APPLICATION FOR ALZHEIMER’S OF CENTRAL ALABAMA (ACA) RESEARCH GRANT

CONTACT INFORMATION

Name of Principal Investigator: ____________________________________________________
(First)      (Middle)   (Last)

Address: ______________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Work Phone Number: _____________________________________________________________

Home Phone Number: _____________________________________________________________

Cell Phone Number: _____________________________________________________________

Fax Number: _____________________________________________________________________

E-mail: _______________________________________________________________________

Alzheimer’s of Central Alabama (ACA) is a non-profit organization. ACA’s 501c3 number is 63-1068096. Please be advised that Alzheimer’s of Central Alabama does not pay institutional overhead costs and/or indirect costs (IDC) to an institution.

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STUDENT OR EMPLOYMENT STATUS

Please submit proof of current school enrollment and a letter of sponsorship from your academic advisor/mentor.

Will you be doing this project as a part of your job? [ ] YES      [ ] NO

If yes, please submit proof of employment and a letter of sponsorship from your organization.
INSTITUTIONAL REVIEW BOARD (IRB)
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)
APPROVAL

Is IRB/IACUC approval necessary for this project? ______________

If so, to which institution do you plan to submit your IRB/IACUC application?

_________________________________________________________________________

Have you obtained IRB/IACUC approval? __________  If so when? __________

Submit a copy of your IRB/IACUC application and approval to ACA upon receipt.

COMPLIANCE OF ACA ACKNOWLEDGEMENT

Should I be awarded the grant, I agree to formally acknowledge Alzheimer’s of Central Alabama as a sponsor or co-sponsor in all interviews, promotional materials, posters, presentations, and publications pertaining to this funded research project.

I agree to provide Alzheimer’s of Central Alabama written and verbal reports about work related to the grant for use in the Alzheimer’s of Central Alabama newsletter or for postings on the Alzheimer’s of Central Alabama website or other appropriate settings in March, 2017 and September, 2017.

______________________________________________ ___________________________
Signature         Date

FISCAL AND ETHICAL RESPONSIBILITY

Should I be awarded the grant, I agree to provide a general budget (materials, travel, printing costs, conference expenses, etc.) accounting of how the funds were used, along with a copy of all related receipts and a tally of expenses by December 1st each year until the project is completed. A copy of the final research project will be submitted to Alzheimer’s of Central Alabama.

I agree to contact ACA immediately if for any reason I am unable to complete the work funded by ACA. I agree to return any unused funds to ACA.

______________________________________________ ___________________________
Signature         Date
RESEARCH PROPOSAL

Directions: Please submit the following information in as much detail as needed for clarity. Please honor page limitations. Use 11 or 12 point font, with a one inch margin for the application.

1. TITLE OF RESEARCH PROJECT

2. BRIEF SYNOPSIS

   Please provide a description of your proposal in lay terms in 100 words or less.

3. AIMS/HYPOTHESES (1 page)

4. RATIONALE (2 pages)

   Why is this topic important?
   What are the current scientific issues pertaining to your research topic? What is the background?
   How is your study filling in a gap in the literature? (Please include references.)

5. PAST WORK (2 pages)

   Briefly describe any past work that you or your mentor have done in the area of application and how it relates to the purposed project.

6. METHODS (5 pages)

   Briefly describe your methods of procedure (i.e. study design and techniques to be utilized). Be sure to include a participant section (if applicable) discussing sample size (with statistical justification), recruitment strategies (if applicable) and if you want ACA’s help with recruiting subjects and if yes, explain).

7. REFERENCES (1 PAGE)

   Please be selective including first three authors only followed by etc., title, etc.

8. APPENDIX

   Be sure to include any relevant article you or your mentor have written. Also include a copy of any instrument, questionnaire or testing material that is not routinely used in this area of study.

9. TIMELINE

   Provide a proposed timetable from the beginning to the end of the project.

10. BUDGET

    Please provide a budget and justification of how the money will be utilized. If selected, to whom should the check be made payable and why?
CHECKLIST

Please be sure you have included and completed all of the items in the below checklist before submitting your application.

[ ] Contact Information

[ ] Student or Employment Status

[ ] Research Proposal

[ ] Timeline

[ ] Budget

[ ] IRB/IACUC Approval

[ ] Compliance of ACA Acknowledgement

[ ] Fiscal and Ethical Responsibility

[ ] NIH Biographical Sketch of applicant and mentor (if applicable)

[ ] Letter(s) of Sponsorship

[ ] Original application and four copy

PLEASE RETURN YOUR APPLICATION (ORIGINAL AND FOUR COPIES) TO:

ALZHEIMER'S OF CENTRAL ALABAMA
RESEARCH GRANT
P O BOX 2273
BIRMINGHAM, AL 35201-2273

BY: SEPTEMBER 2, 2016

Alzheimer's of Central Alabama
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