Host Institution(s)

Main Form - GrantPlease note, for the Proof of Concept Grant only, only those invited to complete a full Proof of Concept Grant application following the pre-screen of their Letter of Intent (LOI) are eligible to submit a proposal to the ASRP 2024-2025 competition.

| Principal Investigator | - Grant Applicant | |
|--|---|--|
| First name | Crain, pp. sain | |
| Surname | | _ |
| | | _ |
| Title | • Dr. • Ms. | |
| | • Mr. | |
| | • Mrs. | |
| | • Miss | |
| Principal Investigator | Contact Information | |
| Email Address | | _ |
| Grant Project title | | |
| Type of Grant | _ | |
| | 00 for a period of up to three years. (up to 4 years) | or Grant is \$200,000 for a period of up to four years. The Proof of |
| Project Category | | |
| Please select the area of | f research that best aligns with your proje | ect proposal. |
| ☐ Biomedical & Discove☐ Quality of Life & Care | ry | |
| Duration of Grant | | |
| | are available for up to 3 years, and New | Investigator Grants are available for up to 4 years. |
| • 2 years | | |
| • 3 years | | |
| • 4 years | | |
| Principal Investigator | 's Tri-Agency CV | |
| https://cihr-irsc.gc.ca/e/5 | | further instructions; the tri-agency CV template is also linked |

Indicate both the university and the location(s) where the research will be carried out, as applicable. Enter information as in following example -University: University of CalgaryFaculty & Department: Faculty of Medicine, Department of PsychiatryResearch Institution (1): Hotchkiss Brain InstituteResearch Institution (2): Foothills Medical Centre

| | New BrunswickNewfoundland and LabradorNorthwest Territories | |
|---|---|---|
| | Nova Scotia Nunavut | |
| | Nunavut Ontario | |
| | Prince Edward Island | |
| | • Quebec | |
| | Saskatchewan | |
| | • Yukon | |
| University | | |
| Faculty & Department | | |
| Research Institution (1) | | |
| Research Institution (2) | | |
| Financial Officer | | |
| This is the individual, at your | institution, who would administer grant f | unds. |
| Surname | | |
| First name | | |
| Address | | |
| City | | |
| Province/Territory | Alberta | |
| | British Columbia | |
| | • Manitoba | |
| | New Brunswick | _ |
| | Newfoundland and LabradorNorthwest Territories | |
| | Nova Scotia | |
| | Nunavut | |
| | Ontario | |
| | Prince Edward Island | |
| | Quebec | |
| | Saskatchewan | |
| | • Yukon | |
| Postal code | | |
| Email | | |
| Telephone | | |
| Fax | | |
| Engagement of People w | ith Lived Experience | |
| The Alzheimer Society of Car | nada strongly encourages the involvement | ent of people with lived experience (people living with dementia |
| and/or their caregivers) in res level (e.g., as collaborators, i | search. Please explain how you plan to i n design, as study participants, etc.), an | nvolve people with lived experience in your research, at what d the importance of this involvement to your project. If you do |
| | | ase justify this decision and make clear why this is not feasible Monkey Apply platform to access an information sheet on the |

importance of engaging people with lived experience in research with a list of engagement examples.

• Alberta

British ColumbiaManitoba

Province/Territory

| ASRP/Canadian Institutes of Health Research - Institute of Aging Grant Applicants applying for the New Investigator Grant ONLY may be eligible for this grant. Please consult the requirements de page 14 of the ASRP Application Guidelines and indicate below if you would like to be considered for the ASRP/CIHR-IA GUIVES ASRP/Canadian Institutes of Health Research - Institute of Aging Grant If you selected "yes" to the question above, please indicate below the topic area that aligns with your ASRP project proposed Resilience in brain aging; identification and reduction of risks that could result in cognitive impairment Guare, programs and services for people living with cognitive impairment and dementia Strategies to improve the health and wellbeing of care partners If the applicant is currently funded by the ASRP, please indicate below when funding will end Proposed project start date (July 1, August 1, September 1 or October 1) Common Alzheimer's Disease Research Ontology (CADRO) Click here for the CADRO coding list. Indicate the CADRO term for your project. | Grant |
|---|-----------|
| Applicants applying for the New Investigator Grant ONLY may be eligible for this grant. Please consult the requirements de page 14 of the ASRP Application Guidelines and indicate below if you would like to be considered for the ASRP/CIHR-IA GOOD NOT SET TO SET | Grant |
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| page 14 of the ASRP Application Guidelines and indicate below if you would like to be considered for the ASRP/CIHR-IA GO Yes No ASRP/Canadian Institutes of Health Research - Institute of Aging Grant If you selected "yes" to the question above, please indicate below the topic area that aligns with your ASRP project proposed Resilience in brain aging; identification and reduction of risks that could result in cognitive impairment Care, programs and services for people living with cognitive impairment and dementia Strategies to improve the health and wellbeing of care partners If the applicant is currently funded by the ASRP, please indicate below when funding will end Proposed project start date (July 1, August 1, September 1 or October 1) Common Alzheimer's Disease Research Ontology (CADRO) Click here for the CADRO coding list. Indicate the CADRO term for your project. | Grant |
| □ No □ ASRP/Canadian Institutes of Health Research - Institute of Aging Grant If you selected "yes" to the question above, please indicate below the topic area that aligns with your ASRP project propose. □ Resilience in brain aging; identification and reduction of risks that could result in cognitive impairment □ Care, programs and services for people living with cognitive impairment and dementia □ Strategies to improve the health and wellbeing of care partners □ If the applicant is currently funded by the ASRP, please indicate below when funding will end □ Proposed project start date (July 1, August 1, September 1 or October 1) □ Common Alzheimer's Disease Research Ontology (CADRO) Click here for the CADRO coding list. Indicate the CADRO term for your project. | osal. |
| If you selected "yes" to the question above, please indicate below the topic area that aligns with your ASRP project proposed. Resilience in brain aging; identification and reduction of risks that could result in cognitive impairment. Care, programs and services for people living with cognitive impairment and dementia. Strategies to improve the health and wellbeing of care partners. If the applicant is currently funded by the ASRP, please indicate below when funding will end. Proposed project start date (July 1, August 1, September 1 or October 1). Common Alzheimer's Disease Research Ontology (CADRO). Click here for the CADRO coding list. Indicate the CADRO term for your project. | osal. |
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| ☐ Care, programs and services for people living with cognitive impairment and dementia ☐ Strategies to improve the health and wellbeing of care partners ☐ If the applicant is currently funded by the ASRP, please indicate below when funding will end ☐ Proposed project start date (July 1, August 1, September 1 or October 1) ☐ Common Alzheimer's Disease Research Ontology (CADRO) Click here for the CADRO coding list. Indicate the CADRO term for your project. | |
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| Click <u>here</u> for the CADRO coding list. Indicate the CADRO term for your project. | |
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| ── *PROOF OF CONCEPT GRANTS ONLY* | |
| Proof of Concept Grant applicants are asked to clearly demonstrate how your proposal meets the Proof of Concept criteria | ria liste |
| below.* REMINDER : It is imperative that these criteria be met beyond the pre-screen review of your Letter of Intent (LOI) to successful in the full competition.* | |
| Proof of Concept ONLY -Please explain how this proposed project is Proof of Concept (125 words max.) | |
| | |
| A Proof of Concept ONLY - What challenging new direction is being addressed by the proposed project? How is this diffe previous studies? (125 words max.) | ferent |
| | |
| M Proof of Concept ONLY - What is the potential risk and reward associated with this proposed project? (125 words max. | |

| Proof of Concept ONLY - What is the expected outcome and potential impact of the proposed project? What is the project's feasibility? (125 words max.) |
|---|
| Proof of Concept ONLY - Please explain how you have addressed the reviewer comments provided to you on your Proof of Concept Letter of Intent (LOI) submission (200 words max.). |
| Scientific Summary of Research Proposal (Proof of Concept AND New Investigator Grants) |
| The objective(s), rationale, hypotheses, research plan and the significance of the study should be summarized here. The summary must include a clear explanation of the relevance of the proposed project to Alzheimer's disease and related dementias. Max: 500 words |
| Response to Previous Reviews (Proof of Concept AND New Investigator Grants) If a version of the present application has been submitted previously to the Alzheimer Society Research Program (full competition), |
| but was not funded, the applicant must respond in the space below to the comments of previous reviewers. The response should stand alone, i.e., not require reference to any other documents, including the previous application. Max: 750 words |
| |
| Research proposals must not exceed 5 single spaced pages , written in Times New Roman 12 pt font with 2.54 cm margins. Tables, figures and references (in that order) should be included at the end of the proposal and will not be counted towards the page limit. The proposal should include a clear, concise description of the research plan that includes: a) Overall objectives; b) Rationale for the study (refer to the status and background of the field and, when applicable, to preliminary findings); c) Hypothesis, and/or question(s) addressed; d) Specific aims; e) Approach(es) and methods used; f) Anticipated results; g) Relevance to Alzheimer's disease and other dementias. |
| Upload all appendices (i.e. funding information) as a single .pdf file. Please also include a cover page, listing appendices, if there are multiple documents.* funding information: For the principal investigator {and each co-investigator (for Proof of Concept applicant only)}, details of all currently held and applied for grants must be included among the appendices. The information must clearly specify: 1) principal/co-investigator's name and his/her role on the other grant(s); 2) summary of the other grant(s), including title, funding source, period of support, budget and scientific summary; and, 3) summary of the overlap (conceptual and budgetary) between the current ASRP application and the other grant(s), including a percentage estimate of any overlap. |
| How many co-investigators do you have (for Proof of Concept Grant applicants only)? All co-investigators must meet the same eligibility criteria as the Principal Investigator. |

• 1 • 2 • 3

| • 6 • 7 | | |
|--|------------------------------|-----------------------------|
| • 8 | | |
| • 9 | | |
| • 10 | | |
| Co-investigator 1 | | |
| Within this section, please include detail | s on your Co-Investigator (f | or Proof of Concept Grants) |
| Name | | |
| University | | |
| Faculty & Department | | |
| Research Institution (1) | | |
| Research Institution (2) | | |
| Email | | |
| Co-investigator 2 | | |
| Name | | |
| University | | |
| Faculty & Department | | |
| Research Institution (1) | | |
| Research Institution (2) | | - <u></u> |
| Email | | |
| Co-investigator 3 | | |
| Name | | |
| University | | |
| Faculty & Department | | |
| Research Institution (1) | | |
| Research Institution (2) | | |
| Email | | |
| | | |
| Co-investigator 4 | | |
| Name | | |
| University | | |
| Faculty & Department | | |
| Research Institution (1) | | |
| Research Institution (2) | | |
| Email | | |
| Co-investigator 5 | | |
| Name _ | | |
| | | |

• 4 • 5

| University | |
|------------------------------------|--|
| Faculty & Department | |
| Research Institution (1) | |
| Research Institution (2) | |
| Email | |
| 22 Co investigator 6 | |
| Co-investigator 6 | |
| Name | |
| University Equation 8. Department | |
| Faculty & Department | |
| Research Institution (1) | |
| Research Institution (2) | |
| Email | |
| Co-investigator 7 | |
| Name | |
| University | |
| Faculty & Department | |
| Research Institution (1) | |
| Research Institution (2) | |
| Email | |
| Co-investigator 8 | |
| Name | |
| University | |
| Faculty & Department | |
| Research Institution (1) | |
| Research Institution (2) | |
| Email | |
| _ | |
| Co-investigator 9 | |
| Name | |
| University | |
| Faculty & Department | |
| Research Institution (1) | |
| Research Institution (2) | |
| Email | |
| Co-investigator 10 | |
| Name | |
| University | |

| Faculty & Department | | | | |
|---|--|---|---|--|
| Research Institution (1) | | | | |
| Research Institution (2) | | | | |
| Email | | | | |
| Please list collaborators (cinstitution/organization. (C | le to New Investigator and Proof or co-investigators are not included as ollaborators must provide applicar oration, which can be uploaded by | s collaborators). Includents with a written state | ment on university | //institution letterhead confirming |
| Operating Grant funding is categorizing expenses as: pay must be in accordance receive remuneration from devices, telephones, and tequipment or consultant so | rant funding is up to \$100,000 in to up to \$200,000 in total to a maxing Personnel: Indicate the salary and with the salary scales of the host funds provided by ASRP Equipmelephone related charges are not ervices (maximum: \$5,000/year)- Es publication (maximum: \$2,500/year) | num term of 4 years. In the benefits proposed for the institution. Principal in the ment: Computers of an accepted as allowable Experimental animalsear)- Other | Please summarize or each individual nvestigators and only kind, programs expenses, nor and Materials and su | e budget in lines below, supported by the grant. Rates of co-investigators are not eligible to , printers, computer related re payments for servicing pplies- Travel for PI (maximum: |
| | Category Personnel Equipment Experimental animals Materials and supplies Travel Other Open access publications Personnel Equipment Experimental animals Materials and supplies Travel Other Open access publications | Year 1 | Ye | ear 2 |
| | PersonnelEquipmentExperimental animalsMaterials and suppliesTravel | | | |

Other

• Open access publications

| Equipment Experimental animals Materials and supplies Travel Other Open access publications | | |
|---|--------|--|
| Personnel Equipment Experimental animals Materials and supplies Travel Other Open access publications | | |
| Personnel Equipment Experimental animals Materials and supplies Travel Other Open access publications | | |
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| Personnel Equipment Experimental animals Materials and supplies Travel Other Open access publications | | |
| Year 3 | Year 4 | |

Personnel

| - - - - - | | | | |
|---|--|---|---|--|
| Budget Justification Briefly describe the roles of resexperimental animals, material destination(s) and who will travedoes not fund indirect costs (i.e. lighting etc.) | s and supplies and any oth vel. Note: In accordance wit | er expenses. Provide the the policy of the Hea | ravel details, including pur of Charities Coalition of Co | pose of trip(s) and anada (HCCC), the ASRP |
| Ethical and Safety Conside All projects must be reviewed be required certificate(s), please undecived copies of all necess | by the appropriate review coupload a copy of the certification | ate(s) within this applic | | |
| 1) Animal Research: In the case of animal experime enunciated by the Canadian Comments | | st conform to the Guid | ing Principles for Animal E | xperimentation as |
| Statement included Statement to be sent Not applicable | ouncil on Auminal Gale. | | | |
| 2) Human Research: In the case of human experime outlined in the Tri-Council Polic sometimes audio or video-recon issues that can be consider agreement to obtain and use the | cy Statement, "Ethical Conc orded, involving patients, ca ed private or confidential. Ir | duct for Research Involue- re-givers, family members the a | ving Humans".Projects tha pers, and associated health applicant must provide a wr | t utilize discussions, n professionals, may touch |
| Statement included Statement to be sent Not applicable | · · | ' | | |
| 3) Biological and Chemical | Hazards | | | |
| Where biological and chemical the procedures meet the requirements | hazards are involved in the | | | vided demonstrating that |
| ☐ Statement included ☐ Statement to be sent ☐ Not applicable | | | | |