

# PILOT PROJECT PROPOSAL ANNOUNCEMENT

THE JOHNS HOPKINS MEDICAL INSTITUTIONS  
ALZHEIMER'S DISEASE RESEARCH CENTER  
ANNOUNCES THE AVAILABILITY FOR  
FUNDING OF 2 PILOT PROJECT APPLICATIONS ON:

## CLINICAL AND BASIC ASPECTS OF ALZHEIMER'S DISEASE OR AGING

The ADRC funds are available to encourage innovative research in and the support of new ideas for clinical and basic research in Alzheimer's disease.

- Funds of \$42,360 (direct costs), plus F&A are available for a one-year pilot
- Junior investigators or established researchers in other fields are encouraged to apply

**Due Date: November 30, 2007**

**Starting Date:** *April 1,*

**Requirements – PHS 398, NIH Format (Arial, 11 point type only)**

- NIH Face Page
- Abstract pages 2
- NIH Budget (page 4) (no equipment) \$42,360 for one year
- Budget Justification
- Four-page Biographical Sketch (NIH format)
- Brief (limit 5 pages) proposal with Introduction, Specific Aim(s), Background & Significance, Preliminary Studies, Experimental Design & Methods

Download the above documents in pdf format from the home page of [www.alzresearch.org](http://www.alzresearch.org).

**Please submit a completed pdf version to [dsargen2@jhmi.edu](mailto:dsargen2@jhmi.edu) no later than November 30, 2007.**

**Questions?** Call Derreck Sargent 410-955-5568 or email the above email address.

**Funding:** You will be notified in writing about the funding decision.

**Post-award Requirement:** You will be required to submit a final report within one month after the expiration of the term of your project.

Visit our website at [www.alzresearch.org](http://www.alzresearch.org) for further information on our current research.

Department of Health and Human Services Public Health Services <h2 style="margin: 0;">Grant Application</h2> <p style="font-size: small; margin: 0;"><i>Do not exceed character length restrictions indicated.</i></p>		<b>LEAVE BLANK—FOR PHS USE ONLY.</b>		
		Type	Activity	Number
		Review Group		Formerly
		Council/Board (Month, Year)		Date Received
1. TITLE OF PROJECT <i>(Do not exceed 81 characters, including spaces and punctuation.)</i>				
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes," state number and title)</i>				
Number:		Title:		
3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR			New Investigator <input type="checkbox"/> No <input type="checkbox"/> Yes	
3a. NAME (Last, first, middle)		3b. DEGREE(S)		3h. eRA Commons User Name
3c. POSITION TITLE		3d. MAILING ADDRESS <i>(Street, city, state, zip code)</i>		
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT				
3f. MAJOR SUBDIVISION				
3g. TELEPHONE AND FAX <i>(Area code, number and extension)</i>				
TEL:		E-MAIL ADDRESS:		
FAX:				
4. HUMAN SUBJECTS RESEARCH No <input type="checkbox"/> Yes <input type="checkbox"/>		4b. Human Subjects Assurance No.		5. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes
4c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		4d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		5a. If "Yes," IACUC approval Date
5b. Animal welfare assurance no.				
4a. Research Exempt No <input type="checkbox"/> Yes <input type="checkbox"/>		If "Yes," Exemption No.		
6. DATES OF PROPOSED PERIOD OF SUPPORT <i>(month, day, year—MM/DD/YY)</i>		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT
From		Through		
		7a. Direct Costs (\$)	7b. Total Costs (\$)	8a. Direct Costs (\$)
				8b. Total Costs (\$)
9. APPLICANT ORGANIZATION		10. TYPE OF ORGANIZATION		
Name		Public: → <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local		
Address		Private: → <input type="checkbox"/> Private Nonprofit		
		For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business		
		<input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged		
		11. ENTITY IDENTIFICATION NUMBER		
		DUNS NO.		Cong. District
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE		13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION		
Name		Name		
Title		Title		
Address		Address		
Tel:		Tel:		FAX:
FAX:		FAX:		
E-Mail:		E-Mail:		
14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		SIGNATURE OF OFFICIAL NAMED IN 13. <i>(In ink. "Per" signature not acceptable.)</i>		DATE

Principal Investigator/Program Director (Last, First, Middle):

**Abstract**

Principal Investigator/Program Director (Last, First, Middle):

<b>DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY</b>						FROM	THROUGH	
PERSONNEL <i>(Applicant organization only)</i>		Months Devoted to Project			INST.BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Mnths		SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	Principal Investigator							
<b>SUBTOTALS</b> →								
CONSULTANT COSTS								
EQUIPMENT <i>(Itemize)</i>								
SUPPLIES <i>(Itemize by category)</i>								
TRAVEL								
PATIENT CARE COSTS		INPATIENT						
		OUTPATIENT						
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>								
OTHER EXPENSES <i>(Itemize by category)</i>								
CONSORTIUM/CONTRACTUAL COSTS					DIRECT COSTS			
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> <i>(Item 7a, Face Page)</i>								<b>\$</b>
CONSORTIUM/CONTRACTUAL COSTS					FACILITIES AND ADMINISTRATIVE COSTS			
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>								<b>\$</b>

Principal Investigator/Program Director (Last, First, Middle):

**EXAMPLE:**

(0.6 cal mos), Principal investigator, is an Instructor of Department of Pathology, and an outstanding ....

**(other personnel for the research) TBN**, (3 cal mos) A Postdoctoral Fellow to be named will help Dr. ... to generate.... . He will also work with Dr. .... to assess the.....

**Budget Justification:**

Principal Investigator/Program Director (Last, First, Middle):

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### BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.  
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

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NAME		POSITION TITLE	
eRA COMMONS USER NAME			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

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Principal Investigator/Program Director (Last, First, Middle):

Principal Investigator/Program Director (Last, First, Middle):



Principal Investigator/Program Director (Last, First, Middle):

Principal Investigator/Program Director (Last, First, Middle):

Proposal (to include: Specific Aims, Background and Significance, Preliminary Studies, Research Design and Methods, and Literature Cited)