

## RFA 16-10054 ADDENDUMS

**PLEASE NOTE: RFA ADDENDUMS ARE SHOWN AS FOLLOWS:**

TEXT ADDITIONS ARE DISPLAYED IN **BOLD AND UNDERLINE**.  
TEXT DELETIONS ARE DISPLAYED AS STRIKE THROUGH TEXT (i.e., ~~Strike~~)

1. Replace in its entirety, Section II, Projected Time Line, (Subject to Change):

**PROJECT TIME LINE (subject to change)**

December 18, 2015	Request for Applications posted on ADP web page: <a href="http://www.cdph.ca.gov/programs/alzheimers/Pages/Default.aspx">http://www.cdph.ca.gov/programs/alzheimers/Pages/Default.aspx</a>
January 8, 2016	Last day to submit questions for Informational Teleconferences Send questions to: <a href="mailto:AlzheimersD@cdph.ca.gov">AlzheimersD@cdph.ca.gov</a>
<p><u>Choose One:</u></p> <p>January 12, 2016 or January 13, 2016</p>	<p><u>Informational Teleconferences</u> Available both days from 10am to Noon Pacific Standard Time</p> <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>Call-in Number: 1-877-810-415 Access Code: 2763277</p> </div> <p>Conference begins promptly at 10am</p>
January 18, 2016	<p>Letter of Intent Due by 5:00 PM Pacific Standard Time Send to <a href="mailto:AlzheimersD@cdph.ca.gov">AlzheimersD@cdph.ca.gov</a></p> <p><b><u>An email stating the sender's intention to apply, along with his/her chosen topic area, is sufficient for the Letter of Intent. An abstract is not required. Please include research topic area in Letter of Intent</u></b></p>
February 12, 2016	<p>Applications Due by 5:00 PM Pacific Standard Time Send in PDF file format to: <a href="mailto:AlzheimersD@cdph.ca.gov">AlzheimersD@cdph.ca.gov</a> (Maximum File Size = 40 megabit)</p>
February 15 through April 15, 2016	Review and Scoring Process
May 16, 2016	Notice of Intent to Award posted on ADP web page; Applicants notified by e-mail
July 1, 2016	Proposed Grant Effective Date

2. Replace in its entirety, Section IV, Application Information, Item B2, Consortium Research Awards:

In this category, grant awards of up to \$160,000 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)~~ **one** 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 be such that a collaborative, multi-site project is essential to 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.

3. Replace in its entirety, Section V, Item B, Table of Contents (Attachment B):

Complete Attachment B. Ensure the Project Application Face Sheet begins Page 1 of the Table of Contents. **Page Numbering instructions: Once you have completed all components of the Application (both fillable forms and additional narratives), and you are ready to complete your Table of Contents (TOC), you will need to EITHER (1) cross-out or white-out the existing RFA page numbers on the bottom right of each page, and write in your own page numbers; OR (2) if you have Adobe Pro, you can scan your entire document and use the Tools menu to delete, change, or add page numbers. Although the TOC is a fillable form, you may also choose to hand-write in the TOC page numbers.**

4. Replace in its entirety, Section VI, Submission Requirements, Item B:

A. Submit the application components in the order specified on page 8, Section V, Application Requirements.

B. Submit the application in PDF format to [AlzheimersD@cdph.ca.gov](mailto: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 four topic areas (see Appendix 3a).

D. Proposals must be received by February 12, 2016, no later than 5:00 p.m. Pacific Standard Time.

**E. Scan the application in PDF Format as one document. However, the Department will accept Applications that arrive in separate PDF documents.**

5. Replace in its entirety, Section IX, Grant Requirements:

**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. 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 and three (if applicable) 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 Subject Clearances have been obtained from the IRBs at all of the participating institutions. Evidence of annual renewal of the IRB approval and Consent Forms at all of the participating institutions for project years two and three (if applicable) 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 and three (if applicable) 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 and three (if applicable) 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.

#### **E. 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, and (b) a statement on the biases in the data known to affect the report findings.

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

**G. F.** 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 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.

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

**H. Grant Award Appeal Procedures. An applicant who has submitted an application and was not funded may file an appeal with the Alzheimer's Disease Program (ADP). Appeals must state the reason, law, rule, regulation, or practice that the applicant believes has been improperly applied in regard to the evaluation or selection process. There is no appeal process for applications that are submitted late or are incomplete. Appeals shall be limited to the following grounds:**

**a) ADP failed to correctly apply the application review process, the format requirements, or evaluating the applications as specified in the RFA.**

**b) ADP failed to follow the methods for evaluating and scoring the applications as specified in the RFA.**

**Appeals must be sent by email to [AlzheimersD@cdph.ca.gov](mailto:AlzheimersD@cdph.ca.gov) and received within five (5) business days from the date you received notification that your grant application was denied. The Division Chief of ADP, or her designee, will arrive at a decision based on the written appeal letter. The decision of the Division Chief of ADP or her designee shall be the final remedy. Appellants will be notified by e-mail within fifteen (15) business days of the consideration of the written appeal letter. ADP reserves the right to award the grant when it believes that all appeals have been resolved, withdrawn, or responded to, to the satisfaction of the Division Chief of ADP or her designee.**

6. Proposed Budget Detail, Attachment E-1, "Other Costs" Section:

Item Description was not made fillable. See revised Attachment E-1 provided in this Addendum. Handwritten descriptions of Other Costs are also acceptable.

7. Proposed Budget Detail, Attachment E-1, Indirect Costs:

Indirect Costs ( \_\_\_\_\_% of Total **Direct** Costs)

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

See revised Attachment E-1 provided in this Addendum. Handwritten insertions of the word "Direct" are also acceptable.

8. Replace in its entirety, Biographical Sketch(es), Appendix 1, 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 THREE PAGES FOR EACH BIO SKETCH. (Appendix 1 form, plus maximum two pages Qualifications and Professional Experience).**

9. Replace in its entirety, Reviewer Recruitment, Appendix 3a:

Using all six pages provided, please identify six (6) potential reviewers residing in the United States that are qualified to review the four topic areas of Caregiving, Epidemiology, Biomarkers and Early Detection, and 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.

**A Reviewer conflict-of-interest exists if:**

- **The reviewer is named on the application in a major professional role.**
- **The Principal Investigator or others on the application with a major role are from the reviewer's institution or institutional component (e.g., department).**
- **Within the past three (3) years, the reviewer has been a collaborator or has had any other professional relationship (e.g., served as mentor) with any person on the application who has a major role.**
- **The reviewer would receive a direct financial benefit if the application is funded.**
- **The reviewer has an indirect financial interest from the applicant's institution or from the Principal Investigator of over \$10,000 in honoraria, stocks, or fees during the course of the previous year or during the project period.**

**Attachment E-1**

**PROPOSED BUDGET DETAIL**  
**Year 1: July 1, 2016 – June 30, 2017**

**Applicant Name** \_\_\_\_\_

**Personnel**

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

**Fringe Benefits** \_\_\_\_\_ % of Personnel \$ \_\_\_\_\_

**Operating Expenses** (Itemize all operating expenses)

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

**Equipment** (Itemize all equipment costs)

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

**Travel** \$ \_\_\_\_\_

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

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

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

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

**Indirect Costs** ( \_\_\_\_\_ % of Total Direct Costs) \*\* \$ \_\_\_\_\_

\*\* Indirect costs are limited to 8% of Total Direct Costs

**TOTAL COSTS** \$ \_\_\_\_\_

**Attachment E-1**

**PROPOSED BUDGET DETAIL  
Year 2: July 1, 2017 – June 30, 2018**

**Applicant Name** \_\_\_\_\_

**Personnel**

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

**Operating Expenses** (Itemize all operating expenses)

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

**Equipment** (Itemize all equipment costs)

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

**Travel** \$ \_\_\_\_\_

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

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

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

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

**Indirect Costs** ( \_\_\_\_\_ % of Total Direct Costs) \*\* \$ \_\_\_\_\_

\*\* Indirect costs are limited to 8% of Total Direct Costs

**TOTAL COSTS** \$ \_\_\_\_\_

Attachment E-1

**PROPOSED BUDGET DETAIL**  
**Year 2: July 1, 2018 – June 30, 2019**

**Applicant Name** \_\_\_\_\_

**Personnel**

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

**Operating Expenses** (Itemize all operating expenses)

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

**Equipment** (Itemize all equipment costs)

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

**Travel** \$ \_\_\_\_\_

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

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

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

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

**Indirect Costs** ( \_\_\_\_\_ % of Total Direct Costs) \*\* \$ \_\_\_\_\_

\*\* Indirect costs are limited to 8% of Total Direct Costs

**TOTAL COSTS** \$ \_\_\_\_\_