



California Department of Public Health
Alzheimer's Disease Program

ALZHEIMER'S DISEASE
RESEARCH AWARDS

Request for Application #16-10054
December 2015



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

In 1987, the California Revenue and Taxation (R & T) Code was amended to authorize taxpayers to contribute amounts on their tax returns, in excess of any tax liability, to establish a fund for research related to Alzheimer's disease (R & T Code Sections 18761-18766). In accordance with this legislation, the Secretary of the Health and Human Services Agency directed the California Department of Public Health (CDPH) to administer the Alzheimer's Disease and Related Disorders Research Fund (ADRDRF).

From 1989 to 2009, the Alzheimer's Disease Research Awards were supported by both the State General Fund and the ADRDRF. In 2009, the California Legislature reduced funding to the CDPH Alzheimer's Disease Program (ADP) and directed the program to discontinue State General Fund research activities. Today, the research awards are solely dependent on donations made by California taxpayers on their state income tax forms.

Pursuant to R & T Code Sections 18761-18766, the ADP is authorized to award funds for Alzheimer's Disease and Related Disorders research. The amount available for awards under this Request for Application (RFA) is approximately **\$2,160,000**, derived solely from taxpayer donations.

**ALZHEIMER'S DISEASE RESEARCH AWARDS
Request for Application #16-10054**

II. PROJECTED TIME LINE (subject to change)

December 18, 2015	Request for Applications posted on ADP web page: http://www.cdph.ca.gov/programs/alzheimers/Pages/Default.aspx
January 8, 2016	Last day to submit questions for Informational Teleconferences Send questions to: AlzheimersD@cdph.ca.gov
<u>Choose One:</u> January 12, 2016 or January 13, 2016	<u>Informational Teleconferences</u> Available both days from 10am to Noon Pacific Standard Time <div style="border: 1px dashed black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Call-in Number: 1-877-810-9415 Access Code: 2763277</p> </div> Conference begins promptly at 10am
January 18, 2016	Letter of Intent Due by 5:00 PM Pacific Standard Time Send to AlzheimersD@cdph.ca.gov Please include research topic area in Letter of Intent
February 12, 2016	Applications Due by 5:00 PM Pacific Standard Time Send in PDF file format to: AlzheimersD@cdph.ca.gov (Maximum File Size = 40 megabit)
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

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;
 - Understanding and alleviating the financial, emotional, and physical impact of caring for a loved one with Alzheimer's disease or a related disorder.

- 2) Epidemiology: 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;
 - 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) Biomarkers and Early Detection: Innovations in tracking and monitoring the development and progression of Alzheimer's disease. Examples:
 - Developing and/or using biological markers for tracking disease onset and monitoring disease progression or response to therapy;
 - Detection of dementia by primary care practitioners and specialists through the use of biomarkers, brain imaging, or standardized clinical tests of memory and thinking abilities.

- 4) 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. 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.

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.

IV. APPLICATION INFORMATION

A. FUNDING SCOPE AND TIME PERIOD

Applications may be submitted for a one-, two-, or three-year duration, based upon the needs of the applicant. The maximum duration is three years. Although there is no guarantee of continued funding, successful applicants who have submitted applications for two- or three-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, 2016.

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 **\$80,000** per project, per fiscal year may be funded. Award dollars are inclusive of all costs. Up to six (6) awards may be made in this category.

2. 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) 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.

C. APPLICANT ELIGIBILITY

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

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, 2016**, 5:00 pm 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 (see Attachment D)
 - Project Significance
 - Objectives & Methods
 - Facilities, Equipment & Resources
 - Budget Narrative (see Attachment E)
 - Proposed Budget Detail (see Attachment E-1)

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 one-, two-, or three-year duration based upon the needs described in the application.
 4. The maximum grant amount requested, **per year**, including indirect costs, may not exceed:
 - Individual Investigator Awards—\$80,000
 - Consortium Awards—\$160,000 (per year per award, not per Institution)
 5. See Formatting Requirements on Page 14. 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. 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 whether this is a one-, two-, or three-year research project (maximum is three years). The Grant Period must align with State of California fiscal years, beginning with July 1, 2016.

Complete Items 5 through 11. For Item 11, the required signature must be executed by a person authorized to sign on behalf of the applicant institution. 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, 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 percentage of time 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

(Formatting Requirements: Maximum 16 pages, double spaced, Arial 12-pt. font)

The Body of Proposal must include the following:

1. PROJECT SIGNIFICANCE

- a. Based on the chosen research area or topic of this RFA, state briefly what the research described in this application is intended to accomplish, and what hypotheses or research questions are to be tested.
- b. Describe concisely the background relating to the proposed research questions, critically evaluating existing knowledge and identifying gaps that this project is intended to fill.

2. OBJECTIVES AND METHODS

- a. Provide information on the conceptual framework for the proposed research. Discuss the importance of the research questions or hypotheses and the potential to advance knowledge in the chosen topic area. Consortium Research Award applicants must describe the scope and nature of the proposed research and why a collaborative, multi-site project is essential to its successful execution.
- b. Describe the research design and the methods to be employed. State specific objectives, planned activities, and time lines for reaching objectives for the entire project.
- c. Describe, where appropriate, proposed protections for human and animal subjects.
- d. Include a description of how the data will be collected, analyzed, interpreted, and protected.

3. 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 NARRATIVE (Attachments E and E-1)

See Attachment E, page 25, for instructions. Attachment E-1 contains three (3) pages of fillable form for completing budget detail; one page for each proposed year of the grant.

F. APPENDICES

See Appendices instructions beginning on Page 30.

VI. SUBMISSION REQUIREMENTS

- 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.
- 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.

VII. REVIEW PROCESS

Applications satisfying the conditions set forth in this RFA will be forwarded to the Review Panel. 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 (total 70 points):	
-Project Significance	30
-Objectives & Methods	30
-Facilities, Equipment & Resources	10
Budget Detail	3
Budget Narrative	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 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. 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. 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. Grantees shall maintain confidentiality of any and all data collected on individuals.

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

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 A-1	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</u> <ul style="list-style-type: none"> • Project Significance/Hypotheses: research questions or hypotheses and the potential to advance knowledge in Alzheimer's Disease and dementia • Objectives and Methods: specific goals/objectives, research plan and framework, design, methods, and data analyses. • 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. 	No	Attachment D	Yes	Double	16 pages
Budget Narrative	No	Attachment E	Yes	Single	2 pages
Budget Detail	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 Instructions
- E: Budget and Budget Narrative Instructions
- E-1: Proposed Budget Detail

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

1. RESEARCH TOPIC (check one):

- CAREGIVING EPIDEMIOLOGY (Risk and Preventive Factors)
 BIOMARKERS and EARLY DETECTION HEALTH DISPARITIES

2. PROJECT TITLE _____

3. AWARD TYPE: INDIVIDUAL CONSORTIUM AWARD

4. AWARD TERM*: 1 YEAR 2 YEARS 3 YEARS

*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 9 for Instructions)

	<u>PAGE</u>
<u>Application</u>	
Project Application Face Sheet	_____
Consortium Application (if applicable – attach Letter(s) of Commitment)	_____
Table of Contents	_____
Project Summary	_____
Body of Proposal	_____
Budget	_____
Budget Narrative	_____
<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"/> Epidemiology <input type="checkbox"/> Biomarkers and Early Detection <input type="checkbox"/> 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 \$_____

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 INSTRUCTIONS

Please read instructions on Page 10. The full proposal will include **Project Significance, Objectives and Methods, and Facilities, Equipment and Resources.**

Format requirements: Maximum 16 pages, double spaced, Arial 12 pt. font.

BUDGET and BUDGET NARRATIVE INSTRUCTIONS

1. Complete the Proposed Budget Detail using Attachment E-1; 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 E-1 is for internal purposes only and will not be included in the executed grant agreement.

2. Prepare a Budget Narrative. 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 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>
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
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	\$ _____
Other	\$ _____
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.)

<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>
e.g. Rent (square ft. amt. x cost per sq. ft. x # of FTEs x 12 months)	\$ _____
	\$ _____
Total Other Costs	\$ _____

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

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

TOTAL COSTS \$ _____

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>
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
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	\$ _____	
Other	\$ _____	
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.)

<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>	
e.g. Rent (square ft. amt. x cost per sq. ft. x # of FTEs x 12 months)	\$ _____	
	\$ _____	
Total Other Costs		\$ _____

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

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

TOTAL COSTS \$ _____

PROPOSED BUDGET DETAIL
Year 3: 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>
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
_____	\$ _____ - \$ _____	_____	\$ _____
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	\$ _____	
Other	\$ _____	
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.)

<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>	
e.g. Rent (square ft. amt. x cost per sq. ft. x # of FTEs x 12 months)	\$ _____	
	\$ _____	
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:

- 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 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 checkbox(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: 7/1/16– 6/30/17

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

Principal Investigator/Degree(s):

Topic Area (Check One Only):

- Caregiving Epidemiology
 Biomarkers and Early Detection 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 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.

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 disorders.
- Epidemiology. 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.
- Biomarkers. Examples:
- Developing and/or using biological markers for tracking disease onset and monitoring disease progression or response to therapy.
 - Detection of dementia by primary care practitioners and specialists through the use of biomarkers, brain imaging, or standardized clinical tests of memory and thinking abilities.
- 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 disorders.
- Epidemiology. 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.
- Biomarkers. Examples:
- Developing and/or using biological markers for tracking disease onset and monitoring disease progression or response to therapy.
 - Detection of dementia by primary care practitioners and specialists through the use of biomarkers, brain imaging, or standardized clinical tests of memory and thinking abilities.
- 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 disorders.
- Epidemiology.** 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.
- Biomarkers.** Examples:
- Developing and/or using biological markers for tracking disease onset and monitoring disease progression or response to therapy.
 - Detection of dementia by primary care practitioners and specialists through the use of biomarkers, brain imaging, or standardized clinical tests of memory and thinking abilities.
- 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 disorders.
- Epidemiology.** 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.
- Biomarkers.** Examples:
- Developing and/or using biological markers for tracking disease onset and monitoring disease progression or response to therapy.
 - Detection of dementia by primary care practitioners and specialists through the use of biomarkers, brain imaging, or standardized clinical tests of memory and thinking abilities.
- 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 disorders.
- Epidemiology.** 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.
- Biomarkers.** Examples:
- Developing and/or using biological markers for tracking disease onset and monitoring disease progression or response to therapy.
 - Detection of dementia by primary care practitioners and specialists through the use of biomarkers, brain imaging, or standardized clinical tests of memory and thinking abilities.
- 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 _____

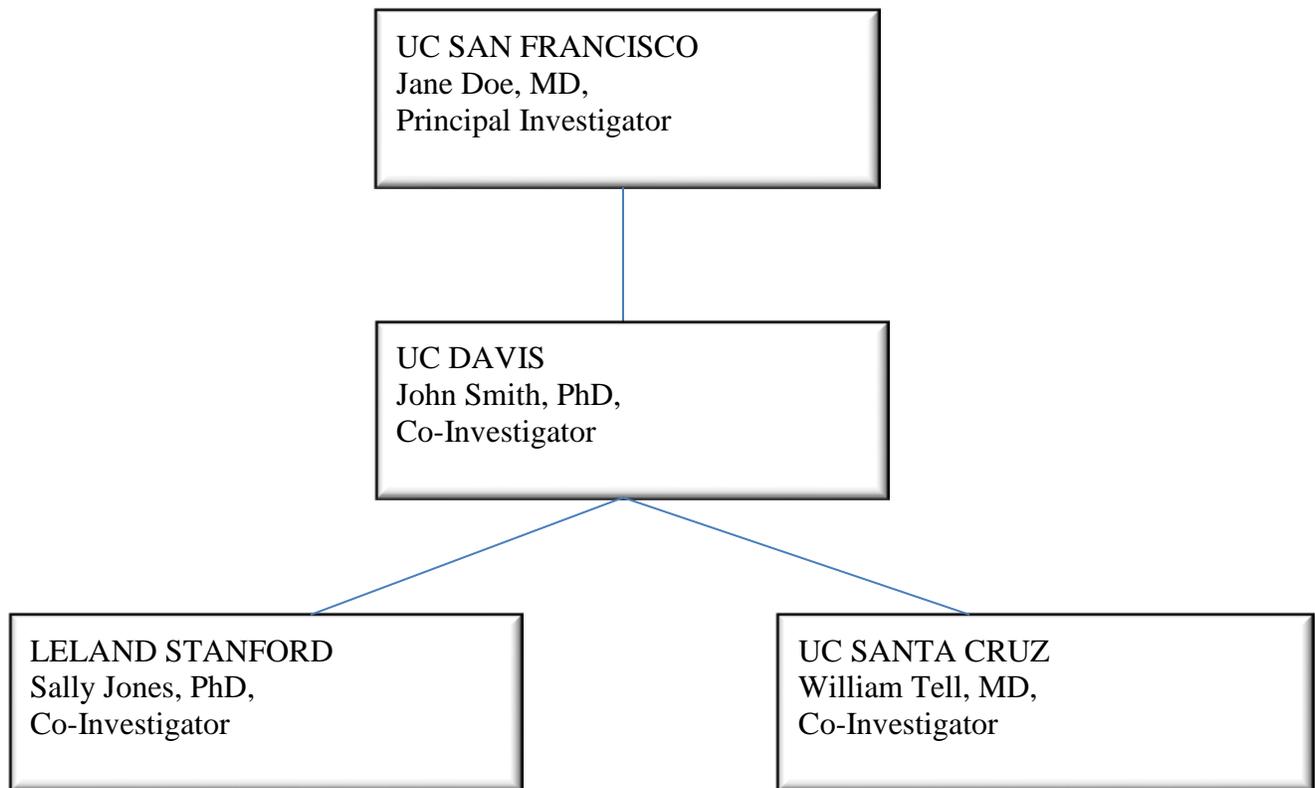
Identify any known conflicts of interest of this reviewer. If none, write none:

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 disorders.
- Epidemiology. 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.
- Biomarkers. Examples:
- Developing and/or using biological markers for tracking disease onset and monitoring disease progression or response to therapy.
 - Detection of dementia by primary care practitioners and specialists through the use of biomarkers, brain imaging, or standardized clinical tests of memory and thinking abilities.
- 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
- ✓ Budget
- ✓ Budget Narrative

APPENDICES:

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