

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

AN INITIATIVE FUNDED BY

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

**DEADLINE:**  **July 10, 2023 @ 11:59 p.m.**

Application: **UPLOAD via the Start a Submission link** [**here**](https://indianactsi.org/translational-research-development/open-funding-opportunities#ADPC202307)

*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](mailto:apalkow@iu.edu), Director for the

IUSM-Purdue TREAT-AD Center

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

February 2023

**Alzheimer’s Disease Pre-Clinical Translational Science Grant | 2023 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:**

**RESUBMISSION, (if appropriate):**

**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 Alzheimer's disease drug discovery experience but wish to apply to enhance their current research, or (Category 3) Established Alzheimer'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.**

**APPLICANT SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPED NAME AND TITLE OF APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPARTMENTAL OFFICIAL SIGNATURE\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*By this signature you are attesting to approval and support of the time and effort specified by the PI on this application.

**TYPED NAME OF DEPARTMENTAL OFFICIAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-APPLICANT SIGNATURE (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPED NAME AND TITLE OF APPLICANT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEPARTMENTAL OFFICIAL SIGNATURE\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*by this signature you are attesting to approval and support of the time and effort specified by the PI on this application.

**TYPED NAME OF DEPARTMENTAL OFFICIAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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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**PHS OTHER SUPPORT**

*There is no "form page" for reporting Other Support. Information on Other Support should be provided in the format shown below.*

\*Name of Individual:

Commons ID:

**Other Support – Project/Proposal**

\*Title:

\*Major Goals:

\*Status of Support:

Project Number:

Name of PD/PI:

\*Source of Support:

\*Primary Place of Performance:

Project/Proposal Start and End Date: (MM/YYYY) (if available):

\* Total Award Amount (including Indirect Costs):

\* Person Months (Calendar/Academic/Summer) per budget period.

|  |  |
| --- | --- |
| Year (YYYY) | Person Months (##.##) |
| 1. [enter year 1] |  |
| 2. [enter year 2] |  |
| 3. [enter year 3] |  |
| 4. [enter year 4] |  |
| 5. [enter year 5] |  |

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.[Text Wrapping Break]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 Date  MM/YYYY | FIELD OF STUDY |
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**A.** **Personal Statement**

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

**C.** **Contributions to Science**

I, PD/PI or other senior/key personnel, certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

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

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

**Description of Facilities and Resources**

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

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| **DETAILED BUDGET FOR YEAR 1 BUDGET PERIOD**  **DIRECT COSTS ONLY** | | | | | | FROM  Sept. 1, 2023 | | THROUGH  Aug. 31, 2024 | | |
| PERSONNEL *(Applicant organization only)* | |  | % |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | |
| NAME | ROLE ON  PROJECT | TYPE  APPT.  *(months)* | EFFORT  ON  PROJ. | INST.  BASE  SALARY | SALARY  REQUESTED | | FRINGE  BENEFITS | | | TOTAL |
|  | Principal  Investigator |  |  |  |  | |  | | |  |
|  | 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: