

**ALZHEIMER'S DISEASE RESEARCH FUND**

**GRANT APPLICATION GUIDELINES**

**Fiscal Year 2015**

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**

**Office of Health Promotion**

**Division of Chronic Disease Prevention and Control**

**535 W. Jefferson St., 2<sup>nd</sup> Floor**

**Springfield, Ill. 62761-0001**

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For IDPH Use Only

Application No. \_\_\_\_\_

Date Received \_\_\_\_\_



## ILLINOIS DEPARTMENT OF PUBLIC HEALTH APPLICATION FOR PUBLIC HEALTH GRANT

### Office of Health Promotion Alzheimer's Disease Research Fund Grant Fiscal Year 2015

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

Section 2. APPLICANT GRANT HISTORY	
<b>Description of applicant organization:</b> <i>(200 Character Maximum)</i>	
<b>Has this applicant received a grant from the federal government or the state of Illinois within the last three years?</b> <b>If yes, provide the following:</b> <i>(Add additional rows if needed)</i>	<div><input type="checkbox"/> YES      <input type="checkbox"/> NO</div> <div>Agency providing grant funding: Grant number: Grant amount: Grant term: Brief description of grant:</div>
<b>How long has applicant been incorporated?</b>	
<b>Is the applicant in "good standing" with the Illinois</b>	

<b>Office of the Secretary of State?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>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?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO  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.
<b>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?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, identify the nature of the proceedings and how they may affect the applicant's financial situation and/or operations.
<b>Does the applicant or any principal owe any debt to the state of Illinois?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO  If yes, list the amount and reason for the debt. Attach additional documentation to explain the debt owed to the state.

Section 3. APPLICANT ORGANIZATION INFORMATION		
<b>Legal Status:</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Governmental <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Nonresident alien <input type="checkbox"/> Partnership/Legal corporation <input type="checkbox"/> Estate or trust <input type="checkbox"/> Tax exempt <input type="checkbox"/> Pharmacy (non-corporation) <input type="checkbox"/> Corporation providing or billing medical and/or health services <input type="checkbox"/> Pharmacy/Funeral home/Cemetery (Corporation) <input type="checkbox"/> Corporation NOT providing or billing medical and/or health services <input type="checkbox"/> Limited liability company (select applicable tax classification) <input type="checkbox"/> Other (describe): <input type="checkbox"/> D = Disregarded entity <input type="checkbox"/> P = Partnership	
<b>Federal Tax Payer Identification (FEIN) Number or Social Security Number (SSN) of applicant if not an organization:</b>		
<b>If applicable, list all names and FEINS that are registered to your organization or have been registered during the last three years.</b>	<b>Name:</b>	<b>FEIN:</b>
	<b>Name:</b>	<b>FEIN:</b>
	<b>Name:</b>	<b>FEIN:</b>
<b>DUNS number:</b>		

<b>Illinois Department of Human Rights Number (if applicable):</b>	
<b>Legislative Senate District:</b>	
<b>Legislative House District:</b>	
<b>Congressional District:</b>	

<b>Section 4. KEY GRANT CONTACT INFORMATION</b>	
<b>Grant Application Contact/Title:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	
<b>Fiscal Contact/Title:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	

<b>Section 5. GRANT PROJECT PROPOSAL</b>	
<b>Project Title: (Alzheimer's Disease Research Fund proposed project title)</b>	
<b>Brief Project Description:</b> <i>(350 character maximum). Note that the Scope of Work must be completed separately.</i>	
<b>Type of Application:</b>	New _____ Continuation _____ Early _____
<b>Project Period:</b> <i>(Include start and end date)</i>	July 1, 2014 – June 30, 2015
<b>Total Amount of Funding Requested from IDPH:</b>	\$
<b>Researcher Information:</b>	Name: Credentials: Department: Address: Phone: Fax: E-mail:

<b>Total Applicant Match or In-Kind Contribution (you may include match or in-kind, but it is not required for this grant):</b>	
<b>If subcontractors will be used under this grant application, provide name, address and description of services.</b>  <b>If the grant application includes additional subcontractors, please provide the required information in an attachment.</b>	Subcontractor name: Address: City, State, ZIP: Phone: Description of services:  Subcontractor name: Address: City, State, ZIP: Phone: Description of services:

<b>Section 6. GRANT BUDGET SUMMARY</b> <b>Out-of-state travel, indirect costs and tuition is not allowed with these grant funds.</b> <i>(Note: This section is for summary purposes only. A detailed budget is included)</i>		
<b>Budget Line Items Requested</b>	<b>Requested Grant Budget Amount</b>	<b>Applicant Match of In-Kind Contribution</b>
<b>Personal Services</b> <i>(Includes Salary and Wages)</i>		
<b>Fringe Benefits</b> (Percent use for calculation _____ %)		
<b>Contractual Services</b> (detailed information about the contractual services amount must be submitted on the attached budget Excel form)		
<b>Travel</b> ( <u>Out of state travel is not allowable under the terms of this grant award.</u> )		
<b>Supplies</b>		
<b>Commodities</b>		
<b>Printing</b>		
<b>Equipment</b>		
<b>Telecommunications</b>		
<b>Grand Total</b>		
<b>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.</b>	<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 _____ <input type="checkbox"/> Not applicable to this grant application	

## Section 7. GRANT SCOPE OF WORK

### Application Guidelines

#### I. General Information

The Alzheimer's Disease Research Fund (ADRF) is supported by Illinois taxpayers' contributions through their annual state income tax return. This fund, in existence since 1985, has supported 173 research projects in Illinois. Grant awards must be used to investigate the biomedical, technical or psychosocial study pertaining to Alzheimer's disease and related disorders. Topics may include, but are not limited to: epidemiology, etiology, pathology, diagnosis, care, treatment, evaluation, cure, social or economic impacts, gerontology, nursing, psychology, respite care, in-home care, long-term care, health care finance and psychosocial issues.

Grant awards are available only to Illinois researchers. The amount of funding available and the number of awards will be confirmed upon finalization of a state fiscal year 2015 budget.

#### II. Review Process

The Illinois Department of Public Health (Department) awards ADRF grants, as authorized by the Civil Administrative Code of Illinois [410 ILCS 410/3], Alzheimer's Disease Assistance Act.

Upon receipt, the Department conducts an internal review of each application. Applications not received by the designated deadline, or not having **all** components listed in these Guidelines, **will not be eligible for review and will not receive further consideration during this funding cycle.**

After successful internal review, a peer review panel, convened by the Department, conducts a technical review of eligible applications and makes funding recommendations to the Alzheimer's Disease Advisory Committee (Section 6, Alzheimer's Disease Assistance Act). The Committee conducts a final technical review and makes funding recommendations to the Department.

#### III. Types Of Applications

Recipients of funds **must** be institutions and not individuals. Research may be provided by an individual(s) under the authority of an institution. Grant awards are available to students, residents and fellows. Applicants should submit proposals with a work plan and budget designed to be completed in **12 months**. Two types of grant awards are available to FY 2015 applicants:

1) **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 the researcher's 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. 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 a 12-month award not to exceed \$35,000. Priority will be given to applications for the Early Researcher Grant. See "**V. Content for New Grants (General or Early)**", A – J, for application requirements and "**VI. Additional Instructions for Early and Resubmitted Applications**", page 11 for additional application requirements.

2) **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 a 12-month award not to exceed \$30,000. See “**V. Content for New Grants (General or Early)**”, **A – J**, for application requirements.

Resubmitted applications (unfunded in previous year) may be proposed with revisions and must adhere to the submission and application requirements for new applications. See “**VI. Additional Instructions for Early and Resubmitted Applications**”, page 11 for additional application requirements.

Researchers may receive up to two awards in their career, the second of which must: 1) focus on an entirely new research topic and direction, and 2) the researcher must be able to demonstrate that their first ADRF project resulted in external funding. Eligible applicants for any type of research grant must meet one of the following criteria:

1. A physician licensed in Illinois to practice medicine in all of its branches;
2. A licensed hospital in Illinois;
3. A certified/accredited laboratory in Illinois;
4. A researcher at a post-secondary higher educational institution in Illinois; or
5. A health care professional (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)

#### **IV. Submission and Application Information**

##### *Submission Date and Time*

Applications must be submitted electronically in .pdf format on or before **5:00 p.m., Friday, January 17, 2014** to:

Rhonda Clancy, M.S., Alzheimer’s Disease Research Grant Coordinator at  
[Rhonda.Clancy@illinois.gov](mailto:Rhonda.Clancy@illinois.gov)

**Applications that are late, incomplete or fail to follow the required format will not be reviewed and will not receive further consideration during this funding cycle.** 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)

##### *Format of Application*

The application **must**:

- have at least one inch margins;
- be typed, not hand-written in any of the components;
- be written with Times New Roman font, at least 11 pt;
- not contain photo-reduced images; and
- have clear and legible figures, figure legends, graphs, diagrams, tables, charts and footnotes (which may have a smaller font size) displayed in black ink.



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 below.

## **V. Content for New Applications (Early or General)**

Items must be in the order listed:

**A. Abstract – Page limit: one page, single-spaced, 300 words or less; format included as Appendix A.**

The abstract must be prepared in lay language with the following headings: specific aim(s)/objective(s), background, design including subject population(s) and hypothesis. It should be succinct and serve as a description of the project independent of the application.

**B. Research Plan – Page limit: 15 pages, double-spaced, Times New Roman font 11 pt. or larger, and page numbered.**

### **Required Sections and Recommended Lengths:**

**1. SPECIFIC AIMS – One page is recommended.**

List over-arching project *goal(s)* for the 12-month project period and time-framed, measurable *objectives* for each of the four quarters of the 12-month project period. Label the quarters as: Quarter 1- July to September; Quarter 2 - October to December; Quarter 3- January to March; and Quarter 4 - April to June.

**2. BACKGROUND and SIGNIFICANCE – Two pages are recommended.**

Briefly describe the background leading to the aims of this 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 5).

**3. INVESTIGATORS: One page is recommended.**

Describe the experience and competence of the principle and co-investigator(s).

**4. PRELIMINARY STUDIES: One page is recommended.**

Provide any preliminary data toward the specific aim(s).

**5. EXPERIMENTAL DESIGN and METHODS: Seven pages are recommended.**

Provide a detailed description and rationale for the experimental design, procedure(s) to be used and the method(s) for collecting, analyzing and interpreting data.

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. Research methods must include planned statistical analyses and calculations to determine the sample size. Utilizing a statistician is recommended to determine the sample size and amount of data to be collected.

Provide details about the analytic approach, statistical tests, sample characteristics, sample size and power analysis for each specific aim. If the project is descriptive or qualitative in nature, accepted methods of data analysis must be included. Define the criteria that will be used to evaluate the success or failure of specific tests.

For studies using human participants, include eligibility (inclusion/exclusion) criteria, and plans to access, recruit and provide 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. Cite potential difficulties and limitations and plans for resolution.

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.

Provide a detailed timeline for carrying out specific activities that coincide with quarterly objectives included in “1. Specific Aims”.

**5. HUMAN PARTICIPANTS\*: One page is recommended.**

For studies using human participants, address the potential research risks and what steps will be taken to protect participants from these risks. Address 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). Discuss inclusion of women and racial and ethnic minorities.

**6. VERTEBRATE ANIMALS\*: One page is recommended.**

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.

\* All studies using human participants or vertebrate animals must include, in the application appendix, evidence that the appropriate approval or exemption has been obtained from the applicant's institutional review board 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, be specific to the project cited in the application and up-to-date documentation must be included with the proposal.**

**7. FACILITIES and ENVIRONMENT: One page is recommended.**

Include a description of facilities, equipment and other resources available to the investigator to be used in the research.

**C. Budget Summary, Justification and Use of Funds – forms included as [Appendix D](#).**

Complete the budget summary for the 12-month funding period by line-item category and provide sufficient detail and justification for requests, especially proposed equipment and supplies.

**Budget Summary Page** –identify all costs associated with the 12-month research project, including the amount requested from the Department and allocated from other funding source(s).

**Attachment I** – include the title and name for each position, actual monthly salary, the number of months to be worked on 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 determine the total amount of support for the program. This amount should be allocated to the support requested from the Department and/or to the applicant's other sources.

Fringe benefits rates must be itemized. To be claimed through the grant they must be actual expenditures reported on the Reimbursement Certification Form by staff person.

**Attachments II – V** – itemize other line items as specifically as possible. Justification must be provided for specific items listed in the detailed budget and should clearly indicate why the items are essential to the achievement of the project's specific aims/objectives. Cost allocations such as utilities or space must be justified and the methodology for allocations must be explained.

Grant funds cannot be used for **indirect costs, tuition or out-of-state travel**. In-state travel may be proposed and if allowed, must be pre-approved and deemed necessary to successfully complete the research project. In-state travel not pre-approved will not be reimbursed.

**D. Literature Cited – Page limit: Two pages, single-spaced.**

List complete citations to all references.

**E. Biographical Sketch (es) or Curriculum Vitae(s) – Page limit: Two pages, single-spaced.**

Include for the principal and co-investigator(s) and other major professional staff including qualifications, education, work experience and a list of relevant publications from the preceding five years.

**F. Other Support – Page limit: None, single-spaced; format included as [Appendix B](#).**

Document support using the form provided. If there is no other support, indicate “None” on the form. The required documentation should include a list of any active and pending research for the Principal Investigator and Co-investigator(s) which includes project number, funding agency, the project title, the role of the applicant, total direct costs, project dates, major goals, percent effort, and a description of scientific overlap that occurs with respect to the proposed project. The summary should provide a description of how the grant will enable the applicant to pursue research that differs from any of the applicant's on-going research. Add additional one-sided pages if necessary.

**G. ADRF Application History – Page limit: One page; format included as [Appendix C](#).**

Document history of applications submitted to ADRF using the form provided. 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.

**H. Not-For-Profit Status – Page limit: None**

Applicants other than governmental entities **must** provide documentation of current not-for-profit status.

**I. Appendices – Page limit: None**

The appendices must only be used for necessary ancillary information not as a means to provide additional information required to evaluate the defined research plan for grant award purposes.

Applicants **must** include documentation of institutional review(s), letters of support/participation, memorandum of understanding, informed consent (if applicable), questionnaires and surveys.

The **required institutional review documentation** must be one of the following. If the application is a collaborative, each institution's institutional review documentation must be included at the time of submission. A statement that institutional review is pending is NOT acceptable. Applications that do not include the required institutional review documentation will not be reviewed and will receive no further consideration this funding cycle.

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;
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.

**J. Application Checklist** (forms included as **Appendix E**).

New applicants of initial and resubmissions must complete, include this form with application.

**VI. Additional Instructions for Early and Resubmitted Applications**

*Early Research applications* – in addition to “**V. Content for New Grants (General or Early)**”, **A – J**, early researchers must submit the following:

- a **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**);
- **three letters of recommendation**, including one from the applicant's supervisor or academic advisor; and
- a **letter from the mentor** agreeing to serve in that capacity.

*Resubmitted applications* (unfunded in previous year) – in addition to **V. Content for New Grants (General or Early)**, sections **A – J**, applicants resubmitting must submit the following:

- a one page, single-spaced response addressing how weaknesses and other issues identified by reviewers in the previous application will be resolved. The heading should read “Resubmission of Application”, and include the principal investigator's name.
- B. 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.
- C. Biographical Sketch (es) or Curriculum Vitae(s)** of any **new** key personnel; page limit: two pages, single-spaced.

**D. Budget Summary, Justification and Use of Funds** – forms included as Appendix D.

Sections E-G, are **limited to a total of eight pages, one-sided and double-spaced with page numbers.**

- 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. List time-framed, measurable *objectives* for each of the four quarters of the 12-month project period. Labels the quarters as: Quarter 1- July to September; Quarter 2 - October to December; Quarter 3- January to March; and Quarter 4 - April to June.
- F. **Evaluation Method(s)** to be used to measure progress in achieving the aims/objectives for monitoring the overall project (e.g., regular meetings, interim analyses, etc.) Identify 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).

Name of Grant Program \_\_\_\_\_  
 Legal Name of Applicant \_\_\_\_\_

Section 8. APPLICANT CERTIFICATION		
<p>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.</p> <p>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.</p>		
<b>Signature</b>	<b>Printed Name/Title</b>	<b>Date</b>

---

**FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE**

**Type of Grant Application**

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| Direct Appropriation                | <input type="checkbox"/>            |
| Allocation by Administrative Rule   | <input type="checkbox"/>            |
| Competitive Request for Application | <input type="checkbox"/>            |
| Statutory Board Review Required     | <input checked="" type="checkbox"/> |
| Formula and/or Caseload Allocation  | <input type="checkbox"/>            |
| Non-competitive                     | <input type="checkbox"/>            |

**Funding Source:**

- |                      |                                     |
|----------------------|-------------------------------------|
| General Revenue Fund | <input type="checkbox"/>            |
| State Special Fund   | <input checked="" type="checkbox"/> |
| Federal              | <input type="checkbox"/>            |

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

Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix A**

**ABSTRACT FORM**

Limited to one page, 300 words or less and single-spaced with the following components:

**Project Title:**

**Principal Investigator:**

**Institution:**

**Specific aim(s)/objective(s):**

**Background:**

**Design including subject population(s) and hypothesis:**

## Appendix B

### OTHER SUPPORT FORM

Document (single-spaced) information requested in box below. Provide a brief summary of how the grant will enable the applicant to pursue research that differs from any of the applicant's on-going research. Add additional one-sided pages if necessary. A sample format (NIH style) is included in this Appendix.

#### **Format for Completing for Other Support**

**Name and title of all** investigators/researchers:

- 1)
- 2)
- 3)

#### ACTIVE

Project Number (Principal Investigator)  
Funding Agency  
Title of Project (or Subproject)  
Role of Applicant

Dates of Project  
Annual Direct Costs

Percent Effort

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

#### PENDING

Project Number (Principal Investigator)  
Source  
Title of Project (or Subproject)  
Role

Dates of Project  
Annual Direct Costs

Percent Effort

The major goals of this project are...

Scientific overlap: Summarize for each project and include adjustments (programmatic and budgetary) that will be made if the proposal is funded or “none” if there is no overlap.

Describe how efforts of this application will enable the applicant to pursue research that differs from current or on-going research:



## **Appendix B**

### **Sample of Other Support Format**

#### **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**

**Appendix C**

**APPLICATION HISTORY FORM**

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? \_\_\_\_ Complete the following for those funded.**

Project Title:

Funding Period:

Publications (include citations):

Additional Funding (include source, time period and amount):

Project Title:

Funding Period:

Publications (include citations):

Additional Funding (include source, time period and amount):

Project Title:

Funding Period:

Publications (include citations):

Additional Funding (include source, time period and amount):

## Appendix D

### Budget Summary, Justification and Use of Funds

Information must be typed, not hand-written. Grant funds **cannot** be used for **indirect costs, tuition or out-of-state travel**.

<b>PI/Institution</b>	
<b>Total Funds Requested</b>	
<b>Grant Fiscal Year</b>	<b>FY2015</b>

<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>	\$

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Signature

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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:				

**Fringe Benefits**

<b>Itemize each component and percentage</b>				

## **Attachment II** **Contractual Services**

Name of Staff and Institution	Justification (as applicable to program)	Amount Requested
<p>Name:</p> <p>Time Period:</p> <p>Total Cost:</p> <p>Description of Services:</p> <p>Method of Selection:</p>          <p>Other funds/In-kind contributions:</p>		

**Attachment III**  
**Supplies**

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

**Attachment IV**  
**Travel**

Name of Staff/Anticipated Costs	Justification (as applicable to program)	Amount Requested
<p><b>Out-of-state travel is not allowed.</b></p> <p><b>In-state travel must be deemed “necessary” and be pre-approved by the Department.</b></p> <p>Other funds/In-kind contributions:</p>		

**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:		



## **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 the contractual amount.

### **Travel: (In-state only, as deemed necessary):**

- Mileage (at \$0.565, state rate; if applicant has a travel control policy that reimburses at a different rate please describe)
- Airline (coach) or rail transportation expenses
- Lodging
- Per diem and/or meal costs in accordance with institution's travel policy.

**Commodities (Supplies):**

- Office supplies
- Medical supplies
- Educational and instructional materials and supplies, including booklets and printed 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 five 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
- 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

## Appendix E

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### NEW APPLICATION CHECKLIST (Early, General and Resubmitted Grants)

#### ALZHEIMER'S DISEASE RESEARCH FUND

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- ☐ Correct format per application guidelines.
- ☐ Project abstract completed. (Appendix A)
- ☐ Other Support included. (Appendix B)
- ☐ Application History Form completed. (Appendix C)
- ☐ Budget summary and justification attachments completed. (Appendix D)
- ☐ Research plan completed.
- ☐ Biographical sketch (es) or curriculum vitae(s) of researcher(s) and other major professional staff included.
- ☐ Literature cited.
- ☐ Not-for-profit status documented (if applicable).
- ☐ Institutional review - approval or exemption – included in application appendices.  
**NOTE: Applications that do not include the required institutional review documentation will not be reviewed and will receive no further consideration.**
- ☐ Early Researcher application requirements met.
- ☐ Resubmitted application requirements met.