Appendix 2. Blank Application Form

Application Checklist

The Required Application Checklist is a fillable form that must not exceed one (1) page. The checklist will serve as the cover sheet for the RFA. Complete the checklist in its entirety to ensure all required components are submitted. Applications without the checklist will not be reviewed.

**Date of Submission:** Click or tap to enter a date.

**Application Contact Name:** Click or tap here to enter text.

**E-mail:** Click or tap here to enter text.

**Organization:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

The following documents must be completed and submitted with this Application Checklist by **December 15, 2023 at 5:00 PM (PST) by e-mail** to AlzheimersD@cdph.ca.gov.

| **Please check** | **Application Contents** | **Appendix** | **Fillable Form?** | **Page Limitation** |
| --- | --- | --- | --- | --- |
|[ ]  Application Checklist (This Form) | Appendix 2 | Yes | N/A |
| [ ]  | Project Application Face Sheet (Document A) | Appendix 2,Document A | Yes | N/A |
|[ ]  Consortium Application: Collaborating Institutions (Document A1) | Appendix 2,Document A1 | Yes | N/A |
|[ ]  For Consortium Applicants, a Letter of Commitment for each collaborating institution  | Submit with application as separate document | N/A |  |
| [ ]  | Project Summary (Document B) | Appendix 2,Document B  | Blank form | 2 pages for individual applications, 4 pages for consortium applications |
|[ ]  Body of Proposal/Research Strategy (Document C) | Appendix 2,Document C | Blank form  | For Documents C, D, and E, max of 15 pages for individual applications, 25 pages for consortium applications. |
| [ ]  | Approach and Project Activities (Document D) | Appendix 2,Document D  | Blank form |  |
|[ ]  Facilities, Equipment, and Resources (Document E) | Appendix 2,Document E | Blank form |  |
| [ ]  | Budget Justification (Document F1; Exhibit B1) | Appendix 2,Document F1 | Blank form | 2 pages |
| Additional Documents |
|[ ]  1. Budget
 | Appendix 3(Exhibit B) | Yes | N/A |
|[ ]  1. Three (3) Letters of Support

or For Consortium Applicants, one (1) Letter of Commitment from each collaborator | Submit with application as separate document | No, see example in Appendix 1 | 2 pages per letter  |
|[ ]  1. Biographical Sketch(es)
 | Appendix 2 | Yes | 2 pages per biosketch |
|[ ]  1. Consultant(s) resumés, if applicable
 | Submit with application as separate documents | N/A | N/A |
|[ ]  1. Organization Chart
 | Appendix 2 | Blank form | 1 page |
|[ ]  1. Form STD 204 or Form CDPH 9083
 | Appendix 4 | Yes | N/A |

Document A. Project Application Face Sheet

**PROJECT APPLICATION FACE SHEET**

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

ALZHEIMER'S DISEASE PROGRAM

1. **RESEARCH TOPIC** (Applications cannot include multiple research areas or topics. A separate application must be submitted for each research area or topic.)

**REQUIRED** Focus:

□ POPULATIONS SUFFERING FROM HEALTH DISPARITIES

**OPTIONAL** Focus (choose only one):

□ PREVENTION

□ EARLY DIAGNOSIS AND DETECTION

□ LONG-TERM SERVICES AND SUPPORT SYSTEMS/HEALTH SERVICES

 □ CAREGIVING

1. PROJECT TITLE: Click or tap here to enter text.
2. AWARD TYPE: □ INDIVIDUAL □ CONSORTIUM AWARD
3. AWARD TERM\*: □ 1 YEAR □ 2 YEARS

\*Term will match state fiscal year, beginning with July 1, 2024 in Year One and July 1, 2025 in Year Two.

1. BUDGET SUMMARY Total for Entire Grant Period $ Click or tap here to enter text.
2. LEGAL BUSINESS NAME OF APPLICANT INSTITUTION (Must match legal business name submitted on Form STD 204 or Form CDPH 9083):

Click or tap here to enter text.

Mailing Address (must be address where payments will be sent):

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Phone Click or tap here to enter text. E-mail Click or tap here to enter text.

FEDERAL TAX ID NUMBER Click or tap here to enter text.

1. PRINCIPAL INVESTIGATOR/DIRECTOR

Name Click or tap here to enter text. Degree(s) Click or tap here to enter text.

Title Click or tap here to enter text.

Mailing Address

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Phone Click or tap here to enter text. E-mail Click or tap here to enter text.

1. FINANCIAL OFFICER

Name Click or tap here to enter text.

Mailing Address

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Phone Click or tap here to enter text. E-mail Click or tap here to enter text.

1. PAYMENT LOCATION (All payments 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 Click or tap here to enter text.

Mailing Address

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City State Zip Code

Phone Click or tap here to enter text. E-mail Click or tap here to enter text.

1. OFFICIAL SIGNING FOR APPLICANT INSTITUTION

Name Click or tap here to enter text. Title Click or tap here to enter text.

Mailing Address

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City State Zip Code

1. 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

Signature of Official Signing for Institution Date

Document A1. Consortium Application: Collaborating Institutions

**A Letter of Commitment must be included from all collaborating institutions. Attach Letter(s) of Commitment to this Application.**

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

COLLABORATING INSTITUTION #1:

1. LEGAL BUSINESS NAME OF COLLABORATING INSTITUTION (Must match legal business name submitted on Form STD 204 or Form CDPH 9083. See Appendix 4):

Name Click or tap here to enter text.

Mailing Address (must be address where payments will be sent):

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

1. PRINCIPAL INVESTIGATOR

Name Click or tap here to enter text. Degree(s) Click or tap here to enter text.

Title Click or tap here to enter text.

Mailing Address (must be address where payments will be sent):

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Phone Click or tap here to enter text. E-mail Click or tap here to enter text.

COLLABORATING INSTITUTION #2:

1. LEGAL BUSINESS NAME OF COLLABORATING INSTITUTION (Must match legal business name submitted on Form STD 204 or Form CDPH 9083. See Appendix 4):

Name Click or tap here to enter text.

Mailing Address (must be address where payments will be sent):

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

1. PRINCIPAL INVESTIGATOR

Name Click or tap here to enter text. Degree(s) Click or tap here to enter text.

Title Click or tap here to enter text.

Mailing Address (must be address where payments will be sent):

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Phone Click or tap here to enter text. E-mail Click or tap here to enter text.

COLLABORATING INSTITUTION #3:

1. LEGAL BUSINESS NAME OF COLLABORATING INSTITUTION (Must match legal business name submitted on Form STD 204 or Form CDPH 9083. See Appendix 4):

Name Click or tap here to enter text.

Mailing Address (must be address where payments will be sent):

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

1. PRINCIPAL INVESTIGATOR

Name Click or tap here to enter text. Degree(s) Click or tap here to enter text.

Title Click or tap here to enter text.

Mailing Address (must be address where payments will be sent):

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Phone Click or tap here to enter text. E-mail Click or tap here to enter text.

COLLABORATING INSTITUTION #4:

1. LEGAL BUSINESS NAME OF COLLABORATING INSTITUTION (Must match legal business name submitted on Form STD 204 or Form CDPH 9083. See Appendix 4):

Name Click or tap here to enter text.

Mailing Address (must be address where payments will be sent):

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

1. PRINCIPAL INVESTIGATOR

Name Click or tap here to enter text. Degree(s) Click or tap here to enter text.

Title Click or tap here to enter text.

Mailing Address (must be address where payments will be sent):

Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

Phone Click or tap here to enter text. E-mail Click or tap here to enter text.

Document B. Project Summary (Individual and Consortium)

Please refer to the instructions provided in Appendix 1, Application Instructions, Document B and write your Project Summary below.

**Principal Investigator Name:** Click or tap here to enter text.

**Project Title:** Click or tap here to enter text.

Document C. Body of Proposal/Research Strategy

Please refer to the instructions provided in Appendix 1, Application Instructions, Document C and write your Body of Proposal/Research Strategy below.

*Format requirements: Maximum 15 pages for individual applications, double-spaced, Arial 12 pt. font. (Maximum 25 pages for consortium applications, double-spaced, Arial 12 pt. font.)*

Document D. Approach and Project Activities

Please refer to the instructions provided in Appendix 1, Application Instructions, Document D and write your Approach and Project Activities below. Include a timeline.

*Format requirements:*

Document E. Facilities, Equipment & Resources

Please refer to the instructions provided in Appendix 1, Application Instructions, Document E and write your Facilities, Equipment & Resources below.

*Format requirements: Double-spaced, Arial 12 pt. font. The recommended length is one to two pages.*

Document F. Budget Instructions

Complete the proposed Budget using **the fillable Excel workbook found in** [**Appendix 3**](file:///%5C%5Cpheecisilon00.file.cdphintra.ca.gov%5Ccdic%5CGroups%5CCDCB%5C4.%20Alzheimer%27s%20Disease%20Section%5C3.%20GRANTS%20%28FOR_PROGRAMs_USE_ONLY%29%5C2.CA_ADRDs_Research_Grants%5C2023_RFA_Grants%5C3.%20RFA%20Documents%5CAppendices%5CAppendix%203%20Budget%20Template%20Exhibit%20B.xlsx)**, Budget Template**.

Document F1. Budget Justification

For the Budget Justification, complete Items 1-9 below. Refer to Appendix 1, Application Instructions, Document F for specific instructions for each item. Cost formulas must be included for each line item(once approved this page will be replaced with the actual Exhibit B1 – Budget Justification template.).

1. **Personnel**

**Name**. Click or tap here to enter text.

**Role on Project**. Click or tap here to enter text.

**Fringe Benefits**. Click or tap here to enter text.

1. **Travel**

Click or tap here to enter text.

1. **Materials and Supplies**

Click or tap here to enter text.

1. **Equipment**

Click or tap here to enter text.

1. **Consultant Costs**

Click or tap here to enter text.

1. **Subawardee (Consortium Collaborating Institution) Costs**

Click or tap here to enter text.

1. **Other Direct Costs**

Click or tap here to enter text.

**Rent.** Click or tap here to enter text.

1. **Indirect (F&A) Costs**

Click or tap here to enter text.

Exhibit B2 – Subawardee Budgets

Budget Pertaining to Subawardee(s) (when applicable)

|  |  |  |
| --- | --- | --- |
| **Subawardee Name:** |   |  |
| **Principal Investigator (Last, First):** |   |  |
|  |  |  |  |  |  |  |  |
| **COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD** |
|  |  |  | **07/01/2016** | **to** | **06/30/2019** |   |  |
|  |  |  |  |  |  |  |  |
| **From:** | **7/1/2016** | **7/1/2017** | **7/1/2018** |  |
| **To:** | **6/30/2017** | **6/30/2018** | **6/30/2019** |  |
| **BUDGET CATEGORY** |   | **Year 1** | **Year 2** | **Year 3** | **TOTAL** |
| PERSONNEL: *Salary and fringe benefits.* | $0 | $0 | $0 | $0 |
| TRAVEL |   | $0 | $0 | $0 | $0 |
| MATERIALS & SUPPLIES |   | $0 | $0 | $0 | $0 |
| EQUIPMENT |   | $0 | $0 | $0 | $0 |
| CONSULTANT |   | $0 | $0 | $0 | $0 |
| SUBRECIPIENT |   | $0 | $0 | $0 | $0 |
| OTHER DIRECT COSTS (ODC) | ***Subject to IDC Calc*** |   |   |   |   |
|   | ODC #1 | ***Y*** | $0 | $0 | $0 | $0 |
|   | ODC #2 | ***Y*** | $0 | $0 | $0 | $0 |
|   | ODC #3 | ***Y*** | $0 | $0**EXAMPLE** | $0 | $0 |
|   | ODC #4 | ***Y*** | $0 | $0 | $0 | $0 |
|   | ODC #5 | ***Y*** | $0 | $0 | $0 | $0 |
|   | ODC #6 | ***Y*** | $0 | $0 | $0 | $0 |
| **TOTAL DIRECT COSTS** |  | **$0** | **$0** | **$0** | **$0** |
| **Indirect (F&A) Costs** |  | **F&A Base** |   |   |   |   |
|  | ***Rate*** | ***MTDC \**** | *$0* | *$0* | *$0* | *$0* |
|  |  |  | **$0** | **$0** | **$0** | **$0** |
| **TOTAL COSTS PER YEAR** |  | **$0** | **$0** | **$0** |  |
| **TOTAL COSTS FOR PROPOSED PROJECT PERIOD** |  |  |  | **$0** |
|  |   |   |  |  |  |  |  |
| \* MTDC = Modified Total Direct Cost  |  |  |
| **JUSTIFICATION.** *See Exhibit B1 - Follow the budget justification instructions.* |  |  |
|  |  |  |  |  |  |  |  |
| **Annual Budget Flexibility (lesser of % or Amount)** |  |  |  |  |
| Prior approval required for budget changes between approved budget categories above the thresholds identified. | **%** | **10.00%** |  |  |  |
|  | ***or*** |  |  |  |
| **Amount** | *$10,000* |  |  |  |

Document G. Additional Documents

Submit the following documents with your application as attachments.

1. Budget (Document F; Exhibit B); template in [Appendix 3](file:///%5C%5Cpheecisilon00.file.cdphintra.ca.gov%5Ccdic%5CGroups%5CCDCB%5C4.%20Alzheimer%27s%20Disease%20Section%5C3.%20GRANTS%20%28FOR_PROGRAMs_USE_ONLY%29%5C2.CA_ADRDs_Research_Grants%5C2023_RFA_Grants%5C3.%20RFA%20Documents%5CAppendices%5CAppendix%203%20Budget%20Template%20Exhibit%20B.xlsx)
2. Letters of Support (Individual Applicants) or Letters of Commitment (Consortium Applicants)
3. Biographical Sketches; template on the next page.
4. Resumés of Consultants, if applicable
5. Organization Chart
6. Form STD 204 or Form CDPH 9083; template in [Appendix 4](file:///%5C%5Cpheecisilon00.file.cdphintra.ca.gov%5Ccdic%5CGroups%5CCDCB%5C4.%20Alzheimer%27s%20Disease%20Section%5C3.%20GRANTS%20%28FOR_PROGRAMs_USE_ONLY%29%5C2.CA_ADRDs_Research_Grants%5C2023_RFA_Grants%5C3.%20RFA%20Documents%5CAppendices%5CAppendix%204%20std204.pdf)

Additional Documents: Biographical Sketches Template

Give the following information for key professional personnel listed on budget, beginning with the Principal Investigator/Program Director. Complete this form for each person and attach qualifications and professional experience per instructions below.

**Name**: Click or tap here to enter text.

**Education** (Begin with baccalaureate or other initial professional education and include postdoctoral training): Click or tap here to enter text.

**Institution and Location**: Click or tap here to enter text.

**Degree** (state highest degree): Click or tap here to enter text.

**Field of Study**: Click or tap here to enter text. **Year Conferred**: Click or tap here to enter text.

**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.**