
Diabetes Research Checkoff Fund

GRANT APPLICATION GUIDELINES
Fiscal Year 2012/2013

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Office of Health Promotion
Division of Chronic Disease Prevention and Control
535 W. Jefferson St., 2nd Floor
Springfield, IL 62761-0001



<p>For IDPH Use Only Application No. _____ Date Received _____</p>



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR PUBLIC HEALTH GRANT
Office of Health Promotion
Diabetes Research Checkoff Fund - Research Grant

The Illinois Department of Public Health Office of Health Promotion is releasing this competitive grant application to seek diabetes research proposals with a strong emphasis on clinical/translational research. The grant awards are designed to support patient-oriented research in diabetes. For the purpose of this award, clinical research is defined as research directly involving humans, and includes educational, psychosocial, behavioral, epidemiologic, and health services research, as well as studies of normal physiology and mechanisms of disease. The Diabetes Research Checkoff Fund will support institutional research grants to public/private research centers or university-affiliated hospitals in the state of Illinois, for the purposes of clinical/translational diabetes research. At least 50 percent of the grants shall be to entities that conduct juvenile diabetes research.

Only one (1) proposal per organization will be allowed. It is the responsibility of the institution to conduct an internal review process in the event there are multiple departments/ units with potential projects. Grants will be for 18 months and up to \$50,000 is available for the grant period (January 1, 2012 through June 30, 2013).

Section 1. APPLICANT INFORMATION	
Legal Name of Applicant: <i>(Attach copy of W-9)</i>	
Name and Title of Chief Officer: <i>(If more than one, attach a list of all officers)</i>	Name: Title: Address: Phone: Fax: E-mail:
Applicant Address:	
City, State, ZIP Code:	
Telephone:	
Fax:	
E-Mail:	
Web Site:	

Section 2. APPLICANT GRANT HISTORY

<p>Description of applicant organization: <i>(200 Character Maximum)</i></p>	
<p>Has this applicant received a grant from the federal government or the state of Illinois within the last three years? If yes, provide the following: <i>(Add additional rows if needed)</i></p>	<p align="center"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>Agency providing grant funding: Grant number: Grant amount: Grant term: Brief description of grant:</p>
<p>How long has applicant been incorporated?</p>	
<p>Is the applicant in “good standing” with the Illinois Office of the Secretary of State?</p>	<p align="center"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>
<p>Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business?</p>	<p align="center"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>If yes, identify the nature of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible.</p>
<p>Is the applicant or any principal the subject of any proceedings that are pending, or to the best of the applicant’s knowledge threatened against applicant and/or any principal that may result in any adverse change in applicant’s financial condition or materially and adversely affect applicant’s operations?</p>	<p align="center"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>If yes, identify the nature of the proceedings and how they may affect the applicant’s financial situation and/or operations.</p>
<p>Does the applicant or any principal owe any debt to the state of Illinois?</p>	<p align="center"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>If yes, list the amount and reason for the debt. Attach additional documentation to explain the debt owed to the state.</p>

Section 3. APPLICANT ORGANIZATION INFORMATION

Legal Status:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership/Legal corporation <input type="checkbox"/> Tax exempt <input type="checkbox"/> Corporation providing or billing medical and/or health services <input type="checkbox"/> Corporation NOT providing or billing medical and/or health services <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Governmental <input type="checkbox"/> Nonresident alien <input type="checkbox"/> Estate or trust <input type="checkbox"/> Pharmacy (non-corporation) <input type="checkbox"/> Pharmacy/Funeral home/Cemetery (Corporation) <input type="checkbox"/> Limited liability company (select applicable tax classification) <input type="checkbox"/> D = Disregarded Entity <input type="checkbox"/> C = Corporation <input type="checkbox"/> P = Partnership
Federal Tax Payer Identification (FEIN) Number or Social Security Number (SSN) of applicant if not an organization:		
If applicable, list all names and FEINS that are registered to your organization or have been registered during the last three years.	Name:	FEIN:
	Name:	FEIN:
	Name:	FEIN:
DUNS number:		
Illinois Department of Human Rights Number (if applicable):		
Legislative Senate District:		
Legislative House District:		
Congressional District:		

Section 4. KEY GRANT CONTACT INFORMATION

Grant Application Contact/Title:	
Telephone:	
Fax:	
E-Mail:	
Fiscal Contact/Title:	
Telephone:	
Fax:	
E-Mail:	

Section 5. GRANT PROJECT PROPOSAL

Project Title:	Diabetes Research Fund Grant
Brief Project Description: <i>(350 character maximum). Note that the Scope of Work must be completed separately.</i>	
Project Period: <i>(Include start and end date)</i>	January 1, 2012 through June 30, 2013 (18 month project)
Total Amount of Funding Requested from IDPH:	
Total Applicant Match or In-kind Contribution (you may include match or in-kind, but it is not required for these grants):	
If subcontractors will be used under this grant application, provide name, address and description of services.	Subcontractor name: Address: City, State, ZIP: Phone: Description of services: Subcontractor name: Address: City, State, ZIP: Phone: Description of services:

Section 6. GRANT BUDGET SUMMARY		
<i>(Note: This section is for summary purposes only. A detailed budget is included)</i>		
Budget Line Items Requested	Requested Grant Budget Amount	Applicant Match of In-Kind Contribution
Personal Services <i>(Includes Salary and Wages)</i>		
Fringe Benefits (Percent use for calculation ____%)		
Contractual Services (detailed information about the contractual services amount must be submitted on the attached budget Excel form)		
Travel		
Commodities/Supplies		
Printing		
Equipment		
Telecommunications		
Patient/Client Care		
Grand Total		
If the proposed budget includes Personal Services (Salary or Wage) related costs, please indicate the type of documentation that will be maintained and used to allocate staff costs to the grant.	<input type="checkbox"/> Time sheets <input type="checkbox"/> Cost allocation plans <input type="checkbox"/> Certifications of time allocable to grant <input type="checkbox"/> Other, please describe <hr style="width: 20%; margin-left: 0;"/> <input type="checkbox"/> Not applicable to this grant application	

Applicants may request up to \$50,000 over the next 18 months. Upon execution of this agreement, the Department shall authorize an initial disbursement in the amount of 50 percent of the total grant award. Future payments to the grantee are subject to the grantee’s submission and certification of eligible costs incurred and any documentation as required by the Department. Payment shall be initiated upon the Department’s approval of eligible costs and cash amount requested for reimbursement of those costs.

Section 7. GRANT SCOPE OF WORK

**FY2012/2013 Diabetes Research Grant Application
Research Grant**

I. INTRODUCTION

II. GRANT INFORMATION

Grant Overview

- a) Goals
- b) Eligibility Requirements
- c) Funds Available
- d) Grant Agreements

III. APPLICATION REVIEW CRITERIA

IV. APPLICATION INSTRUCTIONS

V. SUBMISSION

I. INTRODUCTION

Public Act 094-0107 created the Diabetes Research Checkoff Fund. Monies received through the fund from income tax checkoff receipts are appropriated to the Illinois Department of Public Health Office of Health Promotion, which will award grants to public and to private entities in Illinois for the purpose of funding research initiatives to develop and advance the understanding, techniques and modalities effective in the detection, prevention, screening, management and treatment of diabetes, and may include clinical trials. At least 50 percent of the grants made from the fund shall be awarded to entities that conduct juvenile diabetes research.

The Office of Health Promotion is releasing this competitive grant application to seek diabetes research proposals with a strong emphasis on clinical/translational research. The grant awards are designed to support patient-oriented research in diabetes. For the purpose of this award, clinical research is defined as research directly involving humans, and includes educational, psychosocial, behavioral, epidemiologic, and health services research, as well as studies of normal physiology and mechanisms of disease.

KEY DATES:

Application Receipt Date: October 28, 2011; by 5 p.m. via electronic submission

Grants Award Announcement: December 16, 2011

Maximum Award Request: \$50,000

Amount of Funding Available for Award: \$200,000

Grant Term: January 1, 2012 through June 30, 2013 (18 months)

Applicants shall e-mail an electronic copy of the application in a MS Word or PDF format to conny.moody@illinois.gov

II. GRANT INFORMATION

a) **Goals**

Institutional Research Grants are intended to support research related to diabetes in the following areas: prevention, etiology, pathogenesis, screening, early detection, and treatment. A minimum of 50 percent of the funding available will be awarded to research conducted for juvenile diabetes. All research applications must be based on sound research methodology and hypothesis driven. Although many of the applications submitted are expected to be biomedical and technical in nature, the Diabetes Research Checkoff Fund allows for a broad range of research topics.

Funding will be granted to Illinois institutions only. Research may be performed by an individual(s) and their team under the authority of an institution.

The Diabetes Research Checkoff Fund will support institutional research grants to public/private research centers or university-affiliated hospitals in the state of Illinois for the purposes of clinical/translational diabetes research. At least 50 percent of the grants shall be to entities that conduct juvenile diabetes research. **Only one (1) proposal per organization will be allowed.** It will be the responsibility of the institution to conduct an internal review process in the event there are multiple departments/ units with potential projects. Grants will be for 18 months (January 1, 2012 through June 30, 2013).

b) Proposals must include the following documents

- One page cover letter (including the name, title and address of the project's principal investigator)
- One page abstract (description of project) in lay terms
- Letter of commitment by the institutional official. Due to the inability to allow indirect costs through the Diabetes Research Checkoff Fund grants, the institution is asked to also include in this letter a statement indicating willingness to cover all indirect costs necessary for the implementation of this project.
- A proposal of not more than 10 pages (Calibri 11 pt., 1" margins, single-spaced) describing the proposed research, including specific aims, hypothesis, background, significance, and proposed methods.
- Current funding for each investigator (i.e., annual amounts, length of grant and grant provider). Also indicate what other sources of funding or drug(s) will be available for any clinical trial and whether the combined funds will be adequate to complete the study.
- Personnel Loading Chart, including percentage of effort each investigator will contribute to project (forms provided by IDPH)
- Budget for project (MS EXCEL forms provided by IDPH)
- Biographical sketch for all project team members (NIH format)
- 18- month timeline for the project

c) Institution Eligibility Requirements

Eligible applicants include researchers at public/private research centers or university-affiliated hospitals in the state of Illinois.

Institutions must have their principal place of business located in Illinois. The institution must be a university that qualifies as a "private institution of higher education," as defined in the Illinois Finance Authority Act [20 ILCS 3501], or a "public institution of higher education," as defined in the Board of Higher Education Act [110 ILCS 205].

Foreign and out-of-state institutions are not eligible to apply for funding.

d) Principal Investigator Eligibility Requirements

Research team members, especially the leader of the team, must have the skills, knowledge and resources necessary to carry out the proposed research. Investigators are invited to work with his/her institution to develop an application for support. Investigators are required to have prior experience with diabetes research and demonstrate the ability to put together a team to carry out the proposed research.

e) Funds Available

The Diabetes Research Checkoff Fund grant intends to fund **up to four (4)** grants to Illinois institutions in response to the request for applications (RFA). **NO INDIRECT COSTS may be included in the grant budget. Indirect costs are not allowable.** As a consequence of this, please provide a letter stating that the institution is willing to absorb the indirect costs necessary to implement the project if a grant is awarded as a result of this proposal. The nature and scope of the proposed research will vary from application to application. Therefore, it is anticipated that the size of each award will vary.

Applicants **may request a maximum of \$50,000 over the next 18 months.** Upon execution of this agreement, the Department shall authorize an initial disbursement in the amount of 50 percent of the total grant award. Future payments to the grantee are subject to the grantee's submission and certification of eligible costs incurred and any documentation as required by the Department. Payment shall be initiated upon the Department's approval of eligible costs and cash amount requested for reimbursement of those costs.

f) Reporting Requirements

If awarded funds, the applicant must demonstrate progress through a series of required quarterly reports. Quarterly reports are a state of Illinois requirement for all grants over \$25,000. The reports shall be completed in MS word format and be a minimum of two pages. The reporting time frames and deadlines are as follows:

- Quarter 1 report (SFY2012) – Due on or before April 15, 2012
- Quarter 2 report (SFY2012) – Due on or before July 15, 2012
- Quarter 3 report (SFY2013) – Due on or before October 15, 2012
- Quarter 4 report (SFY2013) – Due on or before January 15, 2013
- Presentation to Illinois Diabetes Commission in Springfield – January 2013
- Quarter 5 report (SFY2013) – Due on or before April 15, 2013
- Quarter 6 report (SFY2013) – Due on or before July 15, 2013
- Final report due on or before August 15, 2013

g) Grant Agreements

Grants agreements shall be entered into between grantees (the institution) and the Illinois Department of Public Health. The grant agreement shall provide the terms and conditions for use of grant funds. Grant awards made pursuant to this RFA are contingent upon the availability of funds and the receipt of meritorious applications.

The Department shall be responsible for developing a written grant agreement between the Department and the grantee. The grant agreement shall define the terms and conditions under which the grantee (institution) conducts its research. Grant agreements become effective upon execution by the Illinois Department of Public Health and the applicant.

III. APPLICATION REVIEW CRITERIA

The review criteria utilized by the Diabetes Research Checkoff Fund grant is partially modeled after the review criteria used by the National Institutes of Health. The Illinois Department of Public Health shall make the final funding decisions based on peer review recommendations and funds available. A peer review group will address and consider: *innovation, significance, approach, institution, environment and collaboration* in assigning the application's overall score, weighting them as appropriate for each application.

Innovation: Does the applicant employ novel concepts, approaches or methods? Are the goals of the research proposal original and innovative? Does the grant challenge existing paradigms or develop new methodologies or technologies?

Significance: Does the applicant address important problems? If the goals of the grant are achieved, how will scientific knowledge be advanced? What will be the effect of these studies on the concepts or methods that drive this field?

Approach: Are the conceptual framework, design, methods and analysis adequately developed, well integrated and appropriate to the goals of the grant? Does the applicant acknowledge potential problem areas and consider alternative tactics?

Institution: Has the applicant demonstrated the necessary experience, judgment and expertise to lead and manage the grant? Are the investigators appropriately trained and well-suited to carry out this work? Is the work proposed appropriate to the experience level of the principal investigator and other researchers? Has the institution committed to support the indirect costs related to the implementation of the research project?

Environment: Does the scientific environment in which the work will be done contribute to the probability of success? Do the proposed core(s) take advantage of unique features of the scientific environment or employ useful collaborative arrangements? Is there evidence of institutional support?

Collaboration: Is the institution supportive of interdisciplinary efforts by more than two departments? Are the investigators collaborating with others within the institution? Are synergistic relationships developed within the institution? Inter-institutional collaboration is encouraged.

IV. SUBMISSION

Applicants shall e-mail an electronic copy of the application in a MS Word or PDF format to conny.moody@illinois.gov

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NOTE: APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED FOR FUNDING AND WILL BE RETURNED WITHOUT REVIEW.

For additional information contact:

Conny Mueller Moody, MBA
Office of Health Protection
Illinois Department of Public Health
conny.moody@illinois.gov
217-782-3300

**Office of Health Promotion
Diabetes Research Fund Grant
Institutional Research Grant**

Personnel Loading Chart

Directions: Please complete the template to provide an outline of personnel involved in the implementation of the proposed diabetes research. Use additional space as needed.

Research Team Member	Percent of Time Assigned to the research project (across the 18-month grant period)	Amount Budgeted to Support the Percent of Time	Research Project Role

Name of Grant Program
Legal Name of Applicant

Section 8. APPLICANT CERTIFICATION

Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this grant application is approved for funding.

I, hereby release to IDPH, the rights to use photographs and/or written statements of information, regardless of the format, contained in or provided after the grant application for the purposes of publication on the IDPH website, unless the applicant submits a written request asking that the information not be disclosed.

Signature

Printed Name/Title

Date

FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

Type of Grant Application

- Direct Appropriation
- Allocation by Administrative Rule
- Competitive Request for Application
- Statutory Board Review Required
- Formula and/or Caseload Allocation
- Non-Competitive

Funding Source:

- General Revenue Fund
- State Special Fund
- Federal

Grant Application Funding Recommendation by Division/Program:

<input type="checkbox"/>	Grant Application Disqualified/Not Eligible for Funding under this Award
<input type="checkbox"/>	Grant Application Recommended for Funding at Full Request \$ _____.
<input type="checkbox"/>	Grant Application Recommended for Funding at \$_____.

Division Chief/Program Manager:

Date:

Grant Application Funding Recommendation Approved by:

Deputy Director

Date:

Grants Review Committee Score:

(Full review grants only)

Assistant Director

Date:
