

**ALZHEIMER'S DISEASE RESEARCH FUND**

**GRANT APPLICATION GUIDELINES**

**Fiscal Year 2013**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
Office of Health Promotion  
Division of Chronic Disease Prevention and Control  
535 W. Jefferson St.  
Springfield, Ill. 62761**

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## **I. GENERAL INFORMATION**

The Alzheimer's Disease Research Fund is supported by Illinois taxpayers' contributions through their annual state income tax return. This fund, in existence since 1985, has supported 166 research projects in Illinois. Grants must be used to investigate the epidemiology, etiology, pathology, diagnosis, care, treatment, evaluation, cure, social and economic impacts, or other important fields of study pertaining to Alzheimer's disease and related disorders. Although many of the submitted applications are biomedical or technical in nature, research in the fields of gerontology, nursing, psychology, public health and economics is encouraged. Research also is encouraged in the areas of respite care, in-home care, long-term care, health care finance and psychosocial issues.

Grants are available only to Illinois researchers. The amount of funding to be available and the number of applicants to be funded will be confirmed upon finalization of a state budget for fiscal year 2013.

## **II. REVIEW PROCESS**

The Illinois Department of Public Health (Department) is responsible for awarding grants from the Alzheimer's Disease Research Fund, as authorized by the Civil Administrative Code of Illinois [410 ILCS 410/3]. The Alzheimer's Disease Assistance Act Advisory Committee is responsible for reviewing applications and making funding recommendations to the Department. A peer review panel, appointed by the Department, assists with technical evaluations of proposals and makes recommendations to the advisory committee.

**NOTE: TO ASSURE MINIMUM STANDARDS OF EQUITY AND FAIRNESS, APPLICATIONS THAT ARE LATE, INCOMPLETE OR FAIL TO FOLLOW THE REQUIRED FORMAT WILL NOT BE REVIEWED AND WILL RECEIVE NO FURTHER CONSIDERATION DURING THIS FUNDING CYCLE.**

The three most common errors responsible for applications being returned are:

1. failure to follow the correct format;
2. failure to submit the application before the deadline; and
3. failure to include documentation of institutional review.

Criteria for review include:

1. receipt on or before the deadline;
2. adherence to specified application format including page limitations (see pages 4 - 5);
3. inclusion of all required content including forms/documentation as specified in Section V, Preparation of the Application, Specific Instructions, pages 5 - 11;

4. for an initial **new application**, a **clearly** stated research question or hypothesis with demonstrated evidence of the project's originality;\*
5. project specific aims/objectives are achievable within the stated time frame and the identified activities will lead to achievement of the objectives;\*
6. clear data analysis methods which are substantiated and will provide a reasonable test of the hypothesis;\*
7. qualifications of the researcher(s) indicate the ability to implement and complete the project;\*
8. sufficient resources and appropriate justification in the budget;\* and
9. for a **continuation application**, demonstrated progress on the current year's specific aims/objectives.\*

\* Review criteria used by the Peer Review Panel and the Alzheimer's Disease Advisory Committee.

### III. TYPES OF APPLICATIONS

Grants will be made allowing successful applicants to conduct research, trained inquiry or experimentation related to investigating epidemiology, etiology, pathology, diagnosis, care, treatment, evaluation, cure, social and economic impacts, or other important fields of study related to Alzheimer's disease and related disorders. Although many of the applications submitted to the Alzheimer's Disease Research Fund are biomedical and technical in nature, the fund allows for a broad range of research topics. Research also is encouraged in the areas of respite care, in-home care, long-term care, health care finance, and psychosocial issues. **ALL RESEARCH PROPOSALS MUST BE BASED ON SOUND RESEARCH METHODOLOGY.** If the research is innovative, pilot data is highly recommended to demonstrate the feasibility of the proposed method(s). If the project is descriptive or qualitative in nature, accepted methods of data analysis must be included. (See EXPERIMENTAL DESIGN and METHODS Page 8.)

Initial grant awards will be for 12 months (July 1 - June 30), renewable for a second year contingent upon continued availability of funds and adequate performance/progress. Applicants are therefore encouraged to plan in a way that the first year's work can stand on its own. Annual sums, not to exceed \$30,000 for a General Research Grant and \$35,000 for an Early Researcher Grant, are available. **The Department will fund research grants on an annual basis, but for no more than two consecutive years. Continuation (year two) projects must submit an application for review.** The exact amount and number of grants funded will depend upon the amount in the Alzheimer's Disease Research Fund and the number of applications received and approved. The Alzheimer's Disease Research Fund is a special fund in the State Treasury as described in the Civil Administrative Code of Illinois [410 ILCS 410/3].

Funding will be granted to institutions and not individuals. Research may be provided by an individual or individuals under the authority of an institution. Research grants are available to students, residents and fellows. Researchers previously awarded monies from

the Alzheimer's Disease Research Fund are eligible to submit applications for different projects.

Early Researcher Grants will be available to support researchers who, at the time of funding, have not been principal investigators on any federally funded grant. Also, it must be his/her final year of higher education during the grant period or no more than three years past completion of specialty training (first project year only). The design, organization, management and overall execution of the research must be carried out by the early researcher. Secretaries, technicians, statisticians and other personnel may be used in an adjunct role, but specialized skills must be carried out by the early researcher. The applicant must demonstrate by past achievements as well as future plans, apart from the grant project, that he/she intends to commit a major part of the future to research in Alzheimer's disease and related areas. Early Researcher Grants are eligible for an annual award not to exceed \$35,000.

General Research Grants will be available to support qualified principal investigators to investigate specific questions related to Alzheimer's disease and related disorders research. General Research Grants are eligible for an annual award not to exceed \$30,000.

**Eligible applicants** for either type of research grant (general or early) must meet one of the following criteria:

1. be a physician licensed in Illinois to practice medicine in all of its branches;
2. be a licensed hospital in Illinois;
3. be a licensed laboratory in Illinois;
4. be at post-secondary higher educational institution in Illinois; or
5. be a health care professional.\*

\* This category is very broad and includes, but is not limited to, licensed health care professionals (e.g. nurses, therapists, social workers etc.), Ph.D.s, biologists, psychologists, gerontologists, economists, and behavioralists.

**NOTE:** Recipients of funds must be institutions and not individuals.

**Priority will be given to applications for the Early Researcher Grant and to single-year applications. Pilot projects intended to obtain data for potential applications to other funding sources will be given special consideration. Research projects addressing the needs of special populations are encouraged.**

#### **IV. SUBMISSION OF APPLICATION**

The application must be submitted electronically **in pdf format** to:

Rhonda Clancy at [Rhonda.Clancy@illinois.gov](mailto:Rhonda.Clancy@illinois.gov)

Applications must be received on or before 11:59 p.m., Friday, January 13, 2012. The application must be complete and accurate at the time of submission.

**NOTE: TO ASSURE MINIMUM STANDARDS OF EQUITY AND FAIRNESS, APPLICATIONS THAT ARE LATE, INCOMPLETE OR FAIL TO FOLLOW THE REQUIRED FORMAT WILL NOT BE REVIEWED AND WILL RECEIVE NO FURTHER CONSIDERATION FOR FUNDING DURING THIS FUNDING CYCLE.**

**NOTE:** Notice of award will be made upon finalization of a state budget for fiscal year 2013.

For additional information, please contact Rhonda Clancy by phone at 217-782-3300, fax 217-782-1235, TTY (for hearing impaired use only) 800-547-0466 or e-mail [Rhonda.Clancy@illinois.gov](mailto:Rhonda.Clancy@illinois.gov).

## V. PREPARATION OF THE APPLICATION

### General Instructions

The application **must**:

- have at least .75 inch margins;
- be typed, not hand-written in any components;
- use Arial font, at least 11 pt;
- **not** use photo-reduction;
- have all graphs, diagrams, tables and charts done in black ink; and
- have **clear and legible** figures, charts, tables, figure legends and footnotes which may have a smaller font size.

### Specific Instructions

Page limitations and the correct format must be observed for each section. Applications which fail to follow the page limitations and correct format will not be reviewed. A summary of the page limitations, format and content requirements is outlined in the following chart.

<u>Section</u>	<u>Page Limit (single-sided)</u>	<u>Content</u>
<b>Abstract</b>	1	See instructions on Page 6, Section C. (300 words, single-spaced)
<b>Research Plan</b> (new application)	15	See instructions on Page 7, Section E. (double-spaced with page numbers)
<b>Resubmission of Application</b> (response to review in addition to the 15 page research plan page limit)	1	See instructions on Page 11. (single-spaced)
<b>Literature Cited</b>	2	See instructions on Page 9, Section F. (single-spaced)
<b>Continuation Application</b>	8	See instructions on Page 11, Sections D, E and F. (double-spaced with page numbers)
<b>Biographical Sketches</b>	2 each	See instructions on Page 10, Section G. No more than two (2) pages for <b>each</b> key person, collaborator and consultant. (single-spaced)
<b>Appendix</b>	--	See instructions on Page 10, Section K. Documentation of institutional review (approval or exemption), consent form, questionnaires, surveys, etc.

**New** applications for General Research Grants and Early Researcher Grants must include the following items, **in the order listed**:

- A. Completed and signed **Cover Page 1** (form included in attachments); Sections 1 - 5 are self-explanatory.
- B. Completed and signed **Cover Page 2** (form included in attachments);

Section 6. Provide the name and address as it is to appear in the contract if a grant is awarded as a result of this application.

Section 7. Mark (X) to indicate your type of organization. Documentation of current status such as a Certificate of Good Standing from the Secretary of State or other comparable proof of not-for-profit status must be provided for all applicants other than governmental entities.

Section 8. Provide the appropriate district numbers for the area(s) to be served. This information should be based on the district where the grantee is located.

Section 9. Requires the signature of person identified in Section 6 and certifies compliance with all requirements and authority to enter into contracts on behalf of the applicant organization.

Section 10. Provide the name and address of the person responsible for the fiscal conduct and financial reports for the project.

Section 11. Provide the organization's Illinois Department of Human Resources (IDHR) Number (required if the organization has 15 or more employees).

Section 12. Provide the organization's federal Tax Identification Number (TIN), Federal Employer Identification Number (FEIN) or the state assigned Governmental Unit Code.

Section 13. Requires the signature of the person identified in Section 10 and certifies responsibility for fiscal conduct and fiscal reports under the grant agreement that may result from this application.

- C. **Abstract** (form included in attachments) in lay language is limited to one page, 300 words or less and single-spaced with the following headings: specific aim(s)/objective(s), background, design including subject population(s) and hypothesis. The abstract is meant to serve as a succinct and accurate description of the proposed project when separated from the application.
- D. **Detailed Budget** (forms provided in the attachments) for the funding period, providing sufficient resources to complete the project. The budget must be by line-item category and provide sufficient detail and justification for the use of grant funds to support project activities. The applicant must indicate the total project costs, the source of any other funds supporting the project, as well as the amount of support requested from the Department.

**NOTE:** Grant funds **cannot** be used for indirect costs. Please refer to *Budget and Justification: Use of Funds* (included in attachments).

Complete the budget forms included in the application guideline's attachments. If needed, additional photocopies of the forms may be made.

The **budget summary page** should reflect the **total** year one (or year two for a continuation application) cost of providing the research, not just the amount requested from the Department. The amounts allocated from other funding source(s) must be identified on the lower half of the sheet. Budget forms, Attachments I - V, should reflect year one (or year two for a continuation application) funding **only**.

**NOTE:** For projects which will exceed one year in funding, an estimate of year two funding needs must be included on a **separate** copy of the budget summary page. This is the only budget page that should reflect **projected** year two funding needs.

The **personal services section** (Attachment I) should show the **title and name** for each position, actual monthly salary, the number of months to be worked in the project and the percent of time in the project. Vacant positions should only be included for the number of months that they are expected to be filled. Multiplying these amounts (monthly salary x number of months x percent of time) will derive the total amount of support for the program. This amount is then to be allocated to the support requested from the Department and/or to the applicant's other sources.

**Fringe benefits rates must be itemized.** Fringe benefits to be claimed through the grant must be actual expenditures of grantee funds and supported on the Reimbursement Certification Form with check or ledger transfer numbers.

Other line items should be itemized as specifically as possible on Attachments II - V. Justification must be provided. Additional pages may be added if necessary. Justification for specific items listed in the detailed budget must be included. Justifications should clearly indicate why the items being requested are essential to the achievement of the project's specific aims/objectives. Allocated costs such as utilities or space costs must be justified and the methodology for allocations must be explained.

**NOTE:** Tuition is an unacceptable budget expenditure.

No indirect costs are allowed. Please refer to *Budget and Justification: Use of Funds* (included as an attachment).

**Travel out of state** is not an allowable cost for this grant.

- E. **The Research Plan** body should follow the general format of an application for a grant from the National Institutes of Health, but **must not exceed 15 pages, double-spaced with a font size of 11 pt Arial or larger.** **This section must have page numbers.** The Public Health Service (PHS 398) application forms may be used for this application. The PHS 398 forms can be found at the National Institutes of Health website: <http://grants.nih.gov/grants/oer.htm>.

The required application sections and suggested maximum lengths follow.

1. **SPECIFIC AIMS:** List the broad, long-term objectives and what the specific research proposed in this application is intended to accomplish. One page is recommended.
2. **BACKGROUND and SIGNIFICANCE:** Briefly outline the background leading to the application. Include a critical review of existing literature and knowledge and identify the gaps that the project is intended to fill. Precisely state the significance and relevance to the priorities of the Alzheimer's Disease Research Fund (as listed in the first paragraph of General Information on Page 1). Two pages are recommended.

3. PRELIMINARY STUDIES: State the experience and competence of the investigator(s) and provide any preliminary data toward the specific aim(s). Two pages are recommended.

4. EXPERIMENTAL DESIGN and METHODS: Describe in detail and provide the rationale for the experimental design, procedure(s) to be used and the method(s) for collecting, analyzing and interpreting data. Research methods must include planned statistical analyses and calculations to determine the sample size. For studies using human participants, this section also should include eligibility (inclusion/exclusion) criteria, access and recruitment and incentives. Discuss the evaluation method(s) to be used to measure progress in achieving the specific aims/objectives and a plan for monitoring the overall project. Review potential difficulties and limitations. Provide a detailed timeline for carrying out specific activities. Seven pages are recommended.

**NOTE:** Reviewers will **NOT** assume the applicant has expertise in the field and is familiar with current methodology.

- Provide details that show an understanding of and experience with the chosen method(s), a rationale for their selection, and evidence that they are appropriate for the specific aims.
- For innovative methods, provide information on changes made to existing, proven methods and how technical problems will be avoided. Explain the advantages of the new method(s) for the proposed project. If the research is innovative, pilot data are highly recommended to demonstrate the feasibility of the proposed method(s).
- Involvement of a statistician to determine the sample size, amount of data to be collected, and method(s) for analysis is highly recommended. Provide details about the analytic approach, statistical tests, sample characteristics, sample size and power analysis for each specific aim. Define the criteria that will be used to evaluate the success or failure of specific tests.
- If the project is descriptive or qualitative in nature, accepted methods of data analysis must be included.
- Discuss potential difficulties and limitations of the experimental design and method(s) and how the data generated and results may be affected. Propose alternatives that could avoid potential limitations. Provide information on conclusions that could be drawn from the study and why it is important to the field.

**NOTE:** Psychosocial applications submitted in the past have generally had three major weaknesses.

1. There was no valid hypothesis(es) based on theoretical or empirical literature.
2. Little detail on data collection and statistical analysis/evaluation was provided.

3. There was no discussion of the potential implications and conclusions if the hypothesis(es) were found to be “not rejected.”

5. HUMAN PARTICIPANTS: For studies using human participants, this section should address the potential research risks and what steps are taken to protect participants from these risks. This section should include how informed consent will be obtained and what procedures are in place to safeguard those persons with conditions that impair decision making capacity (e.g., Alzheimer’s disease). This section also must discuss inclusion of women and racial and ethnic minorities. One page is recommended.

6. VERTEBRATE ANIMALS: For studies using vertebrate animals, identify the species, strains, ages, sex and number of animals. Justify the use and choice of animals. Provide information on the veterinary care of the animals. Describe procedures for limiting discomfort, pain and injury, including use of analgesics and anesthesia. Describe any method of euthanasia. One page is recommended.

**NOTE:** All studies using human participants or vertebrate animals must include, in the appendix, evidence that the appropriate approval or exemption has been obtained from the applicant's institutional review and copies of the informed consent, if applicable. Collaborative applications require all collaborators’ review documentation be submitted with the application. Pending review status is **not** acceptable. Studies exempt from institutional review must provide documentation of exemption. **Clearances must be secured by the applicant prior to submission of an application and documentation must be included with the proposal.** (See Section K, page 10.)

7. FACILITIES and ENVIRONMENT: Include a description of facilities, equipment and other resources available to the investigator to be used in the research. One page is recommended.

- F. **Literature Cited:** List all references with **complete** citations not to exceed two pages, single-spaced.
- G. **Biographical Sketch(es) or Curriculum Vitae(s)** of the principal investigator(s) and other major professional staff are not to exceed two (2) pages each (single-spaced) including qualifications, education, work experience and a list of relevant publications from the preceding five years. (The NIH Biographical Sketch Form is recommended.)
- H. **Other Support** (single-spaced) documentation form **must** be provided using the attached form or duplicating the format. If there is no other support, indicate “None” on the form. The required documentation includes a list of any active and pending research for the Principal Investigator and Co-investigator(s) which includes a) the funding agency, b) the grant title, c) the role of the applicant, d) total direct costs, e) project dates and f) a description of any overlap that occurs with respect to the proposed project. The overlap summary should provide a description of how the research grant will enable the applicant to pursue research that differs from any of the applicant's ongoing research. Add

additional one-sided pages if necessary. The attached sample format (NIH style) is intended to provide guidance regarding the type and extent of information requested.

- I. **Alzheimer's Disease Research Fund (ADRF) application history** must be provided using the attached form or duplicating the format. If no application has ever been submitted to the ADRF, indicate "None" on the form. The required information includes the number of applications previously submitted and a list of those funded including project period, resulting publications with citations and any additional funding received.
- J. **Not-For-Profit Status.** Applicants other than governmental entities **must** provide documentation of current not-for-profit status.
- K. **Appendices** must include documentation of institutional review(s), letters of support/participation, memorandum of understanding, informed consent (if applicable), questionnaires and surveys. The appendices must only be used for necessary ancillary information not as a means to provide additional information required in the defined research plan.

The **required institutional review documentation** is one of the following:

- 1. Institutional Review Board's (IRB) approval or exemption for human research;
- 2. Animal Use and Care Committee's approval or exemption for animal research;

**OR**

- 3. A letter stating why the proposed research does not require review by either of the two groups listed above and signed by the chair of the department where the research will be conducted.

**NOTE:** Pending institutional review is **not** acceptable.

**NOTE:** If the application is a collaboration, each institution's institutional review documentation must be included at the time of submission.

**NOTE: Applications that do not include the required institutional review documentation, as listed above, will not be reviewed and will receive no further consideration this funding cycle.**

- L. Completed and signed **New Application Checklist** (included in the application packet).

**NOTE:** In addition to the above items "A - L," new applications for the Early Researcher Grant also must include the following documents and information.

- M. **Brief Overview** of the applicant's career goals as they relate to Alzheimer's disease research including identification of a mentor (two page limit, double-spaced).
- N. **Three Letters of Recommendation**, including one from the applicant's supervisor or academic advisor. (Copies of the application must include the three letters of recommendation.)
- O. **A Letter from the Mentor** agreeing to serve in that capacity. (Copies of the application must include this letter.)

**Resubmitted** applications must follow the Specific Instructions for new applications (Page 4). Resubmitted applications **also must** provide a one page (single-spaced) response to weaknesses/issues identified by reviewers in the previous application. This response must include how the weaknesses/issues are addressed in the current application. The page heading should be Resubmission of Application, include the principal investigator's name and immediately follow Cover Page 2 in the application.

**Continuation** applications cannot change the project's specific aims or objectives and must show progress. Continuation applications must include the following items ***in the order listed***.

- A. Completed and signed **Cover Page 1** (form included in the attachments). See Section A, Page 5.
- B. Completed and signed **Cover Page 2** (form included in the attachments) as described in Section B, Page 5.
- C. **Detailed Budget** (forms included in the attachments) as described in Section D, Page 6.
- D. **Progress Report**, which contains a description of the findings to date; progress in meeting each project specific aim/objective; and a detailed evaluation of progress.
- E. **Activities for Meeting Project Specific Aims/Objectives** for year two (which **cannot** be revised from the year one application) and a detailed timeline for carrying out specific aims/objectives and activities including designation of the individual(s) responsible for completion of each activity.
- F. **Evaluation Method(s)** to be used to measure progress in achieving the specific aims/objectives for monitoring the overall project (e.g., regular meetings, interim analyses, etc.) Identify any year one difficulties or limitations and method(s) to address and correct.
- G. **Literature Update** cited for any literature published since year one application submission that significantly impacts research. If literature is cited as published, explain and cite references (additional two page maximum).

**NOTE: Sections D - G, described above should be limited to eight pages, one-sided and double-spaced with page numbers. Attach copies of year one Abstract, Research Plan and Literature Update cited.**

- H. **Biographical Sketch(es) or Curriculum Vitae(s)** of any **new** key personnel (see Section G, Page 9); and
- I. Completed and signed **Continuation Application Checklist** (form included in the attachments).

## **VI. GRANTEE INFORMATION**

**All grantees are required to:**

- A. submit quarterly progress reports;
- B. participate in site visits and conferences as may be necessary for the monitoring and evaluation of the project;
- C. submit a final summary report at the completion of the project that may be disseminated by the Department and addresses the following issues:
  - 1. why the research was performed;
  - 2. the type of research protocol used in the project;
  - 3. where the research was conducted;
  - 4. the number of participants/animals included in the research, if applicable;
  - 5. the research findings;
  - 6. how the findings compare with previous research on the same subject; and
  - 7. if it is a pilot project, indicate future funding avenues to be pursued.
- D. provide a presentation before the Alzheimer's Disease Assistance Act Advisory Committee or other formal body, if requested by the Department.

### **Payment Methodology**

Payments to the grantee shall be made on a reimbursement basis. The grantee shall document actual expenditures incurred for the purchase of goods and services necessary for conducting research activities. The grantee shall use the Department's Reimbursement Certification Form to request reimbursement. The grantee must submit requests for reimbursement periodically (monthly or quarterly) throughout the period of the grant. After Department review and approval for the reimbursement request, a State of Illinois Voucher shall be prepared and processed through the Office of the State Comptroller for payment to the grantee. The final reimbursement request must be received by the Department within 30 calendar days after the end of the grant award period. Please reference the attachment *Budget and Justification: Use of Funds*.

## **Contract Expiration**

All projects will end on the date specified in the grant agreement and will not be extended or renewed without adherence to the formal continuation application process (see Page 11).

## **Termination of the Grant Agreement or Funding**

The grant agreement may be terminated by either party upon 30 calendar days written notice to the other party, as specified in the grant agreement. The grant agreement may be terminated immediately without penalty of further payment being required if the Illinois General Assembly fails to appropriate or otherwise make available sufficient funds for the award or if sufficient funds are not available in the Alzheimer's Disease Research Fund.

The Department shall be empowered to suspend funding or terminate the grant agreement if the grantee fails to comply with the terms and conditions of the grant agreement.

## **Denial, Suspension or Revocation of Grant Application or Grant Agreement**

After notice and opportunity for hearing, the director may deny the application for grant funds or suspend or revoke the grant agreement in any case in which substantial or continued failure is proven. If the director finds that the public interest, health, safety or welfare requires emergency action, summary suspension of the grant agreement may be ordered pending proceedings for revocation. Such proceedings shall be promptly instituted and promptly determined.

Such notice shall be made by certified mail or by personal service; shall set forth the particular reasons for the proposed action; and shall provide the grantee an opportunity to request a hearing. The right to a hearing will be waived if the grantee does not respond to the official notice within 10 days of receipt.

## **Procedures for Hearing**

The Rules of Practice and Procedure in Administrative Hearings, 77 Illinois Administrative Code 100, shall apply to all proceedings.

## **Data Requests and/or Collaboration of the Department**

Data requested from the Department, including any appropriate direct cost reimbursement, must be negotiated prior to submission of the grant application. The budget must reflect the reimbursement amount requested. (No personnel service costs are allowed.)

Collaboration on research projects by Department personnel is allowed. (Personnel service costs are not allowed.) A letter of support from the Department is essential for collaborative research projects. **Depending on the nature of the project, a Departmental Institutional Review Board (IRB) review may be required for the Department's**

**participation. This IRB form must be included with the application at the time of submission.**

### **Contact**

For additional information regarding this program, please contact Rhonda Clancy by phone at 217-782-3300, fax 217-782-1235, TTY (hearing impaired use only) 800-547-0466 or e-mail [Rhonda.Clancy@illinois.gov](mailto:Rhonda.Clancy@illinois.gov) .

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
ALZHEIMER'S DISEASE RESEARCH FUND  
FY2013 GRANT APPLICATION COVER PAGE 1**

**LEAVE BLANK FOR IDPH USE ONLY**

**NUMBER**

**DATE RECEIVED**

**1. TITLE OF PROJECT (Please type)**

**2. TYPE OF APPLICATION (Check all that apply)**

- A.  New (year one)  Intend to apply for continuation grant next year (year two)  
B.  Continuation (year two)  
C.  Early Researcher

**3. RESEARCHER**

Name \_\_\_\_\_

Credentials/Position \_\_\_\_\_

Department \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**4. TOTAL AMOUNT OF FUNDING REQUESTED (Fill in amount)**

- A. This project year \_\_\_\_\_  
B. Proposed amount for year two (if applicable) \_\_\_\_\_

**5. PRINCIPAL INVESTIGATOR ASSURANCE**

To the best of my knowledge, the data and statements in this application are true and correct. I agree to accept responsibility for the scientific conduct of this project and to provide the required progress reports if a grant is awarded as a result of this application.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
ALZHEIMER'S DISEASE RESEARCH FUND  
FY 2013 GRANT APPLICATION COVER PAGE 2**

**Important Notice:** This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose outlined under 30 ILCS 105/1 et. seq. Failure to provide this information may prevent the application from being processed.

**6. PERSON AUTHORIZED TO SIGN CONTRACT**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**7. TYPE OF ORGANIZATION**  Partnership  Corporation  Not-for-Profit  Governmental Entity  
 Medical and Health Care Services Provider  Tax Exempt Organization (IRC 501 [a] only  Trust or Estate

**8. LEGISLATIVE DISTRICT**

State Senate \_\_\_\_\_ State Representative \_\_\_\_\_ Congressional \_\_\_\_\_

**9. APPLICANT CERTIFICATION**

The applicant agrees to comply with all state/federal statutes and rules/regulation applicable to the project. My signature indicates that I have authority to enter into contracts on behalf of the applicant organization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**10. FISCAL CONTACT**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, ZIP Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**11. ORGANIZATION'S IDHR NUMBER** (if 15 or more employees)

**12. ORGANIZATION'S TAX IDENTIFICATION NUMBER**

**13. FISCAL OFFICER ASSURANCE**

I agree to accept responsibility for the fiscal conduct of this project and to provide the financial reports as required under any grant agreement that may result from this application. I understand this is a reimbursement grant and indirect costs are not allowed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ABSTRACT**

**Project Title:** \_\_\_\_\_

\_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Funding Requested: Year one** \_\_\_\_\_ **Year two (if applicable)** \_\_\_\_\_

**Illinois Department of Public Health  
Office of Health Promotion  
Budget Summary  
(PLEASE TYPE)**

<b>PI/Institution</b>	
<b>Total Funds Requested</b>	
<b>Grant Fiscal Year</b>	FY2013

<b>A. Personnel Services</b> Detailed costs listed on Attachment I.	\$
<b>B. Fringe Benefits</b> Detailed percentages (%) must be listed on Attachment I.	\$
<b>C. Contractual Services</b> Detailed list of services directly attributable to the program and potential contractors must be listed on Attachment II.	\$
<b>D. Supplies</b> Detailed list of supplies and vendors directly attributable to the program must be listed on Attachment III.	\$
<b>E. Travel</b> Detailed travel requests directly attributable to the program must be listed on Attachment IV. Out-of-state travel is <u>not</u> allowed.	\$
<b>F. Equipment</b> Potential purchase directly attributable to the program must be listed on Attachment V.	\$
<b>Total Funds Requested from IDPH</b>	\$
<b>G. Other Funds/In-kind Contribution</b> Value of funds or in-kind contributions provided by the applicant organization to support this program proposal (total from Attachments I – V).	\$
<b>Total Funds Available For Program Implementation</b>	\$

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTACHMENT I**

**Personnel Services**

<b>Name of Employee</b>	<b>Position Title (as applicable to program)</b>	<b>Monthly Salary</b>	<b>% of Time on Program</b>	<b>Amount Requested</b>
Other funds//In-kind contributions:				
<b>Fringe Benefits</b>				
<u>Itemize each component and percentage</u>				

**Attachment II**

**Contractual Services**

<b>Name of Contractor/Service</b>	<b>Justification (as applicable to program)</b>	<b>Amount Requested</b>
Other funds/In-kind contributions:		

**Attachment III**

**Supplies**

<b>Name of Supplies/Vendor</b>	<b>Justification (as applicable to program)</b>	<b>Amount Requested</b>
Other funds/In-kind contributions:		



**Attachment V**

**Equipment**

<b>Type of Equipment/Vendor</b>	<b>Justification (as applicable to program)</b>	<b>Amount Requested</b>
Other funds/In-kind contributions:		

**OTHER SUPPORT**

**Project Title:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

**Format for Completing Form for Other Support**

**NAME OF INDIVIDUAL** (All investigators/researchers must be listed.)

ACTIVE

Project Number (Principal Investigator)	Dates of Project	Percent Effort
Source	Annual Direct Costs	
Title of Project (or Subproject)		
Role		

The major goal(s) of this project are...

PENDING

Project Number (Principal Investigator)	Dates of Project	Percent Effort
Source	Annual Direct Costs	
Title of Project (or Subproject)		
Role		

The major goals of this project are...

OVERLAP summarized for each individual and including adjustments that will be made if the proposal is funded or "none" if there is no overlap

**Samples**

**ANDERSON, R.R.**

ACTIVE

2 RO1 HL 0000-13 (Anderson)	3/1/94-2/28/97	30%
NIH/NHLBI	\$186,529	
Chloride and Sodium Transport in Airway Epithelial Cells		
Principle Investigator		

The major goals of this project are to define the biochemistry of chloride and sodium transport in airway epithelial cells and clone the gene(s) involved in the transport.

ROOO (Baker)	9/1/93-8/31/95	10%
Cystic Fibrosis Foundation	\$43,123	
Gene Transfer of CFTR to the Airway Epithelium		
Co-investigator		

The major goals of this project are to identify and isolate airway epithelium progenitor cells and express human CFTR in airway epithelial cells.

PENDING

DCB 950000 (Anderson)	12/01/95-11/30/97	20%
National Science Foundation	\$82,163	
Liposome Membrane Composition and Function		
Principle Investigator		

The major goals of this project are to define biochemical properties of liposome membrane components and maximize liposome intake into cells.

OVERLAP

There is scientific overlap between aim 2 of NSF DCB 950000 and aim 4 of the application under consideration. If both are funded, the budgets will be adjusted appropriately in consultation with agency staff.

**RICHARDS, L.**

NONE

**Illinois Department of Public Health  
Alzheimer's Disease Research Fund  
Application History**

Principal Investigator \_\_\_\_\_  
Institution \_\_\_\_\_

**How many applications have you previously submitted to the Alzheimer's Disease Research Fund (ADRF)? \_\_\_\_\_**  
**How many ADRF applications have been funded? \_\_\_\_\_ For these please complete the following.**

Project Title:  
Funding Period:  
Publications (including citations):  
Additional Funding (including source, time period and amount):

Project Title:  
Funding Period:  
Publications (including citations):  
Additional Funding (including source, time period and amount):

Project Title:  
Funding Period:  
Publications (including citations):  
Additional Funding (including source, time period and amount):

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## NEW APPLICATION

### CHECKLIST

#### ALZHEIMER'S DISEASE RESEARCH FUND

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- Correct format per application guidelines. See Page 4.

**NOTE: To assure minimum standards of equity and fairness, applications that are late, incomplete or fail to follow the required format will not be reviewed and will receive no further consideration during this funding cycle.**

- Completed and signed cover Page 1. (Form provided in attachments.) See Section A, Page 5.
- Completed and signed cover Page 2. (Form provided in attachments.) See Section B, Page 5.
- Resubmitted application (if applicable). See Page 11.
- Project abstract in lay language (single-spaced, 300 words or less, one-sided) See Section C, Page 6.
- Detailed line item budget with justification. (Forms provided in attachments.) See Section D, Page 6.
- Research plan (15 pages, single-sided, double-spaced with page numbers) including all components listed in Section E. See Page 7.
- Literature cited (two pages, single-sided, single-spaced). See Section F, Page 9.
- Biographical sketch(es) or curriculum vitae(s) of researcher(s) and other major professional staff (two pages each, single-spaced, one-sided). See Section G, Page 9.
- Other Support (one-sided). See Section H, Page 9.
- Alzheimer's Disease Research Fund application history. See Section I, Page 9.
- Documentation of not-for-profit status (if applicable). See Section J, Page 10.
- Documentation of institutional review - approval or exemption - in appendices. See Section K, Page 10.

**NOTE: Applications that do not include the required institutional review documentation will not be reviewed and will receive no further consideration this funding cycle.**

- Applicants for Early Researcher Grants also must include the applicant's career goals (two-page limit, double-spaced), three letters of recommendation and a letter from the mentor. See Sections M, N and O, Page 10.
- Completed and signed New Application Checklist (this form). See Section L, Page 10.

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Signature of Principal Investigator

Date

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**CONTINUATION APPLICATION**

**CHECKLIST**

**ALZHEIMER'S DISEASE RESEARCH FUND**

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- Correct format per application guidelines. See Page 4.

**NOTE: To assure minimum standards of equity and fairness, applications that are late, incomplete or fail to follow the required format will not be reviewed and will receive no further consideration for funding during this funding cycle.**

Specific instructions for continuation applications are on Page 10.

- Completed and signed cover Page 1. (Form provided in attachments). See Section A, page 5.
- Completed and signed cover Page 2. (Form provided in attachments). See Section B, page 5.
- Detailed line item budget with justification. (Forms provided in attachments). See Section D, Page 6.
- Progress report and status of objectives. See Section D, Page 11.
- Second year project activities and timeline. See Section E, Page 11.
- Evaluation or monitoring methods. See Section F, Page 11.

**NOTE: The last three items listed above are limited to eight pages total, one-sided and double-spaced with page numbers.**

- Biographical sketch(es) or curriculum vitae(s) of any **new** principal staff. See Section G, Page 11.
- Completed and signed Continuation Application Checklist (this form). See Section H, Page 11.

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Signature of Principal Investigator

Date

## **Budget and Justification Use of Funds**

All grant funds must be used for the sole purposes set forth in the grant proposal and application and must be used in compliance with all applicable laws. Grant funds may not be used as matching funds for any other grant program. Use of grant funds for prohibited purposes may result in loss or recovery of grant funds. To be reimbursable under an Illinois Department of Public Health (Department)/Office of Health Promotion grant agreement, expenditures must meet the following general criteria:

- A. Be necessary and reasonable for proper and efficient administration of the program and not be a general expense required to carry out the overall responsibilities of the organization/institution.
- B. Be authorized or not prohibited under federal, state or local laws or regulations.
- C. Conform to any limitations or exclusions set forth in the applicable rules, program description or grant agreement.
- D. Be accorded consistent treatment through application of generally accepted accounting principles appropriate to the circumstances.
- E. Not be allocable to or included as a cost of any state or federally financed program in either the current or a prior period.
- F. Be net of all applicable credits.
- G. Be specifically identified with the provision of a direct service or program activity.
- H. Be an actual expenditure of funds in support of program activities, documented by check number and/or internal ledger transfer of funds.

Examples of allowable costs include the following. (This is not meant to be a complete list, but rather specific examples of items within each line item category.)

### **Personal Services:**

- Gross salary paid to agency employees directly involved in the provision of program services.
- Employer's portion of fringe benefits actually paid on behalf of direct services employees; examples include FICA (Social Security) and life/health insurance,
- Workers compensation insurance, unemployment insurance and pension/retirement benefits.

### **Contractual Services:**

- Conference registration fees
- Contractual employees (requires prior program approval)
- Postage, postal services, UPS or other carrier costs
- Software for support of program objectives
- Subscriptions
- Training and education costs

Note: Payments (or pass-through) to subcontractors or sub-grantees are to be shown in the Contractual Services section - all subcontracts or sub-grants require an attached detailed line item budget supporting this contractual amount.

Travel: (In-state only)

- Mileage (at \$0.55, state rate, unless specifically noted otherwise)
- Airline (coach) or rail transportation expenses
- Lodging
- Per diem and meal costs

Commodities (Supplies):

- Office supplies
- Medical supplies
- Educational and instructional materials and supplies, including booklets and reprinted pamphlets
- Equipment items costing less than \$100 each

Printing (included in Supplies):

- Letterpress, offset printing, binding, lithography services
- Photocopy paper, other paper supplies
- Envelopes, letterhead, etc.

Equipment (requires prior written approval):

- Items costing \$100 or more each with useful life of more than one year
- Equipment costs shall be limited to 5 percent or less of the total grant award
- Equipment costs shall include all freight and installation charges
- Office equipment and furniture
- Allowable medical equipment
- Reference and training materials and exhibits
- Books and films
- Telecommunications (included in Contractual Services):
- Telephone services
- Answering services
- Installation, repair, parts and maintenance of telephones and other communication equipment

Unallowable or prohibited uses of grant funds include, but are not limited to, the following:

- Indirect or administrative cost plan allocations - normal, daily operating expenses may not be billed
- Political or religious purposes
- Contributions or donations
- Incentives (This does not include those items used to generate visibility of program efforts, to increase public awareness or those that are used to

- re-enforce positive behavior change)
- Fund raising or legislative lobbying expenses
- Payment of bad or non-program related debts, fines or penalties
- Contribution to a contingency fund or provision for unforeseen events
- Entertainment, food, alcoholic beverages and gratuities
- Membership fees (unless related to the program and approved in advance by the Department)
- Interest or financial payments or other fines or penalties
- Purchase or improvement of land or purchase, improvement or construction of a building
- Equipment in excess of 5 percent of the grant award (unless approved in advance by the Department)
- Any expenditure that may create a conflict of interest or the perception of impropriety