

# Main Form - Grant

## Principal Investigator - Grant Applicant

First name \_\_\_\_\_

Surname \_\_\_\_\_

Title

- Dr.
- Ms.
- Mr.
- Mrs.
- Miss

## Principal Investigator Contact Information

Email Address \_\_\_\_\_

## Grant Project title

\_\_\_\_\_

## Type of Grant

Select the type of grant you are applying for. The New Investigator Grant is \$200,000 for a period of up to four years. The Proof of Concept Grant is \$100,000 for a period of up to three years.

- New Investigator grant (up to 4 years)
- Proof of Concept Grant (up to 3 years)

## Duration of Grant

Proof of Concept grants are available for up to 3 years, and New Investigator Grants are available for up to 4 years.

- 1 year
- 2 years
- 3 years
- 4 years

## Choose funding priority:

**\*PLEASE SELECT THE SAME FUNDING PRIORITY AS CHOSEN WITHIN THE GRANTS APPLICATION COVER**

**FORM. Discovery** - Basic science investigations supporting novel and innovative research which examines the biological mechanisms of dementia. **Policy and Health Systems Change** - Examining how society collectively achieves health goals related to dementia and how those processes contribute to the development of policy. **Evaluation of Community Programs** - Using research methodology to assess processes and programs that impact the lives of those living with dementia. **Ethical and Legal Issues** - Considering the medical, legal and social support that is required by people living with dementia in order to live a better quality of life.

- Discovery
- Other forms of basic research (i.e. cause, risk, prevention, etc.) \_\_\_\_\_
- Policy & health systems change
- Ethical & Legal issues
- Evaluation of community programs
- Other research to improve quality of life (i.e. technology, social science, psycho-social, epidemiology)

## Host Institution(s)

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 Calgary

Faculty & Department: Faculty of Medicine, Department of Psychiatry

Research Institution (1): Hotchkiss Brain Institute

Research Institution (2): Foothills Medical Centre

Province/Territory

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- 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 funds.

Surname

\_\_\_\_\_

First name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

Province/Territory

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Yukon

Postal code

\_\_\_\_\_

Email

\_\_\_\_\_

Telephone

\_\_\_\_\_

Fax

\_\_\_\_\_

### Engagement of People with Lived Experience

The Alzheimer Society of Canada strongly encourages the involvement of people with lived experience (people living with dementia and/or their caregivers) in research. Please explain how you plan to involve people with lived experience in your research, at what level (e.g., as collaborators, in design, as study participants, etc.), and the importance of this involvement to your project. If you do not plan to include people with lived experience in your research, please justify this decision and make clear why this is not feasible (100-300 words).

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 ASRP/New Brunswick Health Research Foundation (NBHRF) Grant

Applicants based at institutions in **New Brunswick** may be eligible for this grant. Please consult the requirements detailed in the ASRP Application Guidelines and indicate below if you would like to be considered for the ASRP/NBHRF Grant.

- Yes
- No

 Proposed project start date (July 1, August 1, September 1 or October 1)

 If the applicant is currently funded by the ASRP, please indicate below when funding will end


 Common Alzheimer's Disease Research Ontology (CADRO)

Click [here](#) for the CADRO coding list.

Category \_\_\_\_\_

Topic \_\_\_\_\_

Theme \_\_\_\_\_

 Scientific Summary of Research Proposal

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

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 Response to Previous Reviews

If a version of the present application has been submitted previously to the Alzheimer Society Research Program, 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

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 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
- 4
- 5
- 6
- 7
- 8
- 9
- 10

 Co-investigator 1

Within this section, please include details on your Co-Investigator (for 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) \_\_\_\_\_

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 \_\_\_\_\_  
University \_\_\_\_\_  
Faculty & Department \_\_\_\_\_  
Research Institution (1) \_\_\_\_\_  
Research Institution (2) \_\_\_\_\_  
Email \_\_\_\_\_

 Co-investigator 6


Name \_\_\_\_\_  
University \_\_\_\_\_  
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 \_\_\_\_\_


 Collaborators - available to New Investigator and Proof of Concept

Please list collaborators (co-applicants are not included as collaborators). Include their name, role/title, and their affiliated institution/organization. (Collaborators are encouraged to provide applicants with a written statement confirming their commitment to collaboration, which can be uploaded by the applicant within the Appendices section on page 4.)

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 Budget summary

ASRP Proof of Concept grant funding is up to \$100,000 in total and the maximum term is 3 years. The ASRP New Investigator Operating Grant funding is up to \$200,000 in total to a maximum term of 4 years. Please summarize budget in lines below, categorizing expenses as:- Personnel: Indicate the salary and benefits proposed for each individual supported by the grant. Rates of pay must be in accordance with the salary scales of the host institution. Principal investigators and co-investigators are not eligible to receive remuneration from funds provided by ASRP.- Equipment: Computers of any kind, programs, printers, computer related devices, telephones, and telephone related charges are not accepted as allowable expenses, nor are payments for servicing equipment or consultant services- Experimental animals- Materials and supplies- Travel (maximum: \$2,500/year)- Open access publication (maximum: \$2,500/year)- Other

Category	Year 1	Year 2
<ul style="list-style-type: none"> <li>• Personnel</li> <li>• Equipment</li> <li>• Experimental animals</li> <li>• Materials and supplies</li> <li>• Travel</li> <li>• Other</li> <li>• Open access publications</li> </ul>	_____	_____
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Year 3

Year 4

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 Budget justification

Briefly describe the roles of research personnel, including rationale for their qualifications and salary. Itemize equipment, experimental animals, materials and supplies and any other expenses. Provide travel details, including purpose of trip(s) and destination(s) and who will travel. Note: In accordance with the policy of the Health Charities Coalition of Canada (HCCC), the ASRP does not fund indirect costs (i.e. costs associated with the administration of the grant and/or the maintenance of the lab – heating, lighting etc.)

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 1) Animal Research:


In the case of animal experimentation, lab procedures must conform to the Guiding Principles for Animal Experimentation as enunciated by the Canadian Council on Animal Care.

- Statement included
- Statement to be sent
- Not applicable

 2) Human Research:

In the case of human experimentation, the proposed research must be reviewed in a manner which conforms to the guidelines as outlined in the Tri-Council Policy Statement, “Ethical Conduct for Research Involving Humans”. Projects that utilize discussions, sometimes audio or video-recorded, involving patients, care-givers, family members, and associated health professionals, may touch on issues that can be considered private or confidential. In these instances the applicant must provide a written assurance that agreement to obtain and use this information was given by the persons concerned.

- Statement included
- Statement to be sent
- Not applicable

 3) Biological and Chemical Hazards

Where biological and chemical hazards are involved in the proposed research, documentation must be provided demonstrating that the procedures meet the requirements as outlined in Health Canada’s Laboratory Biosafety Guidelines.

- Statement included
- Statement to be sent
- Not applicable