

**Alzheimer’s Disease Pre-clinical Translational Science Grant**

AN INITIATIVE FUNDED BY

**Roberts Alzheimer’s Disease Translational Science Fund**

**DEADLINE: July 11, 2022 @ 11:59 p.m.**

 Application: **UPLOAD via the Start a Submission link:**  [Alzheimer's Disease Pre-clinical RFA](https://indianactsi.org/translational-research-development/open-funding-opportunities#ADPC202207)

*Please note that you will be submitting through the Indiana CTSI’s grants management software WebCAMP.*

*The WebCAMP user’s guide is available under the funding announcement here:* [*https://www.indianactsi.org/researchers/funding/open-funding-opportunities/*](https://www.indianactsi.org/researchers/funding/open-funding-opportunities/)

**For questions, c**ontact Alan D. Palkowitz apalkow@iu.edu, Director for the

IUSM-Purdue TREAT-AD Center

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For WebCAMP related questions contact Julie Driscol (judrisco@iu.edu / 317-278-2822)

**Indiana University School of Medicine Stark Neurosciences Research Institute (SNRI)**

**Alzheimer’s Disease Pre-clinical Translational Science Grant | 2022 APPLICATION**

**FOR APPLICATIONS FROM CO-PIs, INFORMATION AND SIGNATURES MUST REPRESENT BOTH PIs**

**PRINCIPAL INVESTIGATOR:**  **EMAIL:**

**RANK, DEPARTMENT, and SCHOOL, if appropriate:**

**INSTITUTIONAL AFFILIATION:**

**ORCID ID:**

**Co-PRINCIPAL INVESTIGATOR (if applicable):**  **EMAIL:**

**RANK, DEPARTMENT, and SCHOOL, if appropriate:**

**INSTITUTIONAL AFFILIATION:**

**ORCID ID:**

**TITLE OF PROPOSAL:**

**Provide a brief specification that the PI / Co-PI is a new neuroscience investigator (Category 1), New investigators without current or past NIH research support as PD/PI. New investigators, as defined by the NIH, should not have previously competed successfully for a substantial (e.g., R01) NIH-supported independent research award (see** [**http://grants.nih.gov/grants/new\_investigators/#definition**](http://grants.nih.gov/grants/new_investigators/#definition)**). (Category 2), Established investigators who do not belong to Category 1 and do not have Alzehiemer’s Disease drug discovery experience but wish to apply to enhance their current research, or (Category 3) Established Alzhiemer’s Disease drug discovery investigators who do not belong to Category 1 & 2 and propose testing innovative ideas that represent clear departure from ongoing research interests.**

CATEGORY **[ ]** BRIEF SPECIFICATION:

**ADDRESS WHERE WORK WILL BE PERFORMED:**

**BUDGET PERIOD (maximum 12 months):**

From: (Month/Day/Year) To:(Month/Day/Year)

AMOUNT REQUESTED:

Total $ (may not exceed $50,000)

 APPROVAL

YES NO PENDING PROTOCOL# DATE

RECOMBINANT DNA? **[ ]**  **[ ]**  **[ ]**

HUMAN SUBJECTS? **[ ]**  **[ ]**  **[ ]**

VERTEBRATE ANIMALS? **[ ]**  **[ ]**  **[ ]**

DOES THIS PROJECT INVOLVE CLINICAL RESEARCH? **[ ]**  **[ ]**  **[ ]**

**REQUIRED SIGNATURES: The undersigned agree(s) to accept responsibility for the scientific and technical conduct of the research project and for provision of required progress reports if a grant is awarded as the result of this application.**

**REQUIRED APPLICANT AND INSTITUTIONAL SIGNATURES:**

“The undersigned applicant agrees to accept responsibility for the scientific and technical conduct of the research project and for provision of required progress reports if a grant is awarded as the result of this application. I understand that the second phase of the funding is contingent on successful completion of first phase milestones in all institutions unless specific request for exception is made and approved.”

**SIGNATURES MUST BE OBTAINED FOR EACH PI / CO-PI AND THEIR REPRESENTATIVE INSTITUTIONS**

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| **IUSM**  | **Signature and Date** |
| Applicant |  |
| Department Head / Chair(1) |  |

(1) Departments of Medicine and Pediatric: Division Chief Signature is allowable in lieu of the Department Chair. Institutional Official Signature is not required for IUSM.

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| **IUB, IUPUI, IU Regional Campus** | **Signature and Date** |
| Applicant |  |
| Department Head / Chair |  |
| School Dean |  |

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| **Purdue University**  | **Signature and Date** |
| Applicant |  |
| Department Head / Chair |  |
| Institutional Official(1) |  |

(1) Signature approval by Pre-Award Center Manager is required by Purdue University.

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| **University of Notre Dame** | **Signature and Date** |
| Applicant |  |
| Department Head / Chair |  |
| Indicate intent to submit to Melanie DeFord via email (mdeford@nd.edu). A copy of the completed application, with signatures, must also be sent to David Ross (dross5@nd.edu ) by the due date; this is in addition to being uploaded as specified in the ‘CTR Guidelines’. Institutional routing is not required. Contact David Ross or Melanie DeFord with questions. |

**ABSTRACT** Provide a brief summary of your project in **250 words or less**. Include the project’s broad, long-term objectives and specific aims, a description of the research design/methods for achieving the stated goals, and neuroscience interdisciplinary collaborations.

**RESEARCH PLAN** Provide up to 2 pages for the project’s research plan in NIH format (specific aims, significance, innovation, and approach). The research plan should address the following review criteria: ***i)*** ***Quality*** – high standards of scholarship *and* ***ii)*** ***Impact*** – the results of the proposed project must show a strong potential for subsequent extramural funding (for example; NHGRI, NIA, NIAAA, NIBIB, NIDA, NIMH, NINDS, DOD, and/or the VA). Resubmissions are permitted an additional ½ page to indicate how they have responded to reviewers’ comments.

**References** (not included in research plan page limit)

**Required Additional Pages (Appendices)**

* **Key Personnel**
* **Other Support** for each key personnel limited to 2 pages each
* **NIH Biosketch** for all PIs/Co-PI’s in new format, limited to 5 pages each
* **Description of Facilities and Resources** available to the applicant
* **Budget** in NIH format with budget justification
	+ - Supplies and costs must relate directly to the performance of the project.
		- Travel and faculty salaries are not allowed.
		- Student stipends are not allowed.
* **Approved current institutional vertebrate animal care form** (if applicable)
* **Approved current institutional human subject’s selection criteria form** (if applicable)
* **Letters of Support from collaborators**
* **Previous reviewers’ comments if this is a resubmission.**

Principal Investigator (Last, first, middle):

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| Principal Investigator/Program Director (Last, First, Middle): |       |
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| SENIOR / KEY PERSONNEL REPORT | Project Title      |
| All Senior / Key Personnel for the one year budget period must be listed below. |
| Name | Degree(s) | Role on Project(e.g. PI, Res. Assoc.) | Institutional Affiliation | Effort Devoted to Project |
| Cal | Acad | Sum |
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OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 09/30/2024)

**BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

| INSTITUTION AND LOCATION | DEGREE*(if applicable)* | Completion DateMM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
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**A. Personal Statement**

**B. Positions, Scientific Appointments, and Honors**

**C. Contributions to Science**

Principal Investigator (Last, first, middle):

**OTHER SUPPORT**: Provide active support for the **Principal Investigator and any key personnel**. Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards. Training awards, prizes, or gifts do not need to be included.

It is critical that the Other Support page be clear and detailed, and include funding through program projects, centers, joint grants, and other programs as well as the role of the person in each grant and any potential overlap. Both Active and Pending support should be listed.

Include all information noted below for each proposal / award:

|  |
| --- |
| **NAME OF INDIVIDUAL****ACTIVE / PENDING** |
| **Project Number****Source****Title** | **Dates of Project****Annual Direct Cost** | **Person Months (Cal / Academic / Summer)** |
| **Major Goals of Project****Overlap** |

Please refer to NIH [PHS398 application instructions](https://grants.nih.gov/grants/funding/phs398/phs398.html) document for information on completing the biographical sketch pages. Actual NIH forms can be used in place of the ones provided here, for the biographical sketch and other support.

**Description of Facilities and Resources**

Principal Investigator (Last, first, middle): **YEAR 1**

|  |  |  |
| --- | --- | --- |
| **DETAILED BUDGET FOR YEAR 1 BUDGET PERIOD****DIRECT COSTS ONLY** | FROM | THROUGH |
| PERSONNEL *(Applicant organization only)* |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* |
| NAME | ROLE ONPROJECT | TYPEAPPT.*(months)* | EFFORTONPROJ. | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|       | PrincipalInvestigator |     |     |      |      |      |      |
|       | Collaborator |       |       |       |       |       |       |
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|  **SUBTOTALS** |        |       |       |
| CONSULTANT COSTS |      |
| SUPPLIES  |      |
| TRAVEL |      |
| PATIENT CARE COSTS |      |
| OTHER EXPENSES |      |
| TOTAL DIRECT COSTS FOR YEAR 1 BUDGET PERIOD |  |

BUDGET JUSTIFICATION: