

ALZHEIMER'S DISEASE RESEARCH AWARDS
Request for Applications #24-10004

California Department of Public Health Alzheimer's Disease Program

ALZHEIMER'S DISEASE RESEARCH
AWARDS

Request for Applications #24-10004
October 20, 2023



Chronic Disease Control Branch
Alzheimer's Disease Program
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V. APPENDICES 25

I. INTRODUCTION AND OVERVIEW

A. Alzheimer's Disease Research Awards: Background

The mission of the California Department of Public Health's (CDPH) Alzheimer's Disease Program (ADP) is to build awareness of brain health and empower California communities to address Alzheimer's disease and related dementias (ADRD). ADP is legislatively mandated to reduce the human burden and economic costs associated with ADRD, and ultimately to assist in discovering the cause and treatment of this disease.ⁱ The ADP strives to improve the capacity of public health, health care delivery, and long-term care services and support systems in California for persons with ADRD.

The ADP is soliciting applications from research institutions to further understand and address the greater prevalence of dementia in underrepresented or disparate populations including women, communities of color, and populations historically underrepresented in research including Lesbian/Gay/Bisexual/Transgender/Queer/Questioning (LGBTQ+) communities and rural communities. Data is needed in these populations to ensure implementation of culturally-responsive preventive measures, long-term care services, and support systems at the community level.

Over the past 20 years, the impacts of ADRD have adversely affected Californians across communities. Alzheimer's disease is the third leading cause of death in California compared to sixth nationally, and it is estimated that over 690,000 adults aged 65 years and older are living with Alzheimer's disease (AD) statewide (Alzheimer's Association, 2023; Ross, Beld, Yeh, 2021). The baby-boom generation (Americans born between 1946 and 1964) has already begun to reach age 65 and beyond, the age range at greatest risk of developing ADRD. This number continues to grow exponentially, as the number of Californians living with ADRD is expected to double by 2040 (Ross, Beld, Yeh, 2021). Californians are overall at greater risk having the second longest life expectancy nationwide (The U.S. Burden of Disease Collaborators, 2018). With the breadth of impact this disease has, ADRD prevalence disproportionately affects certain groups and there is increased ADRD risk among specific populations. The ADP prioritizes disparate groups that are at greatest risk for ADRD and the associated negative health outcomes from comorbidities due to being underserved, underinsured, and historically underrepresented in research.

Women and ethnic minority groupsⁱⁱ in California experience disparately higher rates of ADRDs. Almost two-thirds of Americans with ADRD are women. Older Black/African and Latino/Hispanic Americans are disproportionately more likely to have ADRD than older non-Hispanic Whites (Alzheimer's Association, 2023). Across communities of color, the number of Asian Americans, Pacific Islanders and Latino/Hispanic living with ADRD is projected to triple by the year 2030 (Alzheimer's Disease and Related Disorders Advisory Committee, 2019).

Communities in California that are often overlooked in public health data collection are

ⁱ The CDPH, Chronic Disease Control Branch (CDCB), 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).

ⁱⁱ Ethnic minority groups include but are not limited to: Black/African American, American Indian or Alaska Native, Asian American, Latino/ax, and Native Hawaiian or Other Pacific Islander communities.

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populations where limited information on ADRD prevalence is available and further understanding is needed to understand the impacts of ADRDs in diverse groups. The reported AD prevalence is projected to more than double in the Lesbian/Gay/Bisexual (LGB) community by 2040, despite a paucity of data (Ross, Beld, Yeh, 2021). Research is warranted to establish an understanding and address the greater prevalence of dementia in communities identifying as LGBTQ+, American Indian or Alaska Natives, Native Hawaiians or Other Pacific Islanders, as well as residents in rural/isolated areas of California. Moreover, there are 109 tribal nations in 34 counties across California, however ADRD prevalence data is limited in this population (Northern California Indian Development Council, no date).

Due to a lack of data, health outcomes across groups have been consequently aggregated to extract statistical significance. However, this has also historically led to unintended consequences in culturally-responsive outreach, prevention, and treatment of diseases as there exists a vast diversity in socioeconomic statuses, cultural norms, and health outcomes that may disguise meaningful information among sub-groups. A misrepresentation of disease rates across aggregated groups may negatively affect the equitable distribution of resources and delay ADRD diagnoses for populations with the greatest need (Lim, etc., 2020). Focusing on these disparate groups will assist in decreasing the number of Californians disproportionately burdened by ADRD, expanding the role of public health as a key driver in improving social determinants of health and positive health outcomes for those burdened with ADRD and their caregivers.

Our goal is that these research projects lead to an advancement of knowledge regarding Alzheimer's disease and related dementias, with a focus on understanding and addressing the greater prevalence of dementia in women and communities of color and also focus on populations historically underrepresented in research including the LGBTQ+ community, either in the academic or research field and to clinical implementation, including new treatment methodologies, or new detection and diagnosis innovations. CDPH 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 to ensure implementation of culturally responsive preventive measures, long-term care services, and support systems at the community level that fosters health equity and reduces health disparities experienced by vulnerable communities in California.

B. 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 dementias.

The objective of this RFA is to fund applicants focused on improving the breadth of research and quality data on California's diverse communities and to accomplish the three following goals:

1. Bolster ADRD data among disparate groups by:
 - a. Increasing data collection and building upon existing evidence of ADRD prevalence in populations historically underrepresented in ADRD research.
 - b. Disaggregating data for misrepresented populations such as Asian Americans and Native Hawaiian/Pacific Islanders populations.

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2. Assess the frequency of utilization of ADRD existing services by the populations of focus; and,
3. Continue outreach of existing ADRD resources and services to impacted and underrepresented populations.

Applicants are invited to submit research applications that focus on understanding and addressing the greater prevalence of dementia in women, ethnic minority groups, and/or populations historically underrepresented in research including the LGBTQ+ communities and rural communities. For reference, the maps in Appendix 5 show each race's population size by county in California. Applicants must demonstrate a focus on community, population health, and/or clinical studies in the following topic areas:

Research must address the following **required topic area**:

1. 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 dementias among California's diverse population. 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;
 - Examining barriers in ADRD clinical research enrollment of disparate populations;
 - Increasing the quality of dementia screening and diagnosis of disparate populations;
 - Increasing the quality of dementia care in health care delivery systems, particularly as it relates to cultural and linguistic competency;
 - Determining the effectiveness of culturally-responsive interventions;
 - Identifying top modifiable risk factors that affect the population of focus.

In addition to Topic Area 1, applicants **may select one or more of the following topic areas**:

2. Caregiving: The economic and social impacts of caregiving. This topic addresses Goal #3 discussed on Pages 4 and 5. Examples of caregiving activities:
 - 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 dementia.
3. Prevention: The identification of risk factors and targets for preventive healthcare and public health messaging. This topic addresses Goals #1 and #3. Examples of prevention activities:
 - 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;
 - Providing accessible interventions that decrease modifiable health risks.

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4. Early Diagnosis and Detection: Research and evaluation of tools for early diagnosis and detection of Alzheimer's disease. This topic addresses Goals #1 and #3. Examples of early diagnosis and detection activities:
 - 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.

5. 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. This topic addresses Goals #2 and #3. Examples of activities:
 - 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.

C. Available Funding

Applications may be submitted for one-time grant funding over four (4) consecutive fiscal years. The number of awards issued will be dependent on available funding. It is anticipated that grants will be awarded beginning July 1, 2024.

Categories of Awards

Two categories of funding are available: Individual Investigator Awards and Consortium Research Awards. Applicants may apply in one or both categories; however, an applicant that applies in both categories will only be funded for one category. CDPH reserves the right to award funds in the below 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 **\$500,000** per project, per fiscal year may be funded. Award dollars are inclusive of all costs.

2. Consortium Research Awards

In this category, grant awards of up to **\$1,200,000** 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.**

The grantee must have a leadership role in conducting 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

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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.

D. Grant Term

The term of the expected grants is anticipated to be a 48-month term effective from **July 1, 2024 to June 30, 2028**.

Any resulting grant will be of no force or effect until signed by both parties and approved by ADP or the Department of General Services, whichever is applicable. The Awardee is cautioned not to commence performance until all approvals are obtained. Should performance commence before all approvals are obtained, said services may be considered to have been volunteered without State reimbursement.

ADP reserves the right to modify the term of resulting grants via a formal grant amendment process.

E. Eligibility Criteria

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

Please note that this RFA **does not** accept applications proposing **drug trial(s)**. Drug trials are a type of research study to explore whether a drug is safe and effective for human use.

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

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

Applicants who have previously received awards from the ADP are eligible to apply for new research projects. Applications in each award category must meet RFA submission requirements and deadlines. Each application will be evaluated on a competitive basis using a standard scoring tool.

F. 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. All applicants using human subjects, and approved for funding, will be required to provide copies of their Institutional

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Review Board (IRB) approval and consent forms to CDPH prior to the effective date of the grant award (see Part IV. Administrative Requirements). The Committee for the Protection of Human Subjects (CPHS) serves as the IRB for the California Health and Human Services (CHHS) Agency. The role of the CPHS and other IRBs is to assure that research involving human subjects is conducted ethically and with minimum risk to participants. The CHHS Agency and its subdivisions do not disclose, make available, or use any personally identifiable data for purposes other than the reasons specified at or before the time of collection without the consent of the subject of the data or as authorized by law or regulation.

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G. Key Activities and Action Dates

Table 1. Project Timeline (subject to change)

Dates	Key Activities
October 20, 2023	RFA posted on ADP webpage
November 3, 2023	Voluntary Informational Webinar To access the webinar, click the following: Microsoft Teams Webinar Link Webinar begins promptly at 10:00 a.m., Pacific Time (PT) .
November 9, 2023	Last day to submit questions to AlzheimersD@cdph.ca.gov by 5:00 p.m., PT .
November 13, 2023	Required Letter of Intent due by 5:00 p.m., PT . Send to AlzheimersD@cdph.ca.gov . Late applications will not be considered.
November 17, 2023	Q&A Responses published to ADP webpage .
December 15, 2023	Applications Due by 5:00 p.m., PT Send in Word document file format to: AlzheimersD@cdph.ca.gov
Dec. 18, 2023 - Jan. 5, 2024	Review and Scoring Process
January 12, 2024	Public Notice of Intent to Award posted on ADP webpage ; applicants notified by e-mail.
January 19, 2024	Notice of Intent to Appeal letter due by 5:00 p.m., PT
January 31, 2024	Final Announcement of Awards*
Feb. 1-16, 2024	Grant Negotiation Period
July 1, 2024	Grant Term Start Date
June 30, 2028	Grant Term End Date

*Final Awards cannot be made until all appeals have been resolved.
It is the Applicant's responsibility to check for notices and addenda for this RFA on the [ADP webpage](#) throughout the RFA process.

Proposals received after the specified date and time are considered late and will not be accepted. There are no exceptions.

H. Open Question Period

All questions concerning this RFA must be submitted in writing via e-mail to: AlzheimersD@cdph.ca.gov Include the subject line: *ADP RFA #24-10004 Questions*.

ADP will accept questions related to the RFA until the deadline listed in Section G (Key Activities and Action Dates), Table 1 (Project Timeline). Questions may include but are not limited to the services to be provided for the RFA and/or its accompanying materials, instructions, or requirements. All questions should include the name of the organization and the name of the individual submitting the question. Please submit a topic and reference the application page number or attachment/ appendix number, if applicable.

A confirmation of receipt for question(s) by ADP will be sent to the prospective applicant via e-mail. It is the responsibility of applicants to contact ADP in the event that a confirmation receipt is not received.

I. Voluntary Informational Webinar

ADP will hold a voluntary RFA informational webinar. On the call, ADP staff will review the RFA process, eligibility, and funding; and provide a program overview. Additionally, ADP staff will respond to questions received by the deadline listed in Section G (Activities and Action Dates), Table 1 (Project Timeline).

Attending the Informational Webinar:

1. Prospective Applicants should thoroughly review and be familiar with this RFA prior to the webinar.
2. Prospective Applicants may access the voluntary webinar information in Section G (Activities and Action Dates), Table 1 (Project Timeline) as well as on the [ADP website](#).

II. APPLICATION PROCESS

A. Letter of Intent - Required

Submission of a non-binding Letter of Intent to notify ADP of the applicant's intent to submit an application is required. A letter is due by **November 9, 2023, 5:00 pm, Pacific Standard Time**. The Letter of Intent must be emailed to: AlzheimersD@cdph.ca.gov. Applicants that do not submit a Letter of Intent by the deadline will not be considered for funding. The Letter of Intent is to be submitted by the applicant on their institution's letterhead and must include the following:

1. Title and number of the RFA under which the application will be submitted (California Department of Public Health, Chronic Disease Control Branch, Alzheimer's Disease Program – Alzheimer's Disease Research Awards, RFA #24-10004)

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2. Identify if the application will be submitted as an individual or a consortium application.
3. Proposed topic area of research.
4. Estimated budget request (may not exceed the maximum funding amount).
5. Signature of the person authorized to sign on behalf of the applicant institution.
6. Contact number of the person authorized to sign on behalf of the applicant institution.
7. Email address of the person authorized to sign on behalf of the applicant institution.

B. Application Requirements

Applications will consist of full completion of the following documents:

A. Project Application Face Sheet

All applicants, whether individual or consortium, must complete Document A of the Application (in Appendix 2), "Project Application Face Sheet" which will provide ADP information about the applicant.

A1. Consortium Application: Collaborating Institutions – if applicable

Consortium applicants must complete Document A1 of the Application (in Appendix 2). Please include Letter(s) of Commitment from all collaborating institutions and attach to A1. Failure to include the Letter(s) of Commitment will be viewed as non-responsive, and the application will not be considered for funding.

B. Project Summary

1. Provide a summarized description of the project.
2. List all proposed staff and consultants who will be engaged in the research and describe their duties and qualifications.
3. Indicate the staff's percentage of time's involvement to be funded by this RFA award.
4. Describe the management plan to oversee the project.

C. Body of Proposal/Research Strategy

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

1. Specific Aims

- a. Describe concisely and realistically the short-term and long-term goals of the proposed research.
- b. Summarize the specific objectives and hypotheses to be tested, and
- c. Summarize of the expected outcome(s) and the impact of the proposed research on the research fields involved.

2. Significance

Include a narrative response that describes the following information:

- a. Population(s) of focus
- b. County(ies) where research will be conducted
- c. Justification for population(s) selected with supporting data
- d. The importance of the problem or the critical barrier to progress in the field that is being addressed.
- e. The state of existing knowledge, including literature citations and highlights of relevant data. If applicable, the Principal Investigator's preliminary studies, data, and experience relevant to the application and the

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- experimental design.
- f. The rationale of the proposed research. Explain gaps that the project is intended to fill.
 - g. 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.
 - h. How the proposed research project can contribute to eliminating health disparities and improving health equity.
3. Innovation
- a. Explain how the application challenges and seeks to shift current research or clinical practice paradigms.
 - b. Describe any novel theoretical concepts, approaches, methodologies, instrumentation, or interventions to be developed or used, and any advantage over existing methodologies, instrumentation, or interventions.
 - c. Explain any refinements, improvements, or new applications of theoretical concepts, approaches, methodologies, instrumentation, or interventions.

D. Approach and Project Activities

1. Approach – discuss the approach to the research. Include the following information:
 - a. Purpose – describe how the research will be carried out.
 - b. Research Design and Methods – this section must include the following:
 - Overview of the experimental design;
 - Description of methods and analyses to be used to accomplish the specific aims of the project;
 - Discussion of potential difficulties and limitations and how these will be overcome or mitigated; and
 - Expected results, and alternative approaches that will be used if unexpected results are found.
2. Project Activities
 - a. Provide a timetable with specific milestones.
 - b. Include deliverables that will be submitted with each progress report. Deliverables are tangible things that will be produced to demonstrate the achievement of each activity.

E. 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.

- F. Budget** (attach Excel workbook from Appendix 3 as an additional document)
Complete the proposed Budget using the fillable Excel workbook found in Appendix 3, Budget Template. **Review the Guide tab for further instructions within the Excel**

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workbook of Appendix 3, Budget Template. Provide budget amounts with calculations for the following line items where applicable:

1. Personnel
2. Travel
3. Materials and supplies
4. Equipment
5. Consultant costs
6. Subawardee (consortium/subrecipient) costs
7. Other direct costs
8. Indirect costs

Verify each project activity that results in an expenditure of funds is adequately reflected in the budget.

The amounts are derived from the California local assistance fund. The amount of the grant award is contingent upon annual appropriations by the California State Legislature and available State Funds. A formal grant amendment will be required if total available funding increases or decreases.

G. Budget Justification

Complete the Budget Justification (Document F1) found in Appendix 2.

H. Additional Documents

The application must include the following additional documents as attachments.

1. Budget Template – attach completed Excel workbook from Appendix 3.
2. For Individual Applicants, three (3) Letters of Support. For Consortium Applicants, one (1) Letter of Commitment from each collaborator.
3. Biographical Sketch(es).
4. Organization Chart.
5. Form STD 204 for non-governmental entities. For governmental entities, such as The Regents of the University of California (UC) and California State University (CSU), use Form CDPH 9083; templates in Appendix 4.

PLEASE FOLLOW DETAILED INSTRUCTIONS IN APPENDIX 1 FOR EACH COMPONENT OF THE APPLICATION.

C. Application Submission Requirements

1. Submit the application packet as detailed above under Part II, Application Process, Section B (Application Requirements).
2. Submit the application (exception for excel budget) in **Word document** format to AlzheimersD@cdph.ca.gov.
3. RFA packages must be received by **December 15, 2023 by 5:00 PM (PST)**.
4. Confirmation of receipt of the application packet by the ADP will be sent to the applicant via e-mail.

D. California Department of Public Health Chronic Disease Control Branch Rights

The CDPH/CDCB, reserves the right to do any of the following up to the application submission deadline:

- Modify any dates or deadline appearing in this RFA or Section G (Key Activities and Action Dates).
- Issue clarification notices, addenda, alternate RFA instructions, forms, etc.
- Waive any RFA requirement or instruction for all applicants if the CDPH/ CDCB determines that a requirement or instruction was unnecessary or erroneous.

If this RFA is corrected, clarified, or modified, the CDPH/CDCB will post all clarification notices and/or RFA addenda on the [ADP webpage](#).

The CDPH/CDCB, reserves the right to modify the RFA under unforeseen events, including but not limited to a determination that an insufficient number of applications are responsive, additional funding is identified, anticipated decreased funding, geographic service coverage is insufficient, applicant's funding needs exceed available funding, etc.

III. SCORING AND RUBRIC

Phase I Review

The ADP will carefully screen all applications received by the due date for compliance with all requirements stated in this RFA.

Only fully completed applications will be considered eligible and advanced to the review committee. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements. Applicants that move to Phase II will not be notified.

Phase II Review

Applications satisfying the requirements 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. Reviewers will employ a scoring tool based on the RFA requirements. Applications with the highest scores will be considered for funding.

The rubric is valued at a maximum of 100 points. Table 2 outlines the maximum point values for each section, and Table 3 details the point breakdown for each application component. To be considered for funding, a minimum score of **75** (75%) is required. CDPH reserves the right to request clarification or supplemental information from the applicant.

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Table 2. Maximum Point Values for RFA Documents

Component	Maximum Points
Project Application Face Sheet	1
Project Summary	10
Body of Proposal/Research Strategy (total of 40 points for Specific Aims, Significant, and Innovation):	
• Specific Aims	10
• Significance	20
• Innovation	10
Approach and Project Activities	15
Facilities, Equipment & Resources	5
Budget	5
Budget Justification	6
Additional Documents (total of 18 points for all documents listed below):	
• Three (3) Letters of Support or for Consortium Applicants, one (1) Letter of Commitment from each collaborator	6
• Biographical Sketches/Qualifications & Experience, including resumés for consultants	10
• Organization Chart	1
• Form STD 204 or Form CDPH 9083	1
Total	100

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Table 3. Point Breakdown for Each Application Component

Component	Point Value Breakdown
<p>A. Project Application Face Sheet The individual applicant completed Document A of the Application (in Appendix 2), "Project Application Face Sheet"</p> <p style="text-align: center;">OR</p> <p>The consortium applicant completed Document A1 of the Application (in Appendix 2). The consortium applicant attached Letter(s) of Commitment from all collaborating institutions.</p> <p>Note: Failure to include the Letter(s) of Commitment will be viewed as non-responsive, and the application will not be considered for funding.</p>	1 point
<p>B. Project Summary The Applicant:</p> <ol style="list-style-type: none"> 1. Provided a summarized description of the project. 2. Listed all proposed staff and consultants who will be engaged in the research and described their duties and qualifications. 3. Indicated the staff's percentage of time of involvement to be funded by this RFA award. 4. Described the management plan to oversee the project. 5. Identified the subawardees/consultants and described their qualifications and description of the work in detail that they will perform. 	10 points
<p>C. Body of Proposal/Research Strategy Total Possible Points for Section C, including Specific Aims, Significance, and Innovation: 40 points</p>	
<ol style="list-style-type: none"> 1. In "Specific Aims," the Applicant: <ol style="list-style-type: none"> a. Described concisely and realistically the short-term and long-term goals of the proposed research. b. Covered specific objectives and hypotheses to be tested. c. Summarized the expected outcome(s), including the impact of the proposed research on the research fields involved. 	10 points

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Component	Point Value Breakdown
<p>2. In “Significance,” the Applicant included a narrative response that describes the following information:</p> <ul style="list-style-type: none"> a. Population(s) of focus b. County(ies) where research will be conducted c. Justification for population(s) selected with supporting data d. The importance of the problem or the critical barrier to progress in the field that is being addressed. e. The state of existing knowledge, including literature citations and highlights of relevant data. If applicable, the Principal Investigator’s preliminary studies, data, and experience relevant to the application and the experimental design. f. The rationale of the proposed research with scientific data. Explain gaps that the project is intended to fill. g. 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. h. How the proposed research project can contribute to eliminating health disparities and improving health equity. 	20 points
<p>3. In “Innovation,” the Applicant:</p> <ul style="list-style-type: none"> a. Explained how the application challenges and seeks to shift current research or clinical practice paradigms. b. Described any novel theoretical concepts, approaches, methodologies, instrumentation, or interventions to be developed or used, and any advantage over existing methodologies, instrumentation, or interventions. c. Explained any refinements, improvements, or new applications of theoretical concepts, approaches, methodologies, instrumentation, or interventions. 	10 points
<p>D. Approach and Project Activities Total Possible Points for Section D, Approach and Project Activities:</p>	15 points

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Component	Point Value Breakdown
<p>1. In “Approach,” the Applicant discussed the approach to the research. The Applicant included the following information:</p> <ol style="list-style-type: none"> a. Purpose – described how the research will be carried out. b. Research Design and Methods – this section included the following: <ul style="list-style-type: none"> • Overview of the experimental design; • Description of methods and analyses to be used to accomplish the specific aims of the project; • Discussion of potential difficulties, limitations and how these will be overcome or mitigated; and • Expected results, and alternative approaches that will be used if unexpected results are found. 	10 points
<p>2. In, “Project Activities,” the Applicant:</p> <ol style="list-style-type: none"> a. Provided a timetable with specific milestones. b. Included deliverables that will be submitted with each progress report. 	5 points
<p>E. Facilities, Equipment, & Resources The Applicant:</p> <ul style="list-style-type: none"> • Described available facilities, major equipment, and resources. • Described the scientific environment and institutional setting in which the proposed project will be carried out. 	5 points
<p>F. Budget The Applicant:</p> <ul style="list-style-type: none"> • Completed the proposed Budget Template (Appendix 3) • Provided budget amounts with calculations for the following line items where applicable: <ol style="list-style-type: none"> 1. Personnel <ol style="list-style-type: none"> a. Name b. Role on Project c. Fringe Benefits 2. Travel 3. Materials and supplies 4. Equipment 5. Consultant costs 6. Subawardee (consortium/subrecipient) costs 7. Other direct costs 8. Rent 9. Indirect costs • Verified each project activity that results in an expenditure of funds is adequately reflected in the budget. 	5 points

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Component	Point Value Breakdown
<p>F1. Budget Justification The Applicant completed the Budget Justification (Document F1), Exhibit B1, found in Appendix 2.</p>	<p>6 points</p>
<p>G. Additional Documents Total Possible Points for Section H, Additional Documents: 18 points</p> <p>The application included the following additional documents as attachments.</p> <ol style="list-style-type: none"> 1. Letters of Support. 2. Biographical Sketch(es). 3. Organization Chart. 4. Form STD 204 for non-governmental entities. For governmental entities, such as The Regents of the University of California (UC) and California State University (CSU), use Form STD 9083; templates in Appendix 4. 	<p>Letters of Support: 6 points</p> <p>Biographical Sketch(es): 10 points</p> <p>Organization Chart: 1 point</p> <p>Form STD 204 or Form STD 9083: 1 point</p>

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Phase III Review

Applications will be funded in order by score and rank determined by the Review Committee. When selecting awardees, the Review Committee will consider requirements along with any factors that may affect the funding rank order and decision. Applicants may be funded out of order to ensure target population representation of recipients is **non-duplicative** and to ensure that the breadth of opportunities across groups highly affected by ADRDs in the areas served are maintained through this RFA. The applicant should explain the different types of consequences, such as: how many people have ADRDs, populations most likely to have ADRDs, or health consequences related to ADRDs in specific populations.

Upon completion of the grant review process, a notification of acceptance will be posted on the [Alzheimer's Disease Program](#) web page. Final posting of selected awardees will be posted to the same web page.

IV. ADMINISTRATIVE REQUIREMENTS

Following the review process, grant awards will be negotiated between the successful applicant institution and ADP. Grantees will be required to conform to CDPH's contractual requirements and standard State provisions and restrictions included in each grant. ADP may require modifications to the application components as a condition of the award (i.e., Scope of Work, Detailed Budget, etc.) which will become part of the final grant. Upon completion and approval of these documents, the Grant documents will be submitted to CDPH for execution.

Part IV. Administrative Requirements includes some of the major grant provisions and restrictions.

A. Human Subjects

All applicants using human subjects, and approved for funding, will be required to provide copies of their 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 [CPHS webpage](#) on the [Center for Data Insights and Innovation website](#). Applicants must submit proposals to CPHS. CPHS serves as the IRB for the CHHS Agency. Applicants may also call CPHS at (916) 651-5599 or by email at cphs@chhs.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 two 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 [CPHS webpage](#) for information. Applicants must submit proposals to CPHS. CPHS serves as the IRB for the CHHS Agency. Applicants may also call CPHS at (916) 651-5599 or by email CPHS at cphs@chhs.ca.gov. Evidence of annual renewal of the IRB approval and Consent Forms at all of the participating institutions for project years two will be required for continued funding.

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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 year two 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 from all of the participating institutions. Evidence of annual renewal of the IACUC approval from all of the participating institutions for project year two 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 on which it is being performed.

D. Conditions Applicable to Independent Research

Grantees 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 Grantees under the terms of the grant agreement and approved budget. Invoices with backup documentation shall be submitted on a quarterly basis. During the 48-period funding period, invoices are to be submitted electronically to CDCBInvoices@cdph.ca.gov in accordance with the following schedule:

Quarter	Budget Period	Invoice Due Date
1	July 1 to September 30	November 1
2	October 1 to December 31	February 1
3	January 1 to March 31	May 1
4	April 1 to June 30	August 1
Supplemental Invoice (Year 4 only)	July 1, 2027 to June 30, 2028	September 1, 2028

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The final invoice of each grant year is due 30 calendar days after the end of the budget period. Invoices submitted more than 30 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. Publications, Presentations or Printing of Reports

Grantees will provide annual reports to ADP, 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, Chronic Disease Control Branch, 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 (6) years after the grant period. Grantees must submit a manuscript or draft to ADP at AlzheimersD@cdph.ca.gov for review and approval prior to any publication. Grantees must notify the ADP via email at AlzheimersD@cdph.ca.gov, as soon as an article is accepted for publication.

H. Audits

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

I. Use of Funds

The funds awarded through this RFA may not be used for program activities that are not defined in the RFA.

J. Disposition of Applications

Upon application opening, all documents submitted in response to this RFA will become the property of the State of California and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.

K. Inspecting or Obtaining Copies of Application Materials

Persons wishing to view or inspect any application or award related materials must follow the Public Records Act request process detailed at: <https://www.dgs.ca.gov/Services/Page-Content/Service-List/Request-Public-Records>

L. Cost of Developing the Application

The Applicant is responsible for the cost of developing and submitting an application. This cost cannot be charged to the State.

M. Dispute Resolution, California Department of Public Health Rights, and Grant Termination

1. Resolution of Differences Between RFA and Contract Language:

If an inconsistency or conflict arises between the terms and conditions appearing in the final grant and the proposed terms and conditions appearing in this RFA, any inconsistency or conflict will be resolved by giving precedence to the grant.

2. California Department of Public Health Rights:

In addition to the rights discussed elsewhere in this RFA, CDPH/ADP reserves the right to do any of the following:

- a. Modify any date or deadline appearing in this RFA.
- b. Issue clarification notices, addenda, alternate RFA instructions, forms, etc. If this RFA is clarified, corrected, or modified, CDPH/ADP intends to post all clarification notices and/or RFA addenda on the [ADP webpage](#).
- c. CDPH/ADP reserves the right to fund any or none of the applications submitted in response to this RFA. CDPH/ADP may also waive any immaterial deviation in any application. CDPH/ADP waiver of any immaterial deviation shall not excuse an application from full compliance with the grant terms if a grant is awarded.
- d. CDPH/ADP reserves the right to withdraw any award or request modifications to the Scope of Work and/or Budget of any application component(s) as a condition of the grant award.

3. Termination:

CDPH/ADP reserves the right to terminate the grant if the application submitted, awarded, modified, and approved by the CDPH/ADP as a result of this RFA is not implemented satisfactorily, or if work is not completed by the due dates prescribed in the RFA.

N. Award Appeal Process

1. Notice of the proposed award shall be posted on the [ADP webpage](#). If any applicant, prior to the award of a grant, appeals the award, on the grounds that the applicant would have been awarded the grant had CDPH/ADP correctly applied the evaluation standard in the RFA, or if CDPH/ADP had followed the scoring methods in the RFA, the grant shall not be awarded until either the appeal has been withdrawn or CDPH has decided the matter. It is suggested that the Applicant submit any appeal by certified or registered mail. Only those submitting an application consistent with the requirements of this RFA and are not awarded a grant may appeal. There is no appeal process for applications that are submitted late, noncompliant, or incomplete. No awarded applicant may appeal the grant award-funding amount.

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- An applicant may appeal the award decision. The applicant must submit a Notice of Intent to Appeal to AlzheimersD@cdph.ca.gov by 5:00 p.m. (PT) on the date listed in Table 1. Project Timeline. The applicant shall then have five (5) calendar days to file a detailed written statement specifying the grounds for the appeal and send the Appeal Letter to:

U.S. Mail Sud Sohil MD, MA, Assistant Deputy Director (or designee) Center for Healthy Communities California Department of Public Health MS 7206 P.O. Box 997377 Sacramento, CA 95899-7377 Phone: (916) 449-5500	Courier (e.g., FedEx) Sud Sohil MD, MA, Assistant Deputy Director (or designee) Center for Healthy Communities California Department of Public Health MS 7206 1616 Capitol Avenue, Suite 74.516 Sacramento, CA 95814 Phone: (916) 449-5500
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- At the sole discretion of the Assistant Deputy Director or their designee, a hearing may be held. The decision of the Assistant Deputy Director or their designee shall be final. There is no further administrative appeal. Appellants will be notified of decisions regarding the appeal in writing within fifteen (15) working days of the hearing date or the consideration of the written material submitted if no hearing is conducted.

V. APPENDICES

- Appendix 1 - Application Instructions
- Appendix 2 - Blank Application Form
- Appendix 3 - Budget Template (xlsx)
- Appendix 4 – Instructions for submitting Payee Data Record & Supplement (STD 204) or Government Agency Taxpayer ID Form (CDPH 9083)
- Appendix 5 - Maps of Population Sizes of Each Race by County in California