Main Form - Grant
Please 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 competition.

Principal Investigator	- Grant Applicant	
First name		_
Surname		_
Γitle	• Dr.	
	• Ms.	
	• Mr.	
	• Mrs. • Miss	
Principal Investigator	Contact Information	
Email Address		_
Marcant 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
Duration of Grant		
Proof of Concept grants a	are available for up to 3 years, and New	Investigator Grants are available for up to 4 years.
• 1 year		
2 years3 years		
• 4 years		
Choose funding priori	ity:	
FORM. Discovery - Basi mechanisms of dementia dementia and how those methodology to assess p	ic science investigations supporting nove a. Policy and Health Systems Change - processes contribute to the developmen processes and programs that impact the	SEN WITHIN THE GRANTS APPLICATION COVER bel and innovative research which examines the biological countries Examining how society collectively achieves health goals related to the of policy. Evaluation of Community Programs - Using research lives of those living with dementia. Ethical and Legal Issues - I by people living with dementia in order to live a better quality of life
☐ Discovery ☐ Other forms of basic re ☐ Policy & health system	esearch (i.e. cause, risk, prevention, etc	.)
Ethical & Legal issues	•	
Evaluation of commun	nity programs	
☐ Other research to imp	rove quality of life (i.e. technology, socia	science, psycho-social, epidemiology)
II Host Institution(s)		
11000 1110011011(3)		

Indicate both the university and the location(s) where the research will be carried out, as applicable. Enter information as in following example -

Faculty & Department: Faculty of Med Research Institution (1): Hotchkiss Bra Research Institution (2): Foothills Med	ain Institute
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 institutio Surname First name	n, who would administer grant funds
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	
- Fay	

University: University of Calgary

Magagement 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

■ ASRP/New Brunswick Heal	h Research Foundation (NBHRF) Grant
	in New Brunswick may be eligible for this grant. Please consult the requirements detailed in the 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 f	unded by the ASRP, please indicate below when funding will end
Common Alzheimer's Disea	se Research Ontology (CADRO)
Click here for the CADRO codir	g list.
egory	
ic	
eme	
Scientific Summary of Rese The objective(s), rationale, hypo	arch Proposal otheses, research plan and the significance of the study should be summarized here. The sumr
The objective(s), rationale, hypo	otheses, research plan and the significance of the study should be summarized here. The sumr
The objective(s), rationale, hypomust include a clear explanation words Response to Previous Review	otheses, research plan and the significance of the study should be summarized here. The summarized here in of the relevance of the proposed project to Alzheimer's disease and related dementias. Max:
The objective(s), rationale, hypomust include a clear explanation words Response to Previous Reviel If a version of the present applicant must response to must response to must response to the present applicant m	otheses, research plan and the significance of the study should be summarized here. The summarized here in of the relevance of the proposed project to Alzheimer's disease and related dementias. Max:
The objective(s), rationale, hypomust include a clear explanation words Response to Previous Revieus If a version of the present application funded, the applicant must resp	otheses, research plan and the significance of the study should be summarized here. The summarized here in of the relevance of the proposed project to Alzheimer's disease and related dementias. Max:
The objective(s), rationale, hypomust include a clear explanation words Response to Previous Reviel If a version of the present applicant must response to mus	otheses, research plan and the significance of the study should be summarized here. The summarized here in of the relevance of the proposed project to Alzheimer's disease and related dementias. Max:
The objective(s), rationale, hypomust include a clear explanation words Response to Previous Reviel If a version of the present applicant must resp	otheses, research plan and the significance of the study should be summarized here. The summarized here in of the relevance of the proposed project to Alzheimer's disease and related dementias. Max:

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)	1
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				
Please list collaborators institution/organization.	(Collaborators are encourage	uded as collaborators). Include ti	neir name, role/title, and their affil written statement confirming thein n on page 4.)	
Operating Grant funding categorizing expenses pay must be in accorda receive remuneration fredevices, telephones, ar	g is up to \$200,000 in total totals:- Personnel: Indicate the nce with the salary scales of om funds provided by ASRF and telephone related charges to services- Experimental an	o a maximum term of 4 years. P salary and benefits proposed fo of the host institution. Principal in P Equipment: Computers of any s are not accepted as allowable	erm is 3 years. The ASRP New Ir lease summarize budget in lines reach individual supported by the vestigators and co-investigators a kind, programs, printers, compu expenses, nor are payments for stavel (maximum: \$2,500/year)- O	below, e grant. Rates of are not eligible to ter related servicing
	Category Personnel Equipment Experimental anima Materials and suppl Travel		Year 2	

• Other

TravelOther

PersonnelEquipment

• Open access publications

Experimental animalsMaterials and supplies

Open access publications

 Equipment Experimental animals Materials and supplies Travel Other Open access publications Personnel 		
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• Personnel

	 Personnel Equipment Experimental animals Materials and supplies Travel Other Open access publications 			
	Year 3		Year 4	
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Budget justification				
does not fund indirect costs lighting etc.)	s (i.e. costs associated with the a	administration of the (grant and/or the maintenanc	e of the lab – heating,
厚				
1) Animal Research:				
In the case of animal experenunciated by the Canadia	imentation, lab procedures mus n Council on Animal Care.	t conform to the Guid	ing Principles for Animal Ex	perimentation as
☐ Statement included ☐ Statement to be sent ☐ Not applicable				
💴 2) Human Research:				
outlined in the Tri-Council F sometimes audio or video- on issues that can be cons	rimentation, the proposed resear Policy Statement, "Ethical Condu- recorded, involving patients, care idered private or confidential. In se this information was given by	uct for Research Invol e-givers, family member these instances the a	lving Humans". Projects that pers, and associated health applicant must provide a writ	tutilize discussions, professionals, may touch
Statement included Statement to be sent Not applicable				
3) Biological and Chem	ical 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