**Oregon Tax Checkoff for Alzheimer’s Research Fund**

**through Oregon Partnership for Alzheimer’s Research (OPAR)**

**Administered by the OHSU Layton Aging & Alzheimer's Disease Center**

**Application for Research Support**

**Instructions for Application**

* Submission Deadline (for those with accepted Letters of Intent) is **5 p.m. Friday April 4, 2025, for funding beginning in August 2025.**
* If you do not receive an acknowledgement after you submit your application please email Natasha Spoden [spoden@ohsu.edu](mailto:spoden@ohsu.edu)
* Use .5” margins and Arial size 11 font. Single-space. Small figures and tables are allowed.
* Submit via email the complete grant application with required signatures and including all attachments in a single integrated PDF file to: Natasha Spoden [spoden@ohsu.edu](mailto:spoden@ohsu.edu) Please use this as the subject: OPAR Submission (last name).
* For questions, please contact Natasha Spoden [spoden@ohsu.edu](mailto:spoden@ohsu.edu)
* **We will notify you of award status via email by** **mid-July 2025.**

**Application for Research Support**

1. Project Title:(Limit: 120 characters)
2. **Principal Investigator(s)**

A – B: Principal Investigator (if applicable add co-principal investigator’s name to A)  
C – F: Institution and department, service, laboratory or equivalent division PI is presently associated  
G – K: Faculty/project mentor (if applicable)

A. Name(s):

B. Title(s):

C. Institution/department:

D. Mailing Address:

E. Telephone: (     )

F. Email:

G. Name of project mentor:

H. Title(s):

I. Institution/department:

J. Telephone: (      )

K. Email:

1. Total Amount Requested: $      (Not to exceed $35,000)  
     
   No indirect costs allowed
2. **Sponsoring Institution:**

A: The sponsoring institution is the location at which the research will be conducted

B: Provide the department or division and laboratory (if applicable) in which the research will be conducted

C: Division or department chair **(signature required on p. 3)**

D - F: Person responsible in your department for handling research and this person’s contact information

G – I: Research official of sponsoring organization where research project will be registered **(signature required on p. 3)**

J - L: Name and contact information for person in Research Grants Office to whom award letters would be sent if project is funded.

A. Name of Institution or Facility:

B. Department:

C. Division or department chair (signature required, p. 3):

D. Departmental research administrator:

E. Telephone: (      )

F. Departmental research administrator email:

G. Name of Institution Research Official (signature required, p.3):

H. Title:

I. Telephone: (     )      Email:

1. Name of contact in Research Grants office:
2. Title:
3. Telephone:       Email:
4. Certification and Acceptance

This certification must be signed by the applicant, the supervising mentor (2H, if required), chairperson of the division or department in which the research will take place (4C), the institutional research official (4G), and other signatures of authorization that are required by your institution. It is understood and agreed by the undersigned that any grant received as a result of this application is subject to the following terms:

a. Funds granted as a result of this request are to be expended for research or research–related purposes as described in this application.

b. The statements contained in this application are true and complete to the best of your knowledge.

c. Written reports on research conduct and findings and on the expenditure of funds will be supplied to the Oregon Partnership for Alzheimer Research within 60 days from the end date of the stated research period.

d. All requirements regarding the protection of human and animal subjects will be strictly adhered to.

e. Grant recipients will agree to adhere to relevant policies and guidelines of the Oregon Tax Checkoff for

Alzheimer’s Research Fund as described in the Tax Checkoff Guidelines and award letter if funded.

f. Send copies of published manuscripts or presentation abstracts on the research funded by Oregon Tax Checkoff grants to Natasha Spoden [spoden@ohsu.edu](mailto:spoden@ohsu.edu) and all reports of investigations supported by this grant shall acknowledge such support with the following statement: **This study was supported, in part, by Oregon citizens through the Alzheimer’s Disease Research Fund of the Oregon Charitable Checkoff Program. This fund is administered by the Oregon Partnership for Alzheimer’s Research.**

**Required Signatures:**Principal Investigator: Date:

Supervising mentor (if required): Date:

Print supervising mentor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division or Department Chairperson: Date:

Print Division/Department Chairperson name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Research Official: Date:

Print Institution Research official’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Current and Pending Research Grants

Please list all current and pending research grants using the format provided below (add separate page if needed). If activities to be supported in this proposed project overlap with any of the projects listed below (including pending applications), please describe*.*

**NOTE: If pending applications for overlapping projects are approved between the time of submission and decision on this grant, you must inform Natasha Spoden** [**spoden@ohsu.edu**](mailto:spoden@ohsu.edu) **If funded project will duplicate the work proposed in this application, this proposal must be withdrawn from consideration.**

**Current Research Awards and Grants** (include grants in no-cost extension)

Project title:       Role:

Source:       Location:

Award duration:       Total award:

Project title:       Role:

Source:       Location:

Award duration:       Total award:

Overlap with current proposal:

(add additional pages if needed)

**Pending Grant Applications** (include grants under revision)

Project title:       Your role:

Source:       Location:

Award duration:       Total award (requested):

**Example:**

Project title: Control of neuronal migration by Fasciclin II Your role: PI

Source: National Science Foundation Location: OHSU

Award duration: 11/01/2022-01/31/2025 Total award: $899,036

Overlap with current proposal:

7. Institutional Review

**Use of Human Subjects** Does this project involve the use of human subjects or human tissue?

No:  Yes:  If yes, is IRB application approved or pending?

(Notice of IRB approval will be required for funded projects before funds will be transferred.)

**ANIMAL ASSURANCE** Does this project involve animals for which animal assurance is required?

No:  Yes:  If yes, is IACUC application approved or pending?

(Notice of IACUC approval will be required for funded projects before funds will be transferred.

8. Attach the following at the end of the application:(if applicable)

* **Biographical Sketch** Biosketch for the Principal Investigator and other key personnel   
  (use [current NIH biosketch format](http://grants.nih.gov/grants/forms/biosketch.htm), including active and pending support)
* **Consultants?** Yes:  No:

(If yes, submit an up-to-date letter from each consultant agreeing to participate in the project.   
The letter must state that the consultant has read the final proposal.)

* **Mentor?** Yes :No:

(If yes, submit letter from mentor describing the arrangement for mentor support for this project, [NIH-format biosketch](https://grants.nih.gov/grants/forms/biosketch.htm) for mentor, and provide information requested below. The letter must state that the mentor has read the final proposal.)

9. Principal Investigator Status

Please identify the status of the principal investigator for this proposed study. For doctoral students and post-doctoral fellows, identified mentor is required: **Provide** **a letter and** [NIH-format biosketch](https://grants.nih.gov/grants/forms/biosketch.htm) **from your mentor with this application and in the space below, describe your arrangement for mentoring for this proposed study.**

Doctoral student

Post-doctoral fellow or other person within first two years post-doctorate

Junior investigator, more than two years post-doctorate, mentor is not required; however, please describe below if mentoring is provided.

Explanation/description of mentoring:

10. Suggested Reviewers

Please list below potential reviewers who are knowledgeable in the field of study most related to this area of proposed research. Please do not contact them in advance as the Research Awards Committee may or may not need to utilize their expertise.

**Do not suggest reviewers who may have a conflict of interest in reviewing this application.** Conflict of interest refers to persons who are current or past collaborators or associates of the principal investigator (PI) of this proposed study; persons who work in the organizational unit or department of the PI, or who have any other perceived conflict of interest. **At least two (inter)national and two local potential reviewers must be listed.** Thank you for your assistance.

Suggested Reviewers at the national or international level:

**1**. Name, title:       Area of expertise:

Institution/Department:       Relationship to applicant:

Email:       Phone:

**2**. Name, title:       Area of expertise:

Institution/Department:       Relationship to applicant:

Email:       Phone:

**3.** Name, title:       Area of expertise:

Institution/Department:       Relationship to applicant:        
Email:       Phone:

Suggested Reviewers within Oregon:

**1**. Name, title:       Area of expertise:

Institution/Department:       Relationship to applicant:

Email:       Phone:

**2**. Name, title:       Area of expertise:

Institution/Department:       Relationship to applicant:

Email:       Phone:

**3.** Name, title:       Area of expertise:

Institution/Department:       Relationship to applicant:        
Email:       Phone:

11. Budget

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DETAILED BUDGET (Only direct costs allowed) | | | | FROM | THROUGH | |
|  |  | |
| PERSONNEL *(Applicant organization only)*    % | | |  | DOLLAR AMOUNT REQUESTED | | |
| NAME | ROLE ON PROJECT | % EFFORT ON PROJ. | (Annualized) BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | TOTAL |
| Click here to enter text. | Principal Investigator |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| SUBTOTALS | | | |  |  |  |
| CONSULTANT COSTS | | | | | |  |
| EQUIPMENT (Equipment essential to project may be requested. In general not >10% of budget) | | | | | |  |
| SUPPLIES (Itemize by category) | | | | | |  |
| TRAVEL | | | | | |  |
| PATIENT CARE COSTS |  |  | | | |  |
| OTHER EXPENSES (Itemize by category) | | | | | |  |
| TOTAL | | | | | |  |

Adapted from PHS 398 (Rev. 9/2017)

12. Budget justification

Explain and justify all expenses included in the budget. If PI salary is being requested, please provide justification for why this is needed.

13. Scientific Abstract

This abstract is meant to serve as a succinct and accurate description of the proposed research when separated from the application. Summarize the specific aims of the research and their significance, referring to relevance of the research to the dementias. Describe concisely the research design and methods and the research environment for achieving these goals. Avoid summaries of past accomplishments. Do not exceed 250 words.

14. Lay Summary

This summary is meant to serve as a succinct and accurate description of the proposed research. This is intended of for a lay audience. This summary may be distributed to the news media if the application is funded. Do not exceed three sentences.

1. Proposed Plan of Research

Please insert research plan. **Items 1 - 6 must not exceed six pages.** Each of the following items must appear in the stipulated order.

Proposed plan must include:

1. Specific Aims. The research hypothesis or scientific question to be investigated   
   must be clearly stated.
2. Background review, including previous work carried out by PI and other   
   key investigators that directly relate to this research
3. Anticipated scientific and clinical significance
4. Proposed research design, methods, statistical analysis, and timetable for research
5. Potential problems that may be encountered and, if encountered, alternative approaches
6. How your proposed project will help you obtain future funding for further dementia-related research from NIH or other major funding sources (including, if appropriate, foundations or other state or federal sources of funding)

Other:

1. References
2. Facilities available
3. List the title, amount of funding, and year of any current or previous support from Oregon Tax Checkoff funds for Alzheimer’s Research.