicants using vertebrate laboratory animals, and approved for funding, will be required to provide evidence to CDPH prior to the effective date of the grant award that the appropriate Institutional Animal Clearances have been obtained from the IACUCs at all of the participating institutions. Evidence of annual renewal of the IACUC

approval at all of the participating institutions for project years two, three, four, and five will be required for continued funding.

C. Site Inspection

The State, through any authorized representatives, has the right at all reasonable times to inspect or otherwise monitor and/or evaluate the work performed and the premises in which it is being performed.

D. Conditions Applicable to Independent Research

The Grantee shall include in all data/research reports or publications (a) a disclaimer that credits any analysis, interpretations, or conclusions reached to the author(s), and not to the State, (b) a statement on the biases or limitations in the data known to affect the report findings and (c) an acknowledgement that the research was funded by the California Department of Public Health, Chronic Disease Control Branch, Alzheimer's Disease Program..

E. Confidentiality

Grantees shall maintain confidentiality of any and all data collected on individuals.

F. Invoicing

Grantees, upon submission of an acceptable invoice, will be reimbursed in arrears for actual expenses incurred by the Grantee under the terms of the grant agreement and budget. Invoices shall be submitted on either a monthly or a quarterly basis. The final invoice of each grant year is due 60 calendar days after the end of the budget period. Invoices submitted more than 90 calendar days after the end of the budget period, grant agreement expiration, or grant termination, may not, at the State's discretion, be honored by the State unless the Grantee has obtained prior written approval from the State.

G. Audits

Grantees may be audited up to three (3) years after the final invoice payment is made under the grant.

H. Publications, Presentations or Printing of Reports

The Grantee will provide annual reports to CDPH, in a format prescribed by CDPH, describing the progress to date on achieving the specific aims, challenges during implementation and how these were resolved, the impact of the research on health outcomes; scientific impact such as publications in peer review journals, presentations; and any subsequent additional grant funding related to the subject research. Any publications, presentations, printed reports, or resulting research findings related to this grant must acknowledge the appropriate funding source: California Department of Public Health, Alzheimer's Disease Program. Grantees shall notify the ADP of all publications, presentations, printed reports, and resulting research findings created for this project both

during the grant period and for a period of six years after the grant period. The Grantee must include the ADP as a peer reviewer on any publication by emailing the ADP at AlzheimersD@cdph.ca.gov. ADP staff must be listed as co-authors on any publications under peer review.

X. Grant Application Formatting Guideline
The following documents must be formatted as follows:

Component	Fillable Form?	Attachment or Appendix	1-inch Margins Arial 12 pt. Font	Line Spacing	Page Limitation
Project Application Face Sheet	Yes	Attachment A	N/A	N/A	N/A
Consortium Application	Yes	Attachment A1	N/A	N/A	N/A
Table of Contents	Yes	Attachment B	N/A	N/A	N/A
Project Summary (Individual)	Partially	Attachment C	Yes	Single	2 pages
Project Summary (Consortium)	Partially	Attachment C	Yes	Single	4 pages
<u>Body of Proposal/Research Strategy</u> Specific Aims Significance Innovation Approach Facilities, Equipment & Resources	No	Attachment D	Yes	Double	20 pages for sole applications/ 30 pages for consortium applications.
Budget Justification	No	Attachment E	Yes	Single	2 pages
Budget	Yes	Attachment E1	N/A	N/A	1 page each grant year
Biographical Sketch(es)	Partially	Appendix 1	Yes	Single	2 pages each Bio
Time Line	No	Appendix 2	N/A	N/A	1 page each grant year
Proposed Topic Area	Yes	Appendix 3	N/A	N/A	1 page
Reviewer Recruitment	Yes	Appendix 3a	N/A	N/A	6 pages
Organization Chart	No, see example	Appendix 4	N/A	N/A	1 page

ATTACHMENTS

- A: Project Application Face Sheet
- A1: Consortium Information (if applicable)
- B: Table of Contents
- C: Project Summary
- D: Body of Proposal/Research Strategy Instructions
- E: Budget and Budget Justification Instructions
- E1: Proposed Budget

PROJECT APPLICATION FACE SHEET
STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
ALZHEIMER'S DISEASE PROGRAM

1. RESEARCH TOPIC (check all that apply):

- CAREGIVING PREVENTION
- EARLY DIAGNOSIS AND DETECTION LONG-TERM SERVICES AND SUPPORT SYSTEMS/HEALTH SERVICES
- POPULATIONS SUFFERING FROM HEALTH DISPARITIES

2. PROJECT TITLE _____

3. AWARD TYPE: INDIVIDUAL CONSORTIUM AWARD

4. AWARD TERM*: 5 YEAR

*Term will match state fiscal year, July 1-June 30

5. BUDGET SUMMARY Total for Entire Grant Period \$ _____

6. LEGAL NAME OF APPLICANT INSTITUTION:

Mailing Address _____

City State Zip Code

Phone _____ E-mail _____

FEDERAL TAX ID NUMBER _____

7. PRINCIPAL INVESTIGATOR/DIRECTOR

Name _____ Degree(s) _____ Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

8. FINANCIAL OFFICER

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

9. PAYMENT LOCATION (All payment for invoices are sent to the address of the Institution Official.
If address of the Institution Official is not the address, to which you wish payments to be mailed,
please indicate the correct contact person and address below)

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

10. OFFICIAL SIGNING FOR APPLICANT INSTITUTION

Name _____ Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

11. The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge, and accepts as a condition of a grant all the terms and conditions listed in the RFA, along with the obligation to comply with applicable state requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection.

Signature of Official Signing for Institution

Date

CONSORTIUM APPLICATION: COLLABORATING INSTITUTIONS

A Letter of Commitment must be included from all collaborating institutions.

Attach Letter(s) of Commitment to this Application (Attachment A-1).

Please complete all fields. Add additional sheets, if necessary.

1. LEGAL NAME OF COLLABORATING INSTITUTION:

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

PRINCIPAL INVESTIGATOR

Name _____ Degree(s) _____ Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

2. LEGAL NAME OF COLLABORATING INSTITUTION:

Name _____

Mailing Address _____

City State Zip Code

PRINCIPAL INVESTIGATOR

Name _____ Degree(s) _____ Title _____

Mailing Address _____

City State Zip Code

Phone _____ E-mail _____

3. LEGAL NAME OF COLLABORATING INSTITUTION:

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

PRINCIPAL INVESTIGATOR

Name _____ Degree(s) _____ Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

4. LEGAL NAME OF COLLABORATING INSTITUTION:

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

PRINCIPAL INVESTIGATOR

Name _____ Degree(s) _____ Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

TABLE OF CONTENTS
(See RFA Page 10 for Instructions)

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Body of Proposal/Research Strategy	_____
Budget	_____
Budget Justification	_____
<u>Appendices</u>	
Biographical Sketch(es)	_____
Project Time Line	_____
Proposed Topic Area	_____
Reviewer Recruitment	_____
Organization Chart	_____

PROJECT SUMMARY

Principal Investigator			
Title of Project			
Research Topic Area <input type="checkbox"/> Caregiving <input type="checkbox"/> Prevention <input type="checkbox"/> Early Diagnosis and Detection <input type="checkbox"/> Long-Term Services and Support Systems/Health Services <input type="checkbox"/> Populations Suffering from Health Disparities			
<input type="checkbox"/> Individual Investigator		<input type="checkbox"/> Consortium	
Applicant Institution			
Collaborating Institutions (for consortium applicants only)			
Amount of Funding Requested	YR 1 \$ _____	YR 2 \$ _____	YR 3 \$ _____
	YR 4 \$ _____	YR 5 \$ _____	

Attach a Project Summary.

- Individual Investigator descriptions are limited to **two** (2) pages in length, single-spaced, Arial 12 pt. font.
- Consortium Research Awards descriptions are limited to **four** (4) pages in length, single spaced, Arial 12 pt. font, and should include information on the proposed collaborations and participating institutions.

PROJECT SUMMARY

Principal Investigator			
Title of Project			
Research Topic Area <input type="checkbox"/> Caregiving <input type="checkbox"/> Prevention <input type="checkbox"/> Early Diagnosis and Detection <input type="checkbox"/> Long-Term Services and Support Systems/Health Services <input type="checkbox"/> Populations Suffering from Health Disparities			
<input type="checkbox"/> Individual Investigator		<input type="checkbox"/> Consortium	
Applicant Institution			
Collaborating Institutions (for consortium applicants only)			
Amount of Funding Requested	YR 1 \$_____	YR 2 \$_____	YR 3 \$_____
	YR 4 \$_____	YR 5 \$_____	

Attach a Project Summary.

- Individual Investigator descriptions are limited to **two** (2) pages in length, single-spaced, Arial 12 pt. font.
- Consortium Research Awards descriptions are limited to **four** (4) pages in length, single spaced, Arial 12 pt. font, and should include information on the proposed collaborations and participating institutions.

BODY OF PROPOSAL/RESEARCH STRATEGY INSTRUCTIONS

Please read instructions on Page 11. The full proposal will include Specific **Aims, Significance, Innovation, Approach and Facilities, Equipment and Resources.**

Format requirements: Maximum 20 pages for sole applications, double spaced, Arial 12 pt. font.
(Maximum 30 pages for consortium applications, double spaced, Arial 12 pt. font.)

**Budget and Budget Justification
INSTRUCTIONS**

1. Complete the Proposed Budget using Attachment E1; one form is provided for each year of the proposed grant. Use only whole numbers for the budget. Cents must be rounded to the nearest whole dollar. If the space provided is not sufficient, attach additional information and include in the total dollars for that category (e.g. Total Personnel Costs).

Attachment E1 is for internal purposes only and will not be included in the executed grant agreement.

2. Prepare a Budget Justification. Explain the proposed costs for each 12-month period for which funding is requested. Explain the need for individual staff, budgeted travel, equipment, sub-contracts, and consultants. Give a description of what is included in Operating Expense.

Note: If each year's budget is essentially the same, one overall narrative is sufficient. Maximum two pages, single spaced, Arial 12 pt. font.

If there are **significant** changes from year to year, a narrative for each year is required. Maximum two pages, single spaced, Arial 12 pt. font for each year.

3. A formal grant amendment will be required if total available funding increases or decreases.

PROPOSED BUDGET
Year 1: July 1, 2019 – June 30, 2020

Applicant Name _____

Personnel

<u>Name, Position Title of each</u>	<u>Monthly Salary or Range</u>	<u>FTE %</u>	<u>Annual Cost</u>
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
Total Personnel Costs			\$ _____

Fringe Benefits _____ % of Personnel \$ _____

Operating Expenses (Itemize all operating expenses)

<u>Expense Description</u>	<u>Cost</u>	
Office Supplies	\$ _____	
Communication	\$ _____	
Publications	\$ _____	
Printing	\$ _____	
Travel	\$ _____	
Other: specify _____	\$ _____	
Total Operating		\$ _____

Equipment (Itemize all equipment costs)

<u>Equipment Description</u>	<u># of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>
_____	_____	\$ _____	\$ _____
Total Equipment			\$ _____

Travel \$ _____

Subcontracts (Subcontractors and their objectives must be described in the Body of Proposal/Research Strategy.)

<u>Name of Subcontractor:</u>	<u>Cost</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Subcontracts		\$ _____

Other Costs (Itemize each cost charged to this line item)

<u>Item Description</u>	<u>Cost</u>	
_____	\$ _____	
_____	\$ _____	
Total Other Costs		\$ _____

Indirect Costs (_____ % of Total Costs) ** \$ _____

** Indirect costs are limited to 8% of total costs

TOTAL COSTS \$ _____

PROPOSED BUDGET
Year 2: July 1, 2020 – June 30, 2021

Applicant Name _____

Personnel

<u>Name, Position Title of each</u>	<u>Monthly Salary or Range</u>	<u>FTE %</u>	<u>Annual Cost</u>
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____

Total Personnel Costs \$ _____

Fringe Benefits _____ % of Personnel \$ _____

Operating Expenses (Itemize all operating expenses)

<u>Expense Description</u>	<u>Cost</u>
Office Supplies	\$ _____
Communication	\$ _____
Publications	\$ _____
Printing	\$ _____
Travel	\$ _____
Other: (specify _____)	\$ _____

Total Operating \$ _____

Equipment (Itemize all equipment costs)

<u>Equipment Description</u>	<u># of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>
_____	_____	\$ _____	\$ _____

Total Equipment \$ _____

Travel \$ _____

Subcontracts (Subcontractors and their objectives must be described in the Body of Proposal/Research Strategy.)

<u>Name of Subcontractor:</u>	<u>Cost</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Subcontracts \$ _____

Other Costs (Itemize each cost charged to this line item)

<u>Item Description</u>	<u>Cost</u>
_____	\$ _____
_____	\$ _____

Total Other Costs \$ _____

Indirect Costs (_____ % of Total Costs) ** \$ _____

** Indirect costs are limited to 8% of total costs

TOTAL COSTS \$ _____

PROPOSED BUDGET
Year 3: July 1, 2021 – June 30, 2022

Applicant Name _____

Personnel

<u>Name, Position Title of each</u>	<u>Monthly Salary or Range</u>	<u>FTE %</u>	<u>Annual Cost</u>
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
Total Personnel Costs			\$ _____

Fringe Benefits _____ % of Personnel \$ _____

Operating Expenses (Itemize all operating expenses)

<u>Expense Description</u>	<u>Cost</u>	
Office Supplies	\$ _____	
Communication	\$ _____	
Publications	\$ _____	
Printing	\$ _____	
Travel	\$ _____	
Other: (specify _____)	\$ _____	
Total Operating		\$ _____

Equipment (Itemize all equipment costs)

<u>Equipment Description</u>	<u># of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>
_____	_____	\$ _____	\$ _____
Total Equipment			\$ _____

Travel \$ _____

Subcontracts (Subcontractors and their objectives must be described in the Body of Proposal/Research Strategy.)

<u>Name of Subcontractor:</u>	<u>Cost</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Subcontracts		\$ _____

Other Costs (Itemize each cost charged to this line item)

<u>Item Description</u>	<u>Cost</u>	
_____	\$ _____	
_____	\$ _____	
Total Other Costs		\$ _____

Indirect Costs (_____ % of Total Costs) ** \$ _____

** Indirect costs are limited to 8% of total costs

TOTAL COSTS \$ _____

PROPOSED BUDGET
Year 4: July 1, 2022 – June 30, 2023

Applicant Name _____

Personnel

<u>Name, Position Title of each</u>	<u>Monthly Salary or Range</u>	<u>FTE %</u>	<u>Annual Cost</u>
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
Total Personnel Costs			\$ _____

Fringe Benefits _____ % of Personnel \$ _____

Operating Expenses (Itemize all operating expenses)

<u>Expense Description</u>	<u>Cost</u>	
Office Supplies	\$ _____	
Communication	\$ _____	
Publications	\$ _____	
Printing	\$ _____	
Travel	\$ _____	
Other: (specify _____)	\$ _____	
Total Operating		\$ _____

Equipment (Itemize all equipment costs)

<u>Equipment Description</u>	<u># of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>
_____	_____	\$ _____	\$ _____
Total Equipment			\$ _____

Travel \$ _____

Subcontracts (Subcontractors and their objectives must be described in the Body of Proposal/Research Strategy.)

<u>Name of Subcontractor:</u>	<u>Cost</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Subcontracts		\$ _____

Other Costs (Itemize each cost charged to this line item)

<u>Item Description</u>	<u>Cost</u>	
_____	\$ _____	
_____	\$ _____	
Total Other Costs		\$ _____

Indirect Costs (_____ % of Total Costs) ** \$ _____

** Indirect costs are limited to 8% of total costs

TOTAL COSTS \$ _____

PROPOSED BUDGET
Year 5: July 1, 2023 – June 30, 2024

Applicant Name _____

Personnel

<u>Name, Position Title of each</u>	<u>Monthly Salary or Range</u>	<u>FTE %</u>	<u>Annual Cost</u>
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
Total Personnel Costs			\$ _____

Fringe Benefits _____ % of Personnel \$ _____

Operating Expenses (Itemize all operating expenses)

<u>Expense Description</u>	<u>Cost</u>	
Office Supplies	\$ _____	
Communication	\$ _____	
Publications	\$ _____	
Printing	\$ _____	
Travel	\$ _____	
Other: (specify _____)	\$ _____	
Total Operating		\$ _____

Equipment (Itemize all equipment costs)

<u>Equipment Description</u>	<u># of Units</u>	<u>Unit Cost</u>	<u>Total Cost</u>
_____	_____	\$ _____	\$ _____
Total Equipment			\$ _____

Travel \$ _____

Subcontracts (Subcontractors and their objectives must be described in the Body of Proposal/Research Strategy.)

<u>Name of Subcontractor:</u>	<u>Cost</u>	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Total Subcontracts		\$ _____

Other Costs (Itemize each cost charged to this line item)

<u>Item Description</u>	<u>Cost</u>	
_____	\$ _____	
_____	\$ _____	
Total Other Costs		\$ _____

Indirect Costs (_____ % of Total Costs) **

\$ _____

** Indirect costs are limited to 8% of total costs

TOTAL COSTS \$ _____

APPENDICES

- Appendix 1:** Biographical Sketch(es)
- Appendix 2:** Example of a Time Line
- Appendix 3:** Proposed Topic Area
- Appendix 3a:** Reviewer Recruitment
- Appendix 4:** Example of an Organization Chart
- Appendix 5:** Application Checklist

APPENDICES - INSTRUCTIONS

Appendix 1: Biographical Sketches

Provide the required information, then add an attachment containing the following:

- Starting with current position, list in reverse chronological order previous employment, experience, and honors. Include present membership on any Federal Government Public Advisory Committee.
- List, in reverse chronological order, the titles and complete references to all publications during the past three years, and to any earlier publications pertinent to this application.
- Do not exceed two pages for each Bio.

Appendix 2: Project Time Line

See example. A separate time line must be submitted for each year of the project showing the anticipated completion of major activities, tasks, and functions. The time lines should be included in the proposal appendix.

Appendix 3: Proposed Topic Area

Complete as shown.

Appendix 3a: Reviewer Recruitment (6 pages)

Provide the names of six (6) potential reviewers per the instructions on the form, and mark the check box(es) with their area(s) of expertise as shown.

Appendix 4: Organization Chart

See example. Provide an organization chart showing the location and the persons responsible for the proposed research project, including for each participating institution in Consortium Research Award applications.

Appendix 5: Application Checklist

Use the checklist to ensure your application is complete.

BIOGRAPHICAL SKETCH(ES)

<p>Give the following information for key professional personnel listed on budget, beginning with the Principal Investigator/Program Director. <u>Complete this form for each person</u>, and attach qualifications and professional experience per instructions below.</p>			
NAME		TITLE	
<p>EDUCATION <i>(Begin with baccalaureate or other initial professional education and include postdoctoral training)</i></p>			
INSTITUTION AND LOCATION	DEGREE (State highest degree)	YEAR CONFERRED	FIELD OF STUDY

Attach Qualifications and Professional Experience:

- Formatting: Single-spaced, Arial 12 pt. font.
- Concluding with present position, list in chronological order previous employment, experience, and honors. Include present membership on any Federal Government Public Advisory Committee.
- List, in chronological order, the titles and complete references to all publications during the past three years and to earlier publications pertinent to this application.
- **DO NOT EXCEED TWO PAGES FOR EACH BIO SKETCH.**

Example of a Time Line

A separate time line must be submitted for each year of the project. Please follow this format.

Title of Project: Evaluation of Memory Training Modules in Individuals with Moderate Alzheimer's Disease

Year 1: 7/1/2019– 6/30/2020

Major Activity, Task or Function	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Hire Project Coordinator	C											
Obtain IRB approval	O	C										
Develop/Revise Training Materials		O	C									
Hire Research Assistant #1			C									
Hire Research Assistant #2			C									
Train RAs in test administration, scoring, and training modules			O	C								
Begin subject recruitment and training for Project #1				O	O	O	O	O	O	O	O	C
Evaluation of training modules						O	O	O	O	O	O	O
Data entry into database				O	O	O	O	O	O	O	O	C

O = Ongoing C = Complete

PROPOSED TOPIC AREA/S

Principal Investigator/Degree(s):

Topic Area (Check all that apply):

- Caregiving**
- Prevention**
- Early Diagnosis and Detection**
- Long-Term Services and Support Systems/Health Services**
- Populations Suffering from Health Disparities**

Project Title: _____

Applicant Institution: _____

Consortium Institutions (minimum of two): _____

REVIEWER RECRUITMENT

Using all six pages provided, please identify six (6) potential reviewers residing in the United States that are qualified to review the five topic areas of Caregiving, Prevention, Research and Evaluation of Tools for Early Diagnosis and Detection, Long-Term Services and Support Systems/Health Services and Populations Suffering from Health Disparities. When recommending reviewers, it is not necessary for the reviewer to be qualified in your chosen topic area.

Appendix 3a must be fully completed, with six (6) potential reviewer names provided. If not fully completed, your final score will be decreased by 10 points.

REVIEWER RECRUITMENT

Reviewer Recommendation #1:

Name _____

Institution _____

Telephone _____

E-mail _____

Identify any known conflicts of interest of this reviewer. If none, write none:

Reviewer Area of Expertise: Check all boxes that apply.

- Caregiving.** Examples:
- Improving the delivery of social support and health care services for Alzheimer's disease patients and their families and caregivers.
 - Understanding and alleviating the financial, emotional and physical impact of caring for a loved one with Alzheimer's disease or a related disorder.
- Prevention.** Examples:
- Identifying risk and preventive factors for Alzheimer's disease such as sleep patterns; chronic diseases such as high blood pressure, heart disease and diabetes, and the impacts of exercise and nutrition.
 - Developing and/or using appropriate risk assessments, diagnostic tools, and effective interventions to prevent and treat Alzheimer's disease and related dementias among California's diverse population.
- Early Diagnosis and Detection.** Examples:
- Detection of dementia by primary care practitioners and specialists through the use of brain imaging, or standardized clinical tests of memory and thinking abilities.
 - Innovative methods of linking research findings and technological advances with clinical practice, medical education and new medical settings.
 - Evaluating best practice clinical guidelines or toolkits.
- Long-Term Services and Support Systems/Health Services.** Examples:
- Increasing the quality of dementia care in health care delivery systems.
 - Improving access to Long-Term Services and Support Systems/Health Services, as well as home and community based services, through improved care coordination.
 - Researching effective health care system strategies and technologies that aid in reducing incidents of re-hospitalization and emergency department use.
- Populations Suffering from Health Disparities.** Examples:
- Investigating the racial, ethnic, gender, sexual orientation/identity, and socioeconomic differences and their impacts on risk and treatment outcomes for Alzheimer's disease and related dementias.
 - Increasing the quality of dementia care in health care delivery systems, particularly as it relates to cultural and linguistic competency.

REVIEWER RECRUITMENT

Reviewer Recommendation #2:

Name _____

Institution _____

Telephone _____

E-mail _____

Identify any known conflicts of interest of this reviewer. If none, write none:

Reviewer Area of Expertise: Check all boxes that apply.

- Caregiving.** Examples:
 - Improving the delivery of social support and health care services for Alzheimer's disease patients and their families and caregivers.
 - Understanding and alleviating the financial, emotional and physical impact of caring for a loved one with Alzheimer's disease or a related disorder.

- Prevention.** Examples:
 - Identifying risk and preventive factors for Alzheimer's disease such as sleep patterns; chronic diseases such as high blood pressure, heart disease and diabetes, and the impacts of exercise and nutrition.
 - Developing and/or using appropriate risk assessments, diagnostic tools, and effective interventions to prevent and treat Alzheimer's disease and related dementias among California's diverse population.

- Early Diagnosis and Detection.** Examples:
 - Detection of dementia by primary care practitioners and specialists through the use of brain imaging, or standardized clinical tests of memory and thinking abilities.
 - Innovative methods of linking research findings and technological advances with clinical practice, medical education and new medical settings.
 - Evaluating best practice clinical guidelines or toolkits.

- Long-Term Services and Support Systems/Health Services.** Examples:
 - Increasing the quality of dementia care in health care delivery systems.
 - Improving access to Long-Term Services and Support Systems/Health Services, as well as home and community based services, through improved care coordination.
 - Researching effective health care system strategies and technologies that aid in reducing incidents of re-hospitalization and emergency department use.

- Populations Suffering from Health Disparities.** Examples:
 - Investigating the racial, ethnic, gender, sexual orientation/identity, and socioeconomic differences and their impacts on risk and treatment outcomes for Alzheimer's disease and related dementias.
 - Increasing the quality of dementia care in health care delivery systems, particularly as it relates to cultural and linguistic competency.

REVIEWER RECRUITMENT

Reviewer Recommendation #3:

Name _____

Institution _____

Telephone _____

E-mail _____

Identify any known conflicts of interest of this reviewer. If none, write none:

Reviewer Area of Expertise: Check all boxes that apply.

- Caregiving.** Examples:
- Improving the delivery of social support and health care services for Alzheimer's disease patients and their families and caregivers.
 - Understanding and alleviating the financial, emotional and physical impact of caring for a loved one with Alzheimer's disease or a related disorder.
- Prevention.** Examples:
- Identifying risk and preventive factors for Alzheimer's disease such as sleep patterns; chronic diseases such as high blood pressure, heart disease and diabetes, and the impacts of exercise and nutrition.
 - Developing and/or using appropriate risk assessments, diagnostic tools, and effective interventions to prevent and treat Alzheimer's disease and related dementias among California's diverse population.
- Early Diagnosis and Detection.** Examples:
- Detection of dementia by primary care practitioners and specialists through the use of brain imaging, or standardized clinical tests of memory and thinking abilities.
 - Innovative methods of linking research findings and technological advances with clinical practice, medical education and new medical settings.
 - Evaluating best practice clinical guidelines or toolkits.
- Long-Term Services and Support Systems/Health Services.** Examples:
- Increasing the quality of dementia care in health care delivery systems.
 - Improving access to Long-Term Services and Support Systems/Health Services, as well as home and community based services, through improved care coordination.
 - Researching effective health care system strategies and technologies that aid in reducing incidents of re-hospitalization and emergency department use.
- Populations Suffering from Health Disparities.** Examples:
- Investigating the racial, ethnic, gender, sexual orientation/identity, and socioeconomic differences and their impacts on risk and treatment outcomes for Alzheimer's disease and related dementias.
 - Increasing the quality of dementia care in health care delivery systems, particularly as it relates to cultural and linguistic competency.

REVIEWER RECRUITMENT

Reviewer Recommendation #4:

Name _____

Institution _____

Telephone _____

E-mail _____

Identify any known conflicts of interest of this reviewer. If none, write none:

Reviewer Area of Expertise: Check all boxes that apply.

- Caregiving. Examples:
- Improving the delivery of social support and health care services for Alzheimer's disease patients and their families and caregivers.
 - Understanding and alleviating the financial, emotional and physical impact of caring for a loved one with Alzheimer's disease or a related disorder.
- Prevention. Examples:
- Identifying risk and preventive factors for Alzheimer's disease such as sleep patterns; chronic diseases such as high blood pressure, heart disease and diabetes, and the impacts of exercise and nutrition.
 - Developing and/or using appropriate risk assessments, diagnostic tools, and effective interventions to prevent and treat Alzheimer's disease and related dementias among California's diverse population.
- Early Diagnosis and Detection. Examples:
- Detection of dementia by primary care practitioners and specialists through the use of brain imaging, or standardized clinical tests of memory and thinking abilities.
 - Innovative methods of linking research findings and technological advances with clinical practice, medical education and new medical settings.
 - Evaluating best practice clinical guidelines or toolkits.
- Long-Term Services and Support Systems/Health Services. Examples:
- Increasing the quality of dementia care in health care delivery systems.
 - Improving access to Long-Term Services and Support Systems/Health Services, as well as home and community based services, through improved care coordination.
 - Researching effective health care system strategies and technologies that aid in reducing incidents of re-hospitalization and emergency department use.
- Populations Suffering from Health Disparities. Examples:
- Investigating the racial, ethnic, gender, sexual orientation/identity, and socioeconomic differences and their impacts on risk and treatment outcomes for Alzheimer's disease and related dementias.
 - Increasing the quality of dementia care in health care delivery systems, particularly as it relates to cultural and linguistic competency.

REVIEWER RECRUITMENT

Reviewer Recommendation #5:

Name _____

Institution _____

Telephone _____

E-mail _____

Identify any known conflicts of interest of this reviewer. If none, write none:

Reviewer Area of Expertise: Check all boxes that apply.

- Caregiving.** Examples:
- Improving the delivery of social support and health care services for Alzheimer's disease patients and their families and caregivers.
 - Understanding and alleviating the financial, emotional and physical impact of caring for a loved one with Alzheimer's disease or a related disorder.
- Prevention.** Examples:
- Identifying risk and preventive factors for Alzheimer's disease such as sleep patterns; chronic diseases such as high blood pressure, heart disease and diabetes, and the impacts of exercise and nutrition.
 - Developing and/or using appropriate risk assessments, diagnostic tools, and effective interventions to prevent and treat Alzheimer's disease and related dementias among California's diverse population.
- Early Diagnosis and Detection.** Examples:
- Detection of dementia by primary care practitioners and specialists through the use of brain imaging, or standardized clinical tests of memory and thinking abilities.
 - Innovative methods of linking research findings and technological advances with clinical practice, medical education and new medical settings.
 - Evaluating best practice clinical guidelines or toolkits.
- Long-Term Services and Support Systems/Health Services.** Examples:
- Increasing the quality of dementia care in health care delivery systems.
 - Improving access to Long-Term Services and Support Systems/Health Services, as well as home and community based services, through improved care coordination.
 - Researching effective health care system strategies and technologies that aid in reducing incidents of re-hospitalization and emergency department use.
- Populations Suffering from Health Disparities.** Examples:
- Investigating the racial, ethnic, gender, sexual orientation/identity, and socioeconomic differences and their impacts on risk and treatment outcomes for Alzheimer's disease and related dementias.
 - Increasing the quality of dementia care in health care delivery systems, particularly as it relates to cultural and linguistic competency.

REVIEWER RECRUITMENT

Reviewer Recommendation #6:

Name _____

Institution _____

Telephone _____

E-mail _____

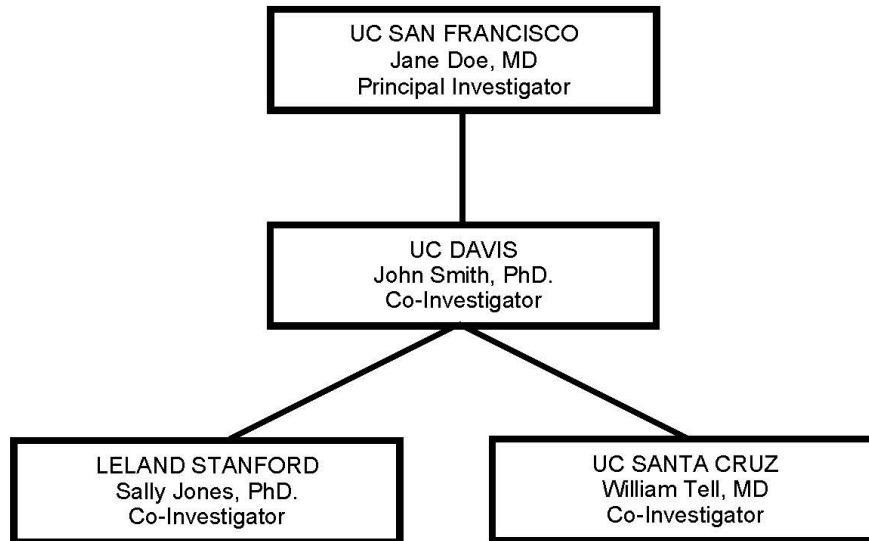
Identify any known conflicts of interest of this reviewer. If none, write none:

Reviewer Area of Expertise: Check all boxes that apply.

- Caregiving.** Examples:
- Improving the delivery of social support and health care services for Alzheimer's disease patients and their families and caregivers.
 - Understanding and alleviating the financial, emotional and physical impact of caring for a loved one with Alzheimer's disease or a related disorder.
- Prevention.** Examples:
- Identifying risk and preventive factors for Alzheimer's disease such as sleep patterns; chronic diseases such as high blood pressure, heart disease and diabetes, and the impacts of exercise and nutrition.
 - Developing and/or using appropriate risk assessments, diagnostic tools, and effective interventions to prevent and treat Alzheimer's disease and related dementias among California's diverse population.
- Early Diagnosis and Detection.** Examples:
- Detection of dementia by primary care practitioners and specialists through the use of brain imaging, or standardized clinical tests of memory and thinking abilities.
 - Innovative methods of linking research findings and technological advances with clinical practice, medical education and new medical settings.
 - Evaluating best practice clinical guidelines or toolkits.
- Long-Term Services and Support Systems/Health Services.** Examples:
- Increasing the quality of dementia care in health care delivery systems.
 - Improving access to Long-Term Services and Support Systems/Health Services, as well as home and community based services, through improved care coordination.
 - Researching effective health care system strategies and technologies that aid in reducing incidents of re-hospitalization and emergency department use.
- Populations Suffering from Health Disparities.** Examples:
- Investigating the racial, ethnic, gender, sexual orientation/identity, and socioeconomic differences and their impacts on risk and treatment outcomes for Alzheimer's disease and related dementias.
 - Increasing the quality of dementia care in health care delivery systems, particularly as it relates to cultural and linguistic competency.

EXAMPLE OF AN ORGANIZATION CHART

The following is an example of a consortium organization chart. Please supply a chart showing the management structure of the project, if applicable.



APPLICATION CHECKLIST

Application components should be submitted in the following order.

- ✓ Project Application Face Sheet
- ✓ Consortium Application, if applicable
- ✓ Table of Contents
- ✓ Project Summary
- ✓ Body of Proposal/Research Strategy
- ✓ Budget
- ✓ Budget Justification

APPENDICES:

- ✓ Biographical Sketch(es)
- ✓ Project Timeline
- ✓ Proposed Topic Area
- ✓ Reviewer Recruitment (6 pages)
- ✓ Organization Chart