



**AMERICAN HEALTH ASSISTANCE FOUNDATION  
(AHAF)  
AWARD APPLICATION TEMPLATE**

**Please remove this page from your final submission.  
Your submission should begin with the page entitled “Award Application – Research Proposal Document”**

This document should be completed in its entirety, converted to a PDF file and submitted through the website indicated at <http://www.ahaf.org/research/apply/main.html>

Please note that the total file size of this file and any appendix information, should not exceed 9 Mb.

Word counts limitations are enforced. Please expect that you will be declined if your responses exceed the length restrictions specified in the award application instructions.

This file and any appendix information will be communicated to your reviewers.

Additional information collected online during the submission process will be used for administrative functions at the American Health Assistance Foundation. Some information requested online will require that the applicant cut and paste sections of this document into a series of website forms

A detailed list of information requested through the online forms is available at the website listed above.

**\*NEW THIS YEAR\*** AHAF Alzheimer’s Disease Research postdoctoral fellowship applicants must secure two letters of reference in addition to the support letter from their mentor. These letters must be emailed to AHAF separately, FOLLOWING, submission of the proposal to AHAF. Referees should use the [referenceletters@ahaf.org](mailto:referenceletters@ahaf.org) email address and should include the PI last name and Title of the Project in their email.

**AMERICAN HEALTH ASSISTANCE FOUNDATION**

For AHAF use:

Proposal number:

**Award Application - Research Proposal Document**

Follow instructions carefully. Incomplete applications and applications that violate formatting guidelines will not be reviewed.

1. TITLE OF PROJECT (Do not exceed 55 typewritten spaces):				
1a. IS THIS A REVISED SUBMISSION FROM A PREVIOUS YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. TYPE OF APPLICATION: <input type="checkbox"/> Alzheimer's Disease Research ----- <input type="checkbox"/> Standard <input type="checkbox"/> Pilot <input type="checkbox"/> Research Fellowship				
<input type="checkbox"/> National Glaucoma Research ----- <input type="checkbox"/> Standard				
<input type="checkbox"/> Macular Degeneration Research ----- <input type="checkbox"/> Standard				
3. PRINCIPAL INVESTIGATOR (Name only one P.I. List any Co-PI and Collaborators below):				
a. NAME (Last, First, Middle):		b. DEGREE(S):	c. YEAR HIGHEST DEGREE EARNED:	d. POSITION TITLE:*
e. COMPLETE MAILING ADDRESS:				
Institution:				
Department:				
f. TELEPHONE AND FAX (Area code, number, and extension):		Phone:	Fax:	
g. E-MAIL ADDRESS:				
4. CO-PI or COLLABORATORS:				
Name:	Degrees:	Role (Co-PI or Collaborator):	Institution:	Email address:
5. VERTEBRATE ANIMALS : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, IACUC approval date:  Animal welfare assurance number:		6. HUMAN SUBJECTS: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, IRB approval date or exemption number: Assurance of compliance number:		
7. DATES OF PROJECT PERIOD: July 1, 2012 – June 30, _____		8. COSTS REQUESTED FOR ENTIRE PROJECT PERIOD:		
9. NAME AND ADDRESS OF APPLICANT ORGANIZATION: (Legal name, street, city, state, zip code, country)		10. TYPE OF ORGANIZATION:  <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private Non-profit <input type="checkbox"/> International private non-profit <input type="checkbox"/> International governmental research facility		
		10.b. US Federal Employer Identification Number, if applicable (9 digits):		
11. FINANCIAL OFFICIAL		12. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION		
Contact Name: Telephone: Address: (Street, city, state, zip code, country)		Name: Telephone: Fax Number:  E-mail Address: Address: (Street, city, state, zip code, country)		

\* The PI should be the equivalent of an Assistant Professor or higher academic rank for Pilot or Standard awards. Postdoctoral Researchers are eligible for the ADR research fellowship, or to serve as Co-PI on MDR or NGR Standard awards.

**Face Page Notes:**

If you feel any response to an item on this page requires clarification (such as your position title), please use the space below to supply additional information. Please limit your response to 1-2 sentences.

**TABLE OF CONTENTS FOR RESEARCH PROPOSAL DOCUMENT**

Page Numbers

Face Page ..... 1

Table of Contents ..... 2

Technical Abstract, Relevance, Innovation ..... 3

*Word count of technical abstract:* \_\_\_\_\_

Response to Prior Critiques/Changes from Prior Submission.....

Research Plan

A. Specific Aims .....

B Background and Significance .....

C Preliminary Studies.....

D Experimental Design and Methods .....

*Word count (items A-D):* \_\_\_\_\_

E Literature Cited .....

Key Personnel .....

Specific Aims And Benchmarks Achievements .....

Statement Regarding Proprietary Interests .....

Human Subjects/Vertebrate Animals .....

Consultants/Collaborators .....

Consortium/Contractual Arrangements .....

Detailed Budget: .....

Budget Justification .....

Other Support .....

Certification of Funding Overlap

Summary of Previous AHAF Support

Biographical Sketches .....

Attached Letters.....

Letters of Collaboration

Letters of Support (see instructions)

Letter of Support from postdoctoral mentor (for ADR Postdoctoral Fellowships. Note that two additional letters of reference are required and must be submitted via email, see instructions for details)

Contents of Separate Appendix File (optional)

Titles of publications or video files included as a separate appendix (do not exceed five manuscripts)

**Note: Any appendix information should be submitted as a separate file containing the manuscripts listed below in a single pdf file.**

- 1.
- 2.
- 3.
- 4.
- 5.

**TECHNICAL ABSTRACT**

State the objectives, hypotheses, and specific aims of the proposed research along with a summary of the proposed research methods. This abstract is meant to serve as a succinct and accurate description of the proposed research when separated from the proposal. Please limit your response to less than 400 words.

Greek or special symbols should be spelled out (e.g. "gamma" instead of  $\gamma$ ). **Reminder: This abstract is considered confidential and will only be released for purposes of peer-review.**

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Final word count of technical abstract: \_\_\_\_\_

**RELEVANCE OF PROPOSED RESEARCH TO AHAF PROGRAM FOCAL DISEASE**

State briefly and concisely how the proposed research is relevant to determining the cause of or to developing a treatment for the focal disease. *Limit your response to 3-5 sentences.*

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**INNOVATIVE ASPECTS OF PROPOSED RESEARCH**

State briefly and concisely what you consider to be most innovative about the proposed research or methodology. *Limit your response to 3-5 sentences.*

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**RESPONSE TO PRIOR CRITIQUES/CHANGES FROM PRIOR SUBMISSION:**

If you are resubmitting a proposal declined in the previous year, you may use a **single page** to discuss changes between the prior submission and the present proposal. If this is a new proposal, you may delete this page.

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VOID

**RESEARCH PLAN:** See instructions for details on how to complete this section. The word count limitations include figures and tables, but not references. Length *limitations differ between award types. Consult the instructions for the word count limits associated with the award to which you are applying.*

**FINAL WORD COUNT:** \_\_\_\_\_ *(please type the final word count of your research plan here)*

VOID

**KEY PERSONNEL**

(Add or delete rows as necessary)

Name, Degree(s)	Position Title	Role in Project (e.g., PI/Co-PI, Collaborator performing mouse studies, Technician evaluating serum samples, etc.)	Department and Organization

**SPECIFIC AIMS AND BENCHMARK ACHIEVEMENTS**

For each specific aim of your proposal, please provide 1-3 numbered sentences describing the aim. These should be worded identically to their presentation in your research narrative. However, Greek or special symbols should be spelled out (e.g. "gamma" instead of  $\gamma$ ). This statement will be referred to during future progress reporting if an award is made.

For each specific aim, note the milestone or benchmark accomplishments that you will use to assess progress on this project.

Please state the time period in which you expect to achieve these benchmarks.

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**HUMAN SUBJECTS/ANIMAL WELFARE:**

Describe briefly and concisely how human subjects and/or vertebrate animals will be used in the proposed research. **If not applicable, insert the word “none” below.**

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**TRANSLATIONAL PLAN**

The generosity of AHAF’s donors comes from a desire to eliminate human suffering. For some lines of research, this may imply progress towards clinical goals. For other lines, the human impact may be felt through influence on the academic field, policy guidance, or other more indirect outcomes. Assuming that your research aims are successful, what is your general administrative and experimental plan for advancing this line of inquiry to a point of relevance to sufferers of this disease? (limit 250 words)

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**PROPRIETARY INTERESTS:**

State any proprietary interest or other actual or potential conflict of interest in the proposed research on the part of the Principal Investigator, co-investigators, other key personnel, collaborators or consultants. **If not applicable, insert the word “none” below.**

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**CONSULTANTS/ COLLABORATORS:**

Identify any consultants or minor collaborators not identified in Face Page Item 4. **If not applicable, insert the word “none” below.**

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**CONSORTIUM/CONTRACTUAL ARRANGEMENTS:**

Provide a brief explanation of the programmatic, fiscal, and administrative arrangements made between the applicant organization and the collaborating organizations. **If not applicable, insert the word “none” below.**

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**DETAILED BUDGET: Create one table for each year of proposed funding  
Duplicate pages/add rows as necessary.**

<b>Budget year (e.g., 1<sup>st</sup>, 2<sup>nd</sup>, etc.)</b>	
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PERSONNEL Name	% TIME ON PROJECT	TITLE	SALARY	BENEFITS	TOTAL (US\$)
Sub-totals					

	Description	Amount (US\$)
Supplies		
Equipment		
Contractual Services		
Travel		
Other		
<b>Total for year (including salary and benefits)</b>		

<b>Total for project (all requested years of funding)</b>	
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**BUDGET JUSTIFICATION:**

Provide justification for all salary requests, equipment purchases over \$1,000, animals and supply categories. Provide a brief explanation of how the budget adequately supports the project described. Additional pages may be used if necessary.

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**FACILITIES AND ENVIRONMENT:**

Briefly document the suitability of the local research facilities and academic environment to achieve the stated aims of the proposal. Do not itemize standard laboratory equipment.

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**OTHER SUPPORT:**

The PI and Co-PIs should list *current and pending* research support from all research funding sources, noting any potential scientific or financial overlap. See instructions for details on how to complete this section. Use continuation pages if necessary. *AHAF will not duplicate funding received from other sources. If not applicable, insert the word “none” below.*

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**CERTIFICATION OF FUNDING OVERLAP**

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*Please check one:*

- I hereby certify that the proposed award from AHAF does not overlap with any current research work funded by any other granting organizations.

***or***

- I hereby certify that the proposed award from AHAF does overlap with current research work funded by other granting organizations.

Referring to the section above, entitled "OTHER SUPPORT", if current or pending support to the PI, co-PI or major collaborators overlaps, duplicates, is replaced by, or supplements the present application, please describe and justify the nature and extent of any scientific and/or budgetary overlap next to the description of the support. Further describe any modifications that will be made should the present application be funded.

**SUMMARY OF PREVIOUS AHAF SUPPORT:** Provide the grant title, years and amount of all AHAF grant support previously received by the PI or Co-PI. Provide a brief statement of research accomplishments made under these award(s). **If not applicable, insert the word "none" below.**

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**P.I. BIOGRAPHICAL SKETCH:** Provide the following information for the Principal Investigator. Do not exceed two pages. An NIH Biosketch may replace this page.

Name	Position Title	Birth date (month/day/year)

**EDUCATION:** (Begin with baccalaureate or other initial professional education and include postdoctoral training)

Institution and Location	Degree	Year Conferred	Field of Study

**RESEARCH AND PROFESSIONAL EXPERIENCE:** List in chronological order previous employment, experience, and honors.

**PUBLICATIONS:** List in chronological order the titles and complete references of publications in refereed journals during the past three years and to representative early publications pertinent to this application. Do not exceed two pages including this page.

**OTHER KEY PERSONNEL BIOGRAPHICAL SKETCH:** Provide the following information. Do not exceed two pages. An NIH Biosketch may replace this page.

Name	Position Title	Birth date (month/day/year)

**EDUCATION:** (Begin with baccalaureate or other initial professional education and include postdoctoral training)

Institution and Location	Degree	Year Conferred	Field of Study

**RESEARCH AND PROFESSIONAL EXPERIENCE:** List in chronological order previous employment, experience, and honors.

**PUBLICATIONS:** List in chronological order the titles and complete references of publications in refereed journals during the past three years and to representative early publications pertinent to this application. Do not exceed two pages including this page.

**SIGNATURE PAGE:**

Please sign this page, and attach it as a scanned image to the end of your proposal.

Proposal title: \_\_\_\_\_

Program:      Alzheimer’s Disease      Glaucoma      Macular Degeneration

*AHAF does not require signatures at the time of submission. If signatures are obtained after submission, they should be sent as pdf files within the two weeks following the application deadline. These files should be emailed to [researchgrants@ahaf.org](mailto:researchgrants@ahaf.org). Some institutions do require that institutional signatures be gathered prior to submission or that they be submitted as original copies. Please consult your local institutional policies.*

I declare that to the best of my knowledge the statements and other information contained in this application are truthful, complete, and accurate. I further understand that an incomplete application will not be reviewed. By signing, I also agree that original copies of this signed signature page will be maintained by the Principal Investigator and made available to AHAF upon request.

**Principal Investigator Signature**

\_\_\_\_\_  
(Signature of person named in 3a. “Per” signature not acceptable):      Date:  
Print name:  
Print Project Title:  
Print Institution:

**Institutional Official Signature**

\_\_\_\_\_  
(Signature of person named in 12. “Per” signature not acceptable):      Date:  
  
Print Name:  
Print Institution:

**For Postdoctoral Fellowships Only:  
Signature of Faculty Mentor**

\_\_\_\_\_  
(Signature of person who will mentor the fellow. “Per” signature not acceptable):      Date:  
  
Print Name:  
Print Institution: