Florida Department of Health

Alzheimer's Disease Research Grant Advisory Board Grants

FUNDING OPPORTUNITY ANNOUNCEMENT (FOA)

Fiscal Year 2025-2026

Award Period:
July 1, 2025 – June 30, 2026
Applications Due: November 18, 2025

NOTE: All awards in response to this Funding Opportunity Announcement (FOA) are subject to the availability of funds and spending authority provided by the Florida Legislature. By submitting a grant application pursuant to this FOA, all applicants acknowledge and consent to this and all other conditions in this FOA.

Direct all questions about this FOA, online application process, and related issues to:

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1. FOA KEY POINTS

Applicants should note the following key points:

1. This FOA supports applications for Alzheimer's disease research leading to disease prevention or a cure. Refer to the Eligibility section of this FOA for more information.
2. Priority will be given to project proposals that focus on
    - therapeutic strategies for dealing with behavioral and social needs of persons with Alzheimer's disease and their caregivers;
    - the discovery and validation of a broad spectrum of potential therapeutic targets or novel therapeutic strategies, or discoveries which provide novel insights into the pathophysiology of Alzheimer's disease, and/or identify novel biomarkers;
    - stimulate a consortium of clinical centers to conduct high quality clinical research studies of greater breadth than described in priority two;
    - epidemiologic studies to improve our understanding of genetic, epigenetic, and acquired neurodegenerative, cardiac, and vascular disorders that result in cognitive impairment and Alzheimer's Disease and how these conditions affect Floridians; and
    - support for physician or postdoctoral fellowship training in Alzheimer's disease research. Refer to the Research Priorities section of this FOA for more information.
3. Applicants are required to submit a Work Plan with each application for the entire project timeframe. The Work Plan must include identified milestones for the project and will serve as contract deliverables for grant-funded projects. A Work Plan template will be provided in the online application and Biomedical Research Program's Grant Management Forms and Resources web page on the Florida Department of Health's website.
4. Applicants must identify one Corresponding Principal Investigator, herein named the Principal Investigator (PI), for each project proposal submitted. Refer to the Eligibility section of this FOA for more information about the PI.
5. Co-Principal Investigators (Co-PIs) are allowed under this FOA, though there must be only one PI listed for each grant project. Co-PIs are optional and serve as secondary PIs on the project. Refer to the Eligibility section of this FOA for more information about PIs and Co-PIs.
6. A project proposal may be submitted **only once** for this FOA during the current grant funding period, defined as either a new or a resubmission proposal. Resubmission proposals are project proposals that were submitted in previous grant cycles but not funded.
7. Specific grant funding amounts are available for the grant categories outlined in the Grant Categories section of this FOA. Refer to the Funding Information section of this FOA for details on the maximum amounts available. Funding for this FOA is subject to the annual appropriation of funds by the Florida Legislature and granted spending authority to the Department.

2. INTRODUCTION

The Alzheimer's Disease Research Grant Advisory Board (Board) was created within the Florida Department of Health (Department), under section 381.82, Florida Statutes. The Board advises the State Surgeon General as to the scope of the Alzheimer's disease research program grants. The responsibilities of the Board may include, but are not limited to:

1. Providing advice on program priorities and emphases.
2. Assisting in the development of appropriate linkages to nonacademic entities, such as voluntary organizations, health care delivery institutions, industry, government agencies, and public officials.
3. Developing and providing oversight regarding mechanisms for the dissemination of research results.

3. RESEARCH PRIORITIES

The purpose of this Funding Opportunity Announcement (FOA) is to support high-priority research aimed at the prevention, diagnosis, treatment, care management, and potential cure of Alzheimer's disease (AD), with a focus on delivering meaningful benefits to the people of Florida. The FOA is designed to support grants, ranging from pilot research to more mature projects, that are attempting to advance a therapeutic approach or concept. Consortium grants are encouraged for maximum return on results. Successful applications for this funding must support research in one of the five priorities described in the following subsections.

3.1. Priority Area One

Proposals in this priority will stimulate the discovery and validation of a broad spectrum of potential therapeutic strategies for dealing with the behavioral and social needs of persons with AD and their caregivers. The overall goal is to foster novel ideas relating to underdeveloped/underfunded areas of research that will then lead to transformative advances and major funding from the National Institutes of Health (NIH), not-for-profit foundations, other appropriate resources, or in some cases licensing of a technology by a for-profit entity.

3.1.1. Focus Area: Behavioral

Priority will be given to the following behavioral research areas:

- Evaluation of the antecedents and triggers of behavioral expressions
- Testing of non-pharmacological interventions (e.g., physical exercise, group activities, music, diet, bright light therapy, play therapy, replacement therapy, pet therapy, massage, Snoezellen rooms) for behavioral expressions
- Comparative evaluation of different types of facilities, such as memory care units or geropsych units, for clinical outcomes and cost-effectiveness
- Development of proof of concept proposals demonstrating a community model for ways to increase access to current and emerging methods of evaluation and treatment of individuals with cognitive impairment and acute psychiatric/behavioral disturbances
- Development of demonstration projects providing alternatives to utilizing the Baker Act in the setting of acute agitation/behavioral disturbances
- Development of demonstration projects providing alternative and novel pharmacological approaches to treat agitation/behavioral disorders

- Development of more specific and sensitive screening tools to diagnose people with psychiatric disorders who present with AD

3.1.2. Focus Area: Social

The scope of this focus area includes interventions to reduce caregiver burden and to improve the quality of care across individual, family, and community settings through resource improvement or education.

3.1.3. Focus Area: Resources

Priority will be given to the following social research areas:

- Development of technological interventions for assisting people with Alzheimer's or caregivers (e.g., application development, use of robotics, sensors, locator devices, reminders, virtual reality related technology)
- Development of technological assistance for improving quality of care in adult day care or other residential settings in rural places where there may be few or no existing resources
- Development of interventions to help caregivers navigate the inteFOAce of formal and informal care and acquire seamless care coordination
- Identification of barriers to access and utilization of long-term care resources including home and community-based services such as adult day care services, foster/group homes, nursing homes, memory care programs, assisted living facilities, and hospice care services
- Development of memory rehabilitation programs.
- Analysis of variations in quality of care across different care environments
- Analysis of alternative environmental design to promote greater independence and reduce adverse behaviors (e.g., dementia-friendly housing, communities and gardens, as well as person-centered care such as Eden Alternative)
- Analysis of transportation barriers, driver fitness and rehabilitation, and driving related issues seen with AD
- Development of useful resources to help caregivers with planning ahead such as financial and legal planning, emergency back-up plans, etc.
- Development of safety resources, interventions, support groups and other community resources to address abuse, neglect, and exploitation of people with AD or their caregivers

3.1.4. Focus Area: Education

Priority will be given to the following education research areas:

- Development and implementation of educational programs to equip the relevant workforce and their trainees with knowledge and skills to help optimize their engagement with and improve health outcomes for persons with AD and/or their caregivers, e.g., healthcare professionals (physicians, dentists, nurse practitioners, physician assistants, nurses, nursing aides, pharmacists, social workers, physical therapists, occupational therapists, speech therapists, music therapists, healthcare profession faculty, etc.) and health profession trainees (students, residents, fellows), first responders (such as emergency medical technicians, paramedics, firefighters, and police officers), and staff and/or volunteers of community-based organizations

- Development of optimal methods for communicating the diagnosis to persons with AD and/or their caregivers
- Development of applied research into different types of AD caregiver training (e.g., The Best Friends Approach and Dementia Care Mapping)
- Development of methods of assessing surrogate decisions for continued care and their fidelity with the wishes and preferences of the diagnosed person
- Development of education and training about responding to acute behavioral emergencies for caregivers of diagnosed persons, and for first responders and similar community health and service providers who address acute behavioral emergencies in persons with AD
- Development of education and training for caregivers related to planning ahead such as financial and legal planning, emergency back-up plans such as for health-related emergencies, public health emergencies, weather emergencies or for when the caregiver is temporarily or no longer able to provide care

3.1.5. Focus Area: Novel Challenges

Priority will be given to the following research areas:

- Analysis of ethical issues in seeking, obtaining, and/or living with a diagnosis of AD
- Analysis of financial planning and paying for ongoing medical/health care or home care of persons living with AD
- Analysis of abuse, neglect, or exploitation of older adults with AD and/or their caregivers
- Analysis of the impact of social isolation due to medical/social situations
- Analysis of challenges with technology and aging in place

3.1.6. Focus Area: Palliative and End-of-Life Care

This focus area prioritizes palliative and end-of-life care. AD and related dementias were officially listed as the sixth leading cause of death (COD) in the United States in 2019, and recent estimates by the National institute on Aging (NIA) suggest it is the seventh leading COD in those over age 65. Because of an improvement in early diagnosis, people live many years with AD before they die which makes palliative and end-of-life care vital to people and their families.

3.1.7. Focus Area: Advance Care Planning

Priority will be given to advance care planning research areas as follows:

- Development of promotion and best practices for conducting Advance Care Planning (ACP) discussions with persons with AD and/or caregivers of persons with AD (e.g., Engage with Grace – The One Slide Project, The Conversation Project, Caring Conversations, ACP Decisions videos, Go Wish Cards, Five Wishes, Aging with Dignity, Healthy Aging Healthy Brain, and Project Ready)
- Development of the use of online advance directives in persons with early AD and/or caregivers of persons with AD (e.g., PrepareForYourCare.org, MyDirectives.com, the Letter Project form, Five Wishes, Aging with Dignity)
- Development of effective approaches to promote ACP (discussions and completion) as part of primary care services for persons with early AD and/or their caregivers

3.1.8. Focus Area: Multimorbidity

Priority will be given to the following multimorbidity research areas:

- Analysis of methods for decision-making on discontinuing treatments of co-morbid conditions in advanced AD, for example, based upon goals of care, life expectancy, time to benefit, treatment targets, and balance between potential benefits and potential or recognized harms of treatments
- Analysis of application of recommendations from the Choosing Wisely campaign that promotes conversations between clinicians and diagnosed persons to choose care that is supported by evidence, not duplicative of other tests or procedures already received, free from harm, and truly necessary (e.g., American Geriatrics Society Choosing Wisely Campaign: Ten Things Clinicians and Patients Should Question)

3.1.9. Focus Area: Palliative Care

Priority will be given to the following palliative care research areas:

- Analysis of reasons or attitudes for avoiding or delaying palliative care planning
- Development of best practices for palliating symptoms in persons with early to moderate to advanced AD
- Development of education of caregivers or healthcare surrogates about optimal timing of transition in care for a person with advanced AD to palliative care or hospice care
- Development of inter-professional palliative care education or hospice training for care providers of diagnosed persons
- Development of effective approaches for transition in care for a person with advanced AD to palliative care or hospice care, including optimal processes for communication (e.g., based on the applicable components of the 7 Cs of the Gold Standard Framework: communication, coordination, control of symptoms, continuity, continued learning, caregiver support, and care of the dying)

3.1.10. Focus Area: Novel Health Solutions

The overall goal of this focus area is to foster novel ideas relating to additional treatment options for impacted individuals more quickly that will help secure funding from national and other resources. Interventions should aim to improve the health of individuals and the public — from diagnostics and therapeutics to medical procedures and behavioral changes. All applications that evaluate non-pharmacological interventions to improve the care of people living with Alzheimer's Disease and Related Dementias (AD/ADRD) and their care partners will be considered.

3.2. Priority Area Two

Research projects in this priority area will stimulate a) the discovery and validation of a broad spectrum of potential therapeutic targets or novel therapeutic strategies, b) provide novel insights into the pathophysiology of AD, and c) identify novel biomarkers. The overall goal is to foster novel ideas relating to underdeveloped/underfunded areas of research that will then lead to transformative advances and major funding from the NIH, not- for-profit foundations, other appropriate resources, or in some cases licensing of a technology by a for-profit entity.

3.2.1. Focus Area: Novel Therapeutic Targets and Strategies

The development of novel therapeutics aimed at slowing and eventually preventing the progression of AD remains a critically important public health goal. Further, there is a need for better therapies that can improve symptoms or alter the disease course even at later stages of disease. High priority will be given to novel therapeutic approaches. These may include novel approaches to target known factors (e.g., amyloid, tau), identification of new targets, evaluation of combination therapies, non-pharmacologic interventions, or even non-traditional interventions (e.g., nutraceutical interventions and chair yoga). Studies may range from pure target discovery to high throughput screening campaigns to preclinical proof of concept studies to pilot or small clinical trials. For more advanced technologies, initial, small, Primary Investigator (PI)-initiated Investigational New Drug (IND) enabling studies may be proposed.

3.2.2. Focus Area: Mechanisms of Neurodegeneration

There is considerable evidence that AD is a complex proteinopathy in which accumulation of Abeta and tau proteins and other proteins play a pivotal role. However, there is a relatively poor understanding of how these proteinopathies cause neurodegeneration. High priority will be given to applications that provide novel insights into cellular pathways and other mechanisms of neurodegeneration. These proposals, for example, may address questions such as:

1) How does Abeta trigger tau pathology?

2) What is a dystrophic neurite?

3) Why are some populations of neurons vulnerable?

4) What is the role of innate immune activation?

5) What early neurochemical changes—such as protein misfolding in neurons—can be observed that may predispose individuals to developing Alzheimer's disease (AD), and what are the implications of these changes for therapeutic development?

Studies should expand beyond current paradigms (such as primary culture toxicity of Abeta) to address these questions.

3.2.3. Focus Area: Understanding Co-Morbidities and Other Factors that Contribute to the Progression of AD

There is increasing evidence that co-morbidities may dramatically alter the course of AD. Further, other events such as infection, surgery, acute or repeated head traumas, and hospitalization, appear to accelerate cognitive decline. Conversely, there are factors that may slow progression (e.g., physical exercise). High priority will be given to applications that can provide fundamental insights into how co-morbidities and other potentially modifiable risk-factors contribute to cognitive decline and dysfunction.

3.2.4. Focus Area: Novel Biomarkers

Novel biomarker approaches, especially those that may identify biomarkers of AD risk or AD progression (as opposed to state dependent biomarkers) will be given high priority for funding.

3.2.5. Focus Area: Biological Basis of Novel Genetic Risk Factors or Genetic Therapies in Alzheimer's Disease

Applications that explore the biological mechanism of genetic risk factors, identified by Genome Wide Association Studies (GWAS), genomic sequencing, or other genomic approaches associated with preventing or treating AD and related dementias will be given high priority. These studies should focus on novel loci (e.g., not amyloid precursor protein (APP), apolipoprotein E (APOE), Presenilin-1 (PSEN1), or Presenilin-2 (PSEN2)) or other genetic studies such as altering DNA by installing one or more protective genes to prevent AD, or to stop or reverse the decline of AD. Studies may range from attempts to identify the functional variants within a genetic locus to evaluating the biological impact of genes within established genetic loci.

3.3. Priority Area Three

Research projects in this priority area will stimulate a consortium of clinical centers to conduct high quality clinical research studies of greater breadth than described in Priority 2, Focus Area 2.1. The consortium should involve partnerships to be developed among investigators across Florida, in such fields as neuromedicine (i.e., neurology, psychiatry, neuroimaging, neuropsychology, etc.), neuroengineering, neurotechnology, geriatrics, gerontology, pharmacology, nutrition, physical therapy, occupational therapy, speech pathology, nursing, and clinical social work. The consortium should develop common clinical protocols using electronic databases to address one or more areas of research interest and to support the exploration of the focus areas listed within Priority Area 3.

In addition, there is a need to highlight the importance of reaching out to rural research programs, emerging research programs, or colleges/universities less established in Alzheimer's disease research. Mentorship involving experienced, well established research institutions could strengthen the less established group's science and provide guidance for future funding, as well as expand the breadth and range of Alzheimer's disease research. In an effort to promote the development of the infrastructure to support such conceptual, basic, clinical and behavioral research studies that involve mentoring those institutions who have not received funding from the Ed and Ethel Moore Alzheimer's Disease Research Program, special consideration and high priority will be given to encourage a consortium with the lead organization including in its collaboration at least one less established Alzheimer's research organization in a consortium of at least three collaborating institutions.

Applications may be submitted by any university or established research institute in Florida, with existing infrastructure and clinical and behavioral research protocols to collaborate with MDCs and other clinical or academic organizations with minimal or no such existing infrastructure. This type of consortium will promote the development of more robust academic and clinical center programs to conduct high quality clinical research studies. An application submitted by any existing or established university or research institute, that collaborates with a less established research organization or clinical organization or community-based or hospital-based, free-standing MDC must show a clear and high quality research relationship, collaboration, infrastructure, and a mentorship protocol with clear expectations, goals, and a collaborative team approach in the application that focuses on early to late changes and the challenges of AD. This will promote the development of a consortium of clinical centers to conduct high quality clinical research studies.

3.3.1. Focus Area: Risk Factors for Cognitive Decline That May Precede Signs of AD

Risk factors for cognitive decline that may precede signs of AD include exposure to stress, anesthesia, surgery, acute and repeated head traumas, chronic health conditions such as cardiovascular conditions, and lifestyle factors. Priority will be given to applications that involve populations that have been historically underrepresented in research.

3.3.2. Focus Area: Underlying Pathophysiology

Priority will be given to research aimed at providing a better understanding of the pathophysiology underlying those at high risk for AD (e.g., the interaction of cytokines and inflammation to cerebrovascular disease and neurodegeneration detected on imaging such as structural and functional magnetic resonance imaging (fMRI)).

3.3.3. Focus Area: Treatment Protocols

Priority will be given to research aimed at the development of novel treatment protocols.

3.3.4. Focus Area: Evaluating the Influence of Changes in Brain Structure

The focus area prioritizes studies evaluating the relationships of psychiatric and cognitive features of disease to regional changes in brain structure and function.

3.3.5. Focus Area: Expert Diagnosis System

This focus area prioritizes studies aimed at developing a valid expert diagnosis system to improve and validate diagnoses of AD by health care professionals across Florida. The expert system could have both electronic and human expert components.

3.3.6. Focus Area: Comprehensive Protocol for Care Management with Links to Support Services Over the Course of Decline

This focus area prioritizes research aimed at providing individuals diagnosed with Alzheimer's disease (AD) and their caregivers with educational information and referrals to community resources, recognizing this as an equally important component of care. Along the course of decline, educational handouts and internet links may provide practical tips and guidelines for the family to plan for changes over the course of the disease, referrals for health and social services and accessible resources in the community such as senior center activities, occasional or daily (health) care centers, and support groups. Studies of protocols for diverse populations such as racially, ethnically, or culturally different or rural Floridians or programs such as at community centers or those staffed with volunteers at civic or religious organizations may provide models of best and cost-effective practices for long-term quality of life during ongoing decline.

3.4. Priority Area Four

Projects in this priority area include epidemiology research to address the needs of Florida's diverse population. This FOA will fund epidemiologic studies that improve our understanding of genetic, epigenetic, and acquired neurodegenerative, cardiac, and vascular disorders that result in cognitive impairment and AD and how these conditions affect Floridians.

3.4.1. Focus Area: Cardiovascular Contributions to Neurocognitive Disorders

Increasing evidence suggests that cardiovascular dysfunction, endothelial decline, and amyloid angiopathy play critical roles in the development and progression of AD and cardiovascular

dementia and little is known about the interaction of cardiovascular factors in other neurodegenerative dementias. This focus area prioritizes epidemiological studies that examine these interrelationships and include biomarkers such as vascular brain imaging, fluid biomarkers of inflammation and vascular risk, cardiac health risk factors, and markers of the underlying neurodegenerative process will be given high priority. Studies that incorporate non-invasive markers of cardiovascular injury are encouraged.

3.4.2. Focus Area: Early Detection

Pathological studies suggest that amyloid deposition and proteinopathies occur decades before cognitive symptoms begin in AD and the role of environmental and potentially modifiable factors at the earliest stages is not well understood. This focus area prioritizes epidemiologic studies that use novel methods to detect the earliest cognitive, functional, and endophenotypic changes associated with Alzheimer's disease (AD) and other neurocognitive disorders (e.g., brain imaging, fluid biomarkers). Studies that incorporate community engagement strategies to include at-risk populations typically underrepresented in research will receive priority.

3.5. Priority Area Five

Projects in this priority area will provide clinical, patient-oriented research fellowship training that stimulates a) novel insights into the brain-mediated function and dysfunction related to AD, b) discovery and validation of novel diagnostic strategies related to symptomatology of AD, and c) discovery and validation of novel treatment and care management strategies of AD. Organizations must have a certified fellowship-training program or an established training program for health professionals to be considered eligible. Submission of a competitive NIH Award application or comparable grant application is a required grant deliverable in the final grant year.

3.5.1. Focus Area: Novel Training to Address Inadequate Number of Highly Trained Patient- Centered Researchers

The postdoctoral research training takes place in a specialty area of patient-centered Alzheimer's disease (AD) research that is currently underdeveloped or underfunded. Priority will be given to fellowship training programs that have the potential to lead to transformative advances in patient-centered approaches to evaluation, diagnosis (including clinical and/or post-mortem neuropathological diagnosis), treatment, assistive technology, and care management. A key outcome of the training should be the development of a competitive application for major research funding—such as from the NIH, other federal agencies, not-for-profit foundations, or other appropriate funding sources.

The research fellowship training includes comprehensive instruction in the following areas: conducting literature reviews on basic or brain-mediated functions and dysfunctions; formulating hypotheses and designing methodologies to test them with diagnosed individuals, family members, care partners, and control subjects (based on their willingness to volunteer); developing research protocols and obtaining Institutional Review Board (IRB) approval; recruiting volunteer participants—including obtaining double informed consent from individuals with Alzheimer's disease (AD), as appropriate; collecting and analyzing data; presenting findings at professional conferences; preparing manuscripts for submission to peer-reviewed journals; and translating research outcomes into practical applications. These applications may include educational lectures, evidence-based treatments, caregiving strategies, and accessible

informational materials for people diagnosed with AD, their families, professional caregivers, health and social service providers, and the general public.

3.5.2. Focus Area: Understanding Brain-Mediated Function and Dysfunction and Therapeutic Strategies

For this focus area, postdoctoral research training fellowship covers scientific research and must be related to parameters of AD. The parameters may include brain-mediated function, assessment tools, diagnostic techniques, therapeutic interventions, care management strategies, assistive technology, and support services for people suffering from AD. Basic clinical or translational research may involve basic brain-mediated behavior studies based in the clinical setting and may deal with deficits in memory, attention, language, visual-spatial functions, movement problems, and related cognitive dysfunctions that are experienced by people with symptoms of decline related to AD.

3.5.3. Focus Area: Novel Diagnostic Procedures, Tools, and Strategies

This focus area prioritizes the development of novel diagnostic evaluation procedures, and may involve assessment tools, treatments, and therapeutic strategies to slow decline, optimize function (especially cognitive function), and nurture as much independence as possible in the person with the diagnosis of AD. Further, there is a need for better therapies to improve symptoms, to prevent cognitive dysfunction by optimizing a healthy lifestyle, or to alter the disease course even at later stages of the disease. High priority will be given to novel therapeutic approaches.

3.5.4. Focus Area: Understanding Co-Morbidities and Other Factors that Contribute to Progression of AD

Priority will be given to research investigating the growing body of evidence that co-morbidities can significantly influence the progression of Alzheimer's disease (AD). Emerging findings suggest that events such as infections, surgeries, acute or repeated head trauma, and hospitalizations may accelerate cognitive decline. In contrast, certain protective factors—such as regular physical activity, proper nutrition and hydration, healthy sleep, management of cardiovascular conditions, and the avoidance of anticholinergic and benzodiazepine medications—may help slow disease progression. Applications that offer fundamental insights into how co-morbidities and other potentially modifiable risk factors contribute to cognitive decline and dysfunction will be given high priority.

4. GRANT CATEGORIES

Applications in response to this FOA must align to a grant category from the table below to pursue an area of focus from the Research Priorities section of this FOA. Applications for research infrastructure grants that are reviewed and assigned exceptional scientific merit will be considered for preferential funding. Refer to the Funding Information section of this FOA for the maximum funding available per grant category.

Grant Category Descriptions:

- **Consortium Grant:** Grants will stimulate a consortium of clinical, basic, translational and underrepresented research institutions/centers to conduct high quality grant-supported research. The consortium should involve partnerships to be developed among investigators across the state of Florida, with the award made to the lead organization. The lead organization of the consortium must perform a substantive role in conducting the planned research including providing oversight of all scientific, programmatic, financial, and administrative matters related to the grant. The collaborating organizations must have well-defined roles that contribute to the common scientifically rigorous research goals, and include sound background information, hypotheses, protocols, and promising practices that address clearly one or more areas of research interest. A letter of commitment from all collaborating organizations is recommended. The consortium must support the exploration of the focus areas listed within Priority Areas 1 and 3. Grants may range from discovery science to more mature projects that are attempting to advance a therapeutic approach or concept.
    - Research organizations are eligible to **apply for no more than one Consortium Grant.**
    - The PI must be a full-time faculty member at the lead institution.
    - The application must include at least **three** collaborating institutions. The lead institution must be an existing established university or research institute.
    - Maximum award amount will be up to $750,000 per award.
    - Maximum duration to complete the grant will be up to four years. **Grant duration is contingent upon legislative spending authority from fiscal year to fiscal year.**
- **Standard Grant:** Grants for research projects that are fully developed, scientifically rigorous, and include sound background information, hypotheses, and promising preliminary results or supporting data.
    - Research organizations are eligible to **apply for no more than seven Standard Grants** that address the five priority areas listed in Section 2, Priority Areas. Organizations choosing to submit more than one Standard Grant application may have **no more than three applications in a single Priority Area.**
    - Maximum award amount will be up to $350,000 per award.
    - Maximum duration to complete the grant will be up to four years. **Grant duration is contingent upon legislative spending authority from fiscal year to fiscal year.**
- **Pilot Grant:** Grants for exploratory, novel studies that break new ground or extend previous discoveries toward new directions or applications. No preliminary data are required but may be included if available.
    - Research organizations are eligible to **apply for no more than four Pilot Grants** that address one of the five Priority Areas listed in the previous section. If an institution submits more than one Pilot Grant application, **no more than two applications may be submitted within the same Priority Area.**
    - Maximum award amount will be up to $100,000 per award.
    - Maximum duration to complete the grant will be up to two years. **Grant duration is contingent upon legislative spending authority from fiscal year to fiscal year.**
- **Postdoctoral Research Fellowship Grant:** Grants support the career development of individuals who have made a commitment to focus their research endeavors on research oriented to clinical service, evaluation, neurochemistry, neurosciences, neuromedicine,

neurotherapeutics, neuropharmacology, neuropathology, etc.

- Research organizations are eligible to apply for **no more than three Postdoctoral Research Fellowship Grants.** Organizations choosing to submit two or more Postdoctoral Research Fellowship Grant **applications must assure that they address different focus areas (1-4) listed under Priority Area 5.**
- Maximum award amount will be up to $100,000 per award.
- Maximum duration to complete the grant will be up to two years. **Grant duration is contingent upon spending authority from fiscal year to fiscal year.**

To summarize, the **maximum total number of applications an organization may submit is 15** in the following categories:

- **Consortium Grant:** One application (in Priority Area 1 and 3; only **one** application per institution)
- **Standard Grant:** Seven applications (no more than **three** applications per Priority Area)
- **Pilot Grant:** Four applications (no more than **two** applications per Priority Area)
- **Postdoctoral Research Fellowship Grant:** Three applications (in Priority Area 5, each grant in different Priority Area 5 Focus Areas)

All applications must be different. Organizations may not submit the same application in different grant categories. For example, organizations may not submit the same project for a Standard Grant and a Pilot Grant.

Institutions must specify the appropriate grant Category and Priority Area for each application. Applications submitted in incorrect Priority Areas will be ineligible for peer-review or funding.

5. FUNDING INFORMATION

Applicants must request funding in the grant categories outlined in this FOA for research in the areas of focus outlined in the Research Priorities section of this FOA. For more information about the types of grants listed below, please see the descriptions in the Grant Categories section of this FOA.

Table 1. Grant Categories, Maximum Amounts, and Maximum Duration

Ed and Ethel Moore Alzheimer's Disease Research Grant Program		
Grant Category	**Maximum Amount** (Including direct and indirect costs)	**Maximum Duration**
Consortium	$750,000.00	48 Months
Standard	$350,000.00	48 Months
Pilot	$100,000.00	24 Months
Postdoctoral Research Fellowship	$100,000.00	24 Months

Award allocations will be based on the scope of the project and dependent on funds available, subject to the annual appropriation of funds by the Florida Legislature and spending authority granted to the Department.

6. ELIGIBILITY

6.1. Applicants

According to sections 215.5602(5)(a) and 381.922(3)(a), Florida Statutes, applications for biomedical research funding may be submitted by **any Florida-based universities or established research institutes**. Additionally, to be considered eligible, all of the following guidelines must be met. **Grant applications failing to meet the eligibility requirements will be rejected.**

1. All grant-funded activities must take place in Florida. All work (effort) must occur, and funds must be spent in Florida at the applicant organization and any collaborating entities. However, the Department may make exceptions if the service is essential and only provided outside Florida, and if the amount is less than 10 percent of the total award.
2. Subcontracts must be described in the Public Health Research Program Budget Template (Attachment V) and are subject to pre-approval. The budget template includes both the budget summary and budget narrative documents or forms referenced in this FOA. The Budget Narrative must justify the purpose of the subcontract, whether this is the only vendor that can perform the services, regardless of if they are in-state or out-of-state.
3. Each project proposal must identify a Corresponding Principal Investigator (PI). The PI is the individual, designated by the Applicant, who is legally responsible to direct the project and is accountable for the project's scientific and technical direction as well as the proper conduct of the project. There may be multiple PIs (called Co-PIs) on a project, but there must be only one designated PI.
    a. The PI must be an employee of the Applicant organization/entity and meet that institution's criteria for serving as a PI in addition to meeting the eligibility requirements listed in this FOA.
    b. The PI must be a U.S. citizen or permanent resident; unauthorized aliens shall not be employed pursuant to §274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324a), section 101 of the Immigration Reform and Control Act of 1986, and Florida Executive Order 11-02. Non-U.S. citizens can serve as Collaborators or members of a research team.
    c. The PI may serve as Co-PI or other role on other applications, provided they are not over-committed. The Corresponding Principal Investigator shall not:
        i. Apply for the same research project for which he or she was a previously funded grant recipient. The aims and experiments in the new proposal must be significantly different from any previously funded grants.
        ii. Submit the same project/research that is also being submitted by another investigator regardless of the grant mechanism.
        iii. Submit duplicate projects or projects with significant scientific or financial overlap during the same competition year.

4. Applicants must ensure that their proposed project does not duplicate or significantly overlap, scientifically or financially, with other projects in which they or any key personnel are involved. Overlap, whether scientific or financial, or commitment of a project member's effort greater than 100% is prohibited.

6.2. Guidelines for BRAC Member Participation

1. The Board has statutory obligations regarding conflicts of interest in the participation of its members in grant applications. Accordingly, Board members shall not: Participate in any discussion or decision of the Board or a panel with respect to a research proposal by any firm, entity, or agency with which the member is associated as a member of the governing body or as an employee or with which the member has entered a contractual arrangement.
2. Receive any form of financial compensation from a Program grant award.
3. Participate in any named role on a proposed Program grant project in this FOA.
4. Advise applicants regarding the preparation of a specific Program grant application.
5. Answer any programmatic questions (eligibility, content of the FOA, competition procedures, etc.).
6. Violate any provision of Chapter 112, Part III, Florida Statutes.

Violations of these restrictions may result in the disqualification of an applicant for this competition.

7. KEY DATES

Please refer to the table below for a schedule of key grant-related dates.

Table 2. Schedule of Important Dates

Activity	Date	Key Information
FOA Announced	Anticipated: October 28, 2025	Located on the Biomedical Research Program's Funding Opportunity Announcements web page on the Department's website.
Emailed Questions Accepted	Due by: 5:00 p.m. ET on November 5, 2025	Email questions to: Research@flhealth.gov
Q&A Posted Online (answers to emailed questions)	By November 6, 2025	Questions and answers will be published on the Biomedical Research Program's Funding Opportunity Announcements web page.
Application Opens	Anticipated: November 3, 2025	Applications must be submitted in the online system located on the Biomedical Research Program's Funding Opportunity Announcements web page.
Applications Due	Submissions due by: 12:00 p.m. ET on November 18, 2025	Applications must be submitted before the deadline. Applications being edited will not be accepted after the deadline.

Any changes to the schedule will be posted to the Biomedical Research Program's Funding Opportunity Announcements web page. Applicants should monitor the website for changes and announcements.

8. INSTITUTIONAL APPROVALS

If selected for funding, the grantee must submit to the Department, **within five business days** of executing the Grant Agreement, proof of submission to the appropriate institutional review bodies, along with any applicable protocols and consent forms. This includes, but is not limited to:

- **Institutional Review Board (IRB)** approval for projects involving **human subjects**
- **Institutional Animal Care and Use Committee (IACUC)** approval for projects involving **vertebrate animals**
- **Institutional Biosafety Committee (IBC)** approval for projects involving **recombinant DNA or stem cells**
- **Radiation Safety Committee (RSC)** for projects involving **radiation**

All required institutional authorizations must be addressed based on the specific activities of the grant project.

Projects that include research participant incentives in their budgets must obtain approval from an **Institutional Review Board (IRB)** accredited by the **Association for the Accreditation of Human Research Protection Programs (AAHRPP)** or another accrediting body approved by the Department.

If the proposal is selected for Department funding, the grantee must submit the original IRB-approved protocol and consent forms to the Department prior to the distribution of any incentives. These documents will be retained in the Department's grant management folder.

9. PROGRAM GUIDELINES

9.1. Budget Guidelines

Award allocations will be based on the scope of the project and dependent on funds available, subject to the annual appropriation of funds, and approval of spending authority, by the Florida Legislature to the Department. All costs must be allowable, reasonable, and necessary for the successful completion of the program. Costs must be specifically related to the services provided and comply with state and federal expenditure laws, rules and regulations. Costs that do not meet these criteria are disallowed.

In preparing the requested budget, applicants should be aware of the provisions in the following subsections.

9.1.1. Allowed Direct Costs

Allowed direct cost expenses must be directly related to the project and may include:

1. Salaries, including up to a three percent increase per year.

2. Background screening: If Level II background screening is required (e.g., for personnel who will have direct interaction with vulnerable populations such as minors, elderly individuals, or individuals with disabilities), the associated costs should be included under the "Other Expenses" category in the budget.
3. Tuition: To assure that the tuition waiver or reimbursement is related to the research project, a course description or class schedule must be submitted with the quarterly invoice that includes the tuition waiver or expenditure. Tuition waivers or support should be included in the approved Public Health Research Program Budget Template and the purpose of the tuition support must be included in the final Budget Narrative. Submitting class schedule or attestation of verification by the Principal Investigator with quarterly invoices is required for payment.
4. Fringe benefits
5. Supplies: Supplies should include consumable items necessary to carry out the proposed research project. These may include, but are not limited to, laboratory materials (e.g., chemicals, reagents, pipettes), glassware, small laboratory equipment (typically with a unit cost under $5,000), computer supplies, and other expendable items. All supply costs must be clearly itemized, reasonable, and directly related to the activities described in the Research Plan. The budget narrative should provide sufficient detail to justify the quantity, purpose, and estimated cost of each supply category. Note: General office supplies, administrative support materials, or items considered part of normal institutional overhead are typically not allowable unless explicitly justified as essential to the scientific aims of the project.
6. Equipment: Equipment costs should include the purchase, installation, or improvement of durable items necessary for the successful completion of the proposed research. For the purposes of this FOA, “equipment” is defined as any tangible, non-expendable property that: (1) Has a purchase price of more than $5,000, and (2) Has an expected useful life of more than one year. Examples of allowable equipment include, but are not limited to: Computed Tomography (CT) scanners, Magnetic Resonance Imaging (MRI) systems, Other advanced imaging systems or diagnostic equipment, Significant upgrades or improvements to existing equipment that extend its useful life or enhance its capabilities. All equipment requests must be clearly justified in the budget narrative. Justifications should explain how the equipment is essential to the research objectives and why existing institutional resources are insufficient. If equipment will be shared among multiple projects or investigators, applicants should describe the sharing plan and anticipated usage. Routine maintenance, service contracts, or minor repairs should be included under “Other Expenses,” unless they are part of an initial equipment purchase package. If multiple units of the same item (e.g., laptops, tablets, or similar devices) are purchased together on a single invoice and the total combined cost exceeds $5,000, the purchase may be considered equipment under this FOA, even if the individual items fall below the $5,000 threshold. Applicants should consult their institutional policies for proper classification and ensure consistency with federal cost principles. Reminder: Equipment purchases must comply with institutional policies and federal cost principles (e.g., 2 CFR §200.313), if applicable.
7. Lab services: Lab services include the cost of external laboratory testing or analyses that are essential to the proposed research and cannot be performed internally by the applicant’s institution. This may involve specimen processing, specialized assays,

genomic or proteomic analyses, histology, pathology, or other diagnostic or analytical services. All lab service costs must be directly tied to the research objectives, reasonable, and justified in the budget narrative. If third-party labs are used, costs should be supported by institutional procurement policies or documented vendor quotes.

8. Consultant costs, **provided they do not exceed 10 percent of the total budget**: Consultant costs cover fees paid to individuals who are not employees of the applicant organization but are engaged to provide specific expertise or advisory services relevant to the research. Consultants may include biostatisticians, clinical experts, or subject matter specialists whose contributions are essential to the project. These costs must be based on a reasonable hourly or daily rate and supported by a detailed scope of work, justification of qualifications, and a letter of commitment is recommended. The total consultant costs must not exceed 10 percent of the total proposed budget.
9. Patient-care costs: Patient-care costs refer to clinical services provided to research participants as part of the approved study protocol. These costs may include medical tests, imaging, procedures, and clinical visits that are required by the research but are not covered by insurance or considered part of routine care. Only those costs directly attributable to research activities are allowable. A detailed justification is required, including a clear distinction between standard-of-care and research-specific services, and compliance with institutional and federal billing policies must be maintained.
10. Animal-care costs: Animal-care costs include all expenses related to the acquisition, housing, and veterinary care of live vertebrate animals used in the research. This may encompass per diem rates for housing, feeding, veterinary oversight, and facility fees. The proposed animal-care costs must be consistent with institutional animal care policies and approved Institutional Animal Care and Use Committee (IACUC) protocols. If animal housing or services will occur at another institution, inter-institutional agreements and appropriate documentation should be in place.
11. Committee fees for IRB or Institutional Animal Care and Use: Committee fees are those charged by Institutional Review Boards (IRBs) and Institutional Animal Care and Use Committees (IACUCs) for the review and oversight of research protocols involving human subjects or animals, respectively. These may include initial and continuing review fees, protocol amendments, or administrative processing charges, particularly when using independent or commercial IRBs. All committee fees must be justified and based on the anticipated timeline and regulatory needs of the proposed research activities.
12. Consortium or contractual costs: This category includes costs related to formal partnerships with other institutions or organizations that will carry out a substantive portion of the research. These arrangements may involve universities, hospitals, community-based organizations, or research centers serving as subrecipients or contractors. Each consortium or contractual relationship must be supported by a detailed budget, budget justification, scope of work, and a letter of commitment from the collaborating entity is recommended. The applicant institution remains responsible for ensuring compliance with grant requirements and for monitoring all subrecipient activities.
13. Fees to obtain data from the Florida Cancer Registry Data System and Department's Bureau of Vital Statistics. These are direct costs associated with accessing data from the Florida Cancer Data System (FCDS) and the Florida Office of Vital Statistics, including

vital records or cancer incidence data necessary to support the research. Applicants should identify the type of data requested, the estimated costs based on current data access fees, and how the data will be used to address the research aims. Documentation from the data source indicating fees or approval to access may be included in the budget justification.

14. Domestic travel: Travel will be reimbursed at no more than the state of Florida travel reimbursement rates. Current state of Florida reimbursement rates can be found in section 112.061, Florida Statutes, and in the Reference Guide for State Expenditures. In order to implement appropriations in the General Appropriations Act for state travel and notwithstanding section 112.061, Florida Statutes, costs for lodging associated with a meeting, conference, or convention organized or sponsored in whole or in part by a state agency or the judicial branch may not exceed $225 per day. If awarded, grantees must submit a travel authorization form and travel reimbursement voucher form in every quarter in which they will charge travel to their grant budgets. Travel is only approved within the United States (U.S.). The State of Florida Authorization to Incur Travel Expenses and the State of Florida Voucher for Reimbursement of Travel Expenses forms must be used for all travel-related expenses unless the research institution's travel voucher/expenditure form has received prior approval from the Florida Department of Financial Services (DFS). Supporting documentation is required for all travel-related expenses e.g., receipts for flight, hotel (up to $225/night), parking, rental car, gas, ground transportation, as well as registration, meeting agenda/schedule, and copy of any presentation(s) made. Travel forms and guidance are available on Biomedical Research Program's Grant Management Forms and Resources web page.
15. Incentives: Research participant incentives in the form of cash, check, or gift card. Gift cards should not be purchased in bulk as tracking and inventory control can be difficult. Gift cards should be purchased on an "as needed" basis. Inventory control methods must be maintained for any existing or remaining gift card stock. If awarded, the original approved IRB protocol and consent form must be submitted to the Department before any participant incentive charges may be made to the grant. Each grant agreement executed will reference the approved IRB protocol in the method of payment section of each grant agreement.

9.1.2. Maximum Annual Base Salary Calculations

Grant funds may be used to pay a proportional percentage of the base salary (based on effort) of any personnel named on the application for this grant. The maximum annual base salary used in calculating these payments must not exceed the Executive Level II annual salary rate of the Federal Executive Pay Scale that is in effect as of the application submission date. See the Definitions section of this FOA for more information about the Federal Executive Pay Scale. This salary cap excludes fringe benefits, facilities, and administrative (finance and accounting) expenses, and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This provision is consistent with the NIH salary limitations on grants and cooperative agreements.

9.1.3. Allowed Indirect Costs

Facilities and Administrative (F&A) costs, **Finance and Accounting costs**, or **administrative overhead**, are expenses incurred by the institution that are not directly

attributable to a specific research project but are necessary for the general operation and support of research activities. These costs typically include, but are not limited to, expenses related to building maintenance, utilities, administrative salaries, accounting services, library services, and institutional compliance activities such as safety and regulatory oversight.

Examples of indirect costs include:

- Facility maintenance (e.g., utilities, janitorial services, building repairs)
- Administrative personnel salaries (e.g., human resources, grant administration staff)
- Financial management and accounting services
- Compliance and regulatory costs (e.g., institutional review board administration, environmental health and safety)
- General office supplies and services that support the institution broadly rather than a single project

For this Funding Opportunity Announcement, **indirect costs may not exceed 15% of the total direct costs requested**. Applicants must calculate IDC based on their institution's approved indirect cost rate or, if no negotiated rate exists, on the 15% maximum allowable. This cap is intended to ensure that a reasonable portion of funds supports administrative infrastructure while maximizing resources directly applied to research activities.

Applicants should provide:
(1) The **indirect cost rate** being applied and its basis (e.g., federally negotiated rate agreement or institutional policy),
(2) A clear calculation showing how the IDC amount was derived from the direct costs, and
(3) Justification if the institution's federally negotiated rate exceeds the 15% limit, noting that costs above 15% will not be reimbursed under this FOA.

Institutions without a negotiated indirect cost rate may request the maximum 15% as a de minimis rate in accordance with federal guidance (2 CFR §200.414(f)). This indirect cost cap applies only to the portion of the budget categorized as direct costs; any subcontract or consortium indirect costs should be detailed separately, with supporting documentation provided as needed.

Adherence to this indirect cost limit is mandatory. Proposals exceeding the 15% IDC cap will be subject to budget adjustments during the review process or post-award negotiation to bring indirect costs within allowable limits.

9.1.4. Disallowed Costs

All direct costs must be specifically and directly related and allocated to the project, necessary for the project's completion, adequately justified, and made during the active grant period. Any other costs are disallowed. Additionally, the following items shall NOT be paid for with grant funds:

1. Florida Department of Health personnel salary
2. Construction, renovation, or remodeling
3. International travel (including Canada)
4. Vehicles
5. Entertainment
6. Employment subsidies

7. Dues/Membership fees
8. Lobbying
9. Meals/Food (other than as part of travel costs)
10. Malpractice insurance premiums
11. Expenditures related to legal services, business filing fees, or other costs for visas, green card or similar processing fees

9.2. Overlap Limits

Applicants must ensure that their proposed project does not duplicate or significantly overlap, scientifically or financially, with other projects in which they or any key personnel are involved. Overlap, whether scientific or financial, or commitment of a project member's effort greater than 100% is prohibited.

9.3. Protecting Intellectual Property

Submitted materials are subject to the provisions of Article I, Section 24, Florida Constitution and Chapter 119, Florida Statutes, Florida's public records law. These laws grant the right to any person to inspect any public record. There are some documents and information that are exempt from the public records laws. All application materials are public record unless the applicant can show how they are exempt.

Applicants are strongly discouraged from submitting information considered proprietary unless it is deemed by the applicant to be essential for proper evaluation of the application. If the application contains information that the applicant believes constitutes trade secrets, intellectual property, proprietary information, or information protected by a specific statutory exemption, it should be limited to the "specific arms" section of this proposal. The applicant must clearly identify the confidential information with [brackets] and a footnote that specifies the law that makes the document or information exempt from the public records laws.

If a public records request is made involving documents with declarations of confidentiality, the Department will notify the applicant so that he/she may substantiate and defend the claim. The Department will not provide legal representation to assert a confidentiality claim.

10. RESPONDING TO THIS FOA

10.1. Application Guidelines

The following application guidelines must be followed:

1. Applicants must register and submit an application through the online system accessible from the Biomedical Research Program's Funding Opportunity Announcements web page.
2. **Application materials not submitted in the specified manner and in the specified format will be disqualified from competition.**
3. Required signature pages such as budgets and letters of support, must be included in the appropriate section of the application as indicated in the online instructions. Online applications without scanned copies of these pages will be disqualified. Electronic signatures such as those generated by a certified process like Adobe sign are acceptable.

4. Other documentation and materials such as biographical sketches and other support must be converted to electronic format and placed in the appropriate section of the online application.
5. Peer reviewers evaluate only the materials in the application, and do not consider other sources of information.
6. The Department recommends that applications be submitted early. Applications submitted past the deadline will not be considered, regardless of the reason.
7. **Submission of an application is considered an acceptance of the terms and conditions of this FOA.**

10.1.1. Duplicate Applications and Resubmission Policy

Eligible applicants can submit one application per project. Applications must be different. Applicants may not submit the same applications, or substantially similar applications as determined by the Department.

Applicants who submitted but were not funded in the previous fiscal year funding competition, may submit a revised application only one time. Applicants may submit either a new application or revised application from the previous fiscal year funding competition but cannot submit both.

Applicants cannot submit more than two applications or substantially similar applications to the same grant funding program.

10.1.2. Changes to a Submitted Application

It is the responsibility of the applicant to ensure that a complete application is submitted before the date and time specified in Key Dates section of this FOA. The Department does not allow submitted application files or data to be replaced or changed after the submission deadline. This decision will help ensure no applicants receive an unfair advantage. Before submitting your application, please check it for completeness, accuracy, quality, and readability. This should include verifying that all graphic elements, including tables, charts, and images are converted properly when saving the original documents in PDF format as required.

10.1.3. Inclusion of Department Data

Applications for research that includes Department data may include a letter of support from the office that houses the data. For example, researchers conducting behavioral health research involving tobacco cessation and control data from the Department may include a letter of support from the Tobacco Free Florida program.**.** Requests may include an overview of the data being requested from each data registry.

The following is the contact information for common Department data requests:

1. Bureau of Vital Statistics: Email VitalStats@flhealth.gov.
2. Florida Cancer Data System: Email Heather.Lake-Burger@flhealth.gov.
3. Tobacco Free Florida Program: Email Contract@TobaccoFreeFlorida.com.

10.2. Application Preparation

In preparing their application, applicants should be aware of the provisions in the following subsections.

10.2.1. Application Components

A complete grant application package must contain all required fields, including the components outlined below, in the online application accessible through the Biomedical Research Program's Funding Opportunity Announcements web page. Note: The online application will prompt applicants of required fields and character limits for each section.

Table 3. Application Components

Components	Instructions
General Project Information	**Required.** Identify general project information, including the applicant organization and the Corresponding Principal Investigator.
General Audience Abstract (3,500 maximum characters)	**Required.** Explain the proposed project in lay terms, including its relationship to the goals of the Florida Department of Health. See the Department State Health improvement plan for current priorities. https://floridaship.org/. This information must be included in the General Project Information section of the application.
Scientific Abstract (2,100 maximum characters)	**Required.** Provide the scientific description of the project. This description must be included in the General Project Information section of the application.
Health Impact (3,500 maximum characters)	**Required.** Describe how the proposed project impacts the health of Floridians. For the purposes of this FOA, "health impact" means the ability of the research to reduce morbidity and mortality from cancer. Applications must describe how the results of the research can provide information and evidence for changes in policy, improve health service delivery and quality of care, or improve disease prevention through improvements in health literacy and changes in behavior within a certain amount of time. Applications must also consider possible long-range effects of applying knowledge gained in the research, or the ability of the research to support future research grant applications or publications or patents. Applicants will complete this in the General Project Information section of the application.
Alzheimer's-Relatedness (2,100 maximum characters)	**Required.** Provide a clear explanation of how the project is related to cancer. This explanation must be included in the General Project Information section of the application.
Collaborator Information	**Required.** Identify all key personnel involved in the project. This includes individuals who have significant roles in the design, conduct, and management of the research, such as the Principal Investigator, Co-Investigators, Project Managers, and any other senior staff contributing to the scientific and administrative aspects. For each key person, provide their full name, role/title, and a brief description of their responsibilities within the project. Clearly indicating the involvement of key personnel helps reviewers assess the project's expertise and capacity to successfully execute the proposed work.
Biographical Sketch (100 MB maximum file size)	**Required.** Upload bio-sketches of key personnel involved in the research. All bio-sketches must be uploaded as a single document in the format specified in the online system.
Consultants (100 MB maximum file size)	**Required (if there are consultants).** Upload letters from all consultants confirming their project roles, including the rate/charge for consulting services. Letters must be uploaded as a single document.

Specific Aims (6,800 maximum characters)	**Required.** Describe the specific aims including the significance, innovation, and approach of the project. Provide a bibliography of any references cited and list facilities and other resources.
Human Subjects	**Required (if applicable).** Describe protections for human subjects involved in the research. If human subjects will be involved **at any time** in the research, even if the project protocol has already received Institutional Review Board approval or is deemed exempt, the applicant must address all human subject questions in the online application. If all questions are not answered, the application will be disqualified.
Vertebrate Animals	**Required (if applicable).** Describe protections for animals involved in the research. If vertebrate animals will be used **at any time** in the research, the applicant must address all vertebrate animals' questions in the online application. If all questions are not answered, the application will be disqualified.
Recombinant DNA Molecules	**Required (if applicable).** Describe use of recombinant DNA molecules involved in the research.
Survey Instruments (100 MB maximum file size)	**Required (if applicable).** Survey Instruments must be uploaded as a single document. This means all questionnaires, interview guides, scales, or other data collection tools related to the project should be compiled into one file, rather than submitted as multiple separate files. The document should be clearly formatted, with each instrument properly labeled and organized in the order they will be used or referenced in the research. This ensures ease of review and helps maintain the integrity of the materials submitted. Acceptable file formats typically include PDF or Word documents, and the file should be free of password protection or editing restrictions.
Table, Image, or Graph (100 MB maximum file size)	**Optional.** Images, graphs, and figures may be included with the online application; however, these cannot appear in the text of the application. Instead, they must be uploaded separately in this section. Figure legends need to be included in the document. Upload a single document containing images, graphs, and figures. There is no page limit on the number of images, graphs, and figures.
Budget Template (Budget Summary and Narrative) (100 MB maximum file size)	**Required**. The budget must explain the planned spending. See appendix for a sample of the template. The budget template includes both the budget summary and budget narrative documents or forms referenced in this FOA. • The **budget summary** provides a concise overview of the total funding requested, detailing major cost categories—such as personnel, equipment, supplies, and other expenses—necessary to complete the proposed research project. • The **budget narrative** must provide a detailed explanation of how funds in each budget category will be spent for each year of project funding. It should include a written justification for the necessity and calculation of each budget item and demonstrate how the requested funds align with and support the goals and activities of the proposed research project. The budget template can be downloaded within the online application system. The completed budget template form must be uploaded as a single document. For applications involving collaborations with different universities or research institutions, the lead institution should complete

	the budget form and include collaborating institutions as a contractual expense.
Letters of Support (100 MB maximum file size)	**Recommended (if applicable).** If applying for a grant involving Department of Health data, a signed letter of support may be uploaded for each dataset owned by the Department. Letters of support are not required for other types of research. Upload a single document in the appropriate upload field. There is no limit to the number of letters of support that may be submitted.
Work Plan (100 MB maximum file size)	**Required**. Applicants are required to submit a Work Plan with each application for the entire project timeframe. The Work Plan must include identified milestones for the project and will serve as contract deliverables for grant-funded projects. A Work Plan template will be provided in the online application and Biomedical Research Program's Grant Management Forms and Resources web page on the Florida Department of Health's website.

Applicants are discouraged from submitting information considered proprietary, unless it is deemed by the applicant to be essential for proper evaluation of the application. See the Protecting Intellectual Property section of this FOA for more information.

10.2. Application Submission

In preparing their application submission, applicants should be aware of the provisions in the following subsections.

10.2.1. Online Application Portal

The online system will be available to accept applications for this FOA on the date published in in the Key Dates section of this FOA.

To complete the online application process:

1. Applicants must register to access the online application and forms. During registration, complete the brief project profile. Information entered into the registration fields will carry forward to the application. Registration will be acknowledged with an email message containing login instructions and a username and password.
2. Complete the online application form. Deviations may be grounds for the Biomedical Research Program to reject the entire application. Special formatting, scientific notation, pictures, and objects may be included in these documents. However, within the online application form fields (such as the Project Title, General Audience Abstract and the Scientific Abstract), use only conventional alphanumeric letters and numbers (i.e. ASCII text) with no drawings, special characters, or symbols.
3. If an application is accidentally submitted, contact program staff for assistance. However, applicants are still responsible for ensuring that a complete and final version of their application is properly submitted by the stated due date and time. Accidental or premature submissions do not extend the deadline or serve as a placeholder. Applicants who mistakenly submit an incomplete or incorrect version must generate and submit a corrected application before the deadline to be considered for review. Program staff can advise on next steps, but they cannot make

changes on behalf of the applicant or accept late submissions outside the system. It is strongly recommended that applicants verify their submission status and application content well in advance of the deadline.

4. An application cannot be changed after the submission due date. Errata sheets or replacement files will not be accepted after the application deadline. If an application has been submitted and the applicant wishes to change the submitted application before the deadline, the applicant must contact program staff so that the application can be unsubmitted. Then, the applicant can change and resubmit the application. The change and resubmission must occur before the submission deadline. Refer to the Contact Information section of this FOA for information on how to contact program staff.

10.3.2. Application Submission Guidelines

Before it can be submitted, the application must contain all of the required sections identified in the Application Components section of this FOA. Applications must comply with the character/file size limitations specified in the online application. Appendices are not allowed.

Uploaded files should be titled by the categories listed in the Application Components section. Documents that require signatures must be printed, signed, scanned, and then uploaded in PDF format. Electronic signatures such as those generated by a certified process like Adobe sign are acceptable. Formatting guidelines for all documentation submitted with the online application are as follows:

1. **Language:** English
2. **Document Format:** PDF only
3. **Font Type/Size:** Arial, 11-point for the text and no less than 10-point for table figures and legends
4. **Font Color:** Black
5. **Line Spacing:** Single
6. **Page Size:** 8.5 x 11 inches
7. **Margins:** at least 1 inch, all directions, excluding required headers and footers
8. **Color and High-Resolution Images:** Images, graphs, figures, and other illustrations may be submitted as part of the online application. Applicants should include text to explain illustrations that may be difficult to interpret when printed in black and white.
9. **Scanning Resolution:** Images and figures must be of lowest reasonable resolution that permits clarity and readability. Unnecessarily large files will NOT be accepted, especially those that include only text. However, all application components (including uploaded attachments) must be clear, sharp, and easy to read when scanned or converted to PDF format.
10. **References:** Applicants should use a citation style that includes the full name of the article and that lists at least the first 3 authors. Official journal abbreviations may be sed. An example is included below; however, other citation styles meeting these parameters are also acceptable as long as the journal information is stated. URLs of publications referenced in the application maybe included.

Smith, P.T., Doe, J., White, J.M., et al (2006). Elaborating on a novel mechanism for cancer progression. Journal of Cancer Research, 135: 45-67.

11. **Internet URLs:** Applicants are encouraged to provide the URLs of publications referenced in the application; however, applicants must not include URLs directing reviewers to websites containing additional information about the proposed research. Applicants may include URLs to reference publicly available publications cited in the application. However, applicants must not include URLs that link to external websites intended to provide additional information about the proposed research, personnel, facilities, or other elements of the application. Reviewers are not required to access or consider information provided via external links, and applicants should not assume that including URLs will enhance or expand their application beyond what is submitted in the main documents.
12. **Headers and Footers:** These should not be used unless they are part of a provided template. Page numbers may be included in the footer (see Page Numbering section below).
13. **Page Numbering:** Pages should be numbered at the bottom right corner of each page.

10.3.3. Budget Forms

1. **General Instructions:** Budget documents are in Excel format and available in the online application and on the Biomedical Research Program's Grant Management Forms and Resources web page. When calculating the budget summary and narrative be sure to use whole dollars. The budget summary contains totals for each fiscal year and calculations for determining total grant costs. The budget summary must correspond to the calculations in the budget narrative. The budget contains two parts, Attachment V Budget Summary and Budget Narrative:
    a. The **Budget Summary** provides an overview of the estimated budget for the life of the grant by category and by state fiscal year (July 1 – June 30). Do not use calendar months to calculate the budget. The grant start date is anticipated to begin April 1, 2025 (for fiscal year 2025-2026). The first fiscal year grant budget should be calculated for three months. Each remaining year will be for 12 months (July – June). The final budget year should be calculated for nine months.
    b. The **Budget Narrative** provides information regarding how expenses will be used to support the grant. Each budget category requested should include enough detail to justify the expense and should include all calculations for arriving at the totals.
    c. **Personnel/Fringe:** The name, staff member's role on the project, percent of effort and any other specific rates or cost breakdowns to justify the total personnel and fringe expense. Be sure to account for any cost-of-living increases and include a statement in the narrative. Cost of living increases are limited to three percent per year. Detailed calculations are required to justify the cost for each staff.

i. **Subcontracting:** Preapproval of subcontracting is required prior to grant execution. A copy of the proposed or sample subcontract must be provided to the assigned contract manager.

ii. **Indirect Costs:** Indirect cost rates may not exceed 15 percent of the total direct costs requested. Direct costs are all expense categories directly associated with the research project.

There will be a review period after the Awards are made to revise the Grant Budget Summary and Narrative. No modifications will be allowed once the Budget Revisions are complete, and the entire review packet is routing in our contract review system.

11. APPLICATION REVIEW

The Department will use a multi-step evaluation process before making award determinations for all applications submitted in response to this FOA. The Department will consider the outcome of each of these evaluation steps in making final funding recommendations to the State Surgeon General.

11.1. Administrative Review

Application materials not received according to the date, time, and location specified in the Key Dates section of this FOA will be disqualified. Each application submitted by the deadline indicated in the Key Dates section will receive an administrative review verifying mandatory eligibility requirements and the completeness of the application. The administrative review includes a check for potential scientific of budgetary overlap with active or pending projects supported by the Department. The administrative review does not include review of the overall scientific impact.

Any application failing to meet all administrative requirements may be ruled ineligible for funding in response to this FOA and not entitled to further consideration and will not undergo peer review.

Department reserves the right to disqualify any application that fails to meet the requirements of this FOA, or to waive minor irregularities in applications when it is determined to be in the best interest of the State of Florida. A minor irregularity is defined as a non-material deviation from the requirements of this FOA that does not provide the applicant with a competitive advantage, does not impact the cost of the proposed project, and does not compromise the fairness or integrity of the review process or the interests of the State. The Biomedical Research Program may, at its sole discretion, correct or allow the applicant to correct such irregularities during the review process, but is under no obligation to do so.

11.2. Peer Review

Department peer reviewers will assess the overall impact of all qualified/eligible applications. Peer review panels comprise reviewers with expertise in the substance and methodology of the proposed project. Individual reviewers will review and rate applications, including assessing cancer-relatedness, health impact, examining budget requests, and recommending the level of support necessary to complete the work. Reviewers will be nationally prominent individuals drawn from various sectors in the life sciences including universities, government agencies, and industry. Reviewers will be located outside of Florida and will not be associated with any Florida-based public or private entity working in the life sciences. Before being granted access to

proposals, every reviewer will be required to accept the terms of a Confidential Nondisclosure Agreement. Reviewers are required to disclose financial interests to the Department, and the Department determines if any disclosed financial interests are conflicts of interests. Reviewers with financial conflicts of interest are not allowed to review applications. Reviewers will receive honoraria for their participation and are expected to set a high standard for scientific excellence. The number and composition of peer review panels will be determined by the number and scientific range of applications received.

11.2.1. Overall Impact Score

Similar to the NIH, peer reviewers will use a standard rating format, as follows:

1. **Exceptional:** Exceptionally strong with essentially no weaknesses.
2. **Outstanding:** Extremely strong with negligible weaknesses.
3. **Excellent:** Very strong with only some minor weaknesses.
4. **Very Good:** Strong but with numerous minor weaknesses.
5. **Good:** Strong but also at least one moderate weakness.
6. **Satisfactory:** Some strengths and some moderate weaknesses.
7. **Fair:** Some strengths but with at least one major weakness.
8. **Marginal:** A few strengths and a few major weaknesses.
9. **Poor:** Very few strengths and numerous major weaknesses.

Peer reviewers will rate all proposals for overall impact on the following criteria:

1. **Significance:** The importance of the topic being addressed.
2. **Investigators:** The qualifications of the key personnel contributing to the project.
3. **Innovation:** The potential for the project to shift current paradigms.
4. **Approach:** The appropriateness of the planned strategy, methodology, and analyses.
5. **Environment:** The suitability of institutional support, equipment, and physical resources.
6. **Health Impact:** The health impact on the people of Florida.

11.2.2. Other Review Considerations

Individual peer reviewers will rate the relationship of the project to the advancement toward prevention, diagnosis, treatment, and/or cure of cancer. Peer reviewers will be asked the question: “Has the applicant made a compelling case for a strong cancer and/or tobacco-related disease relationship?” Peer reviewers will also identify any concerns regarding the proposed budget. Reviewer concerns regarding protection of human and/or animal subjects will be considered.

Applications that score within the top 30% during the individual review stage will progress to the peer review panel stage. Panelists will discuss a set of proposals and provide written comments and numeric scores.

11.3. Programmatic Review

The Department and the BRAC will consider the peer review scores in a manner that eliminates or appropriately manages any conflicts of interest. Other programmatic interests, such as the availability of funds, and Program goals and preferences, will be used to form a funding recommendation to the State Surgeon General.

11.4. Evaluation Reports

For all eligible and qualified applications, the Department will provide an evaluation summary (summary of the programmatic or peer review process) to the Principal Investigator following programmatic review. This report may include reviewer comments, scores, and other relevant feedback to help applicants understand how their proposal was assessed.

12. AWARD NOTIFICATION

12.1. Notification of Funding Decision

The applicant organization and the PI will receive written notification via email of the funding decisions. All awards in response to this FOA are subject to the availability of funds and spending authority provided by the Florida Legislature. By submitting a grant application pursuant to this FOA, all applicants acknowledge and consent to this condition.

12.2. Requests for Reconsideration

All funding decisions of the State Surgeon General or designee are final.

13. POST-AWARD GRANTEE REQUIREMENTS

13.1. Terms and Conditions

After awards are made, each grantee must sign a contract, called the “Terms and Conditions,” agreeing to certain legal requirements of the award. The Terms and Conditions are non-negotiable, and acceptance is required as part of the grant award process. The Department reserves the right to change or modify the Terms and Conditions as needed. By submitting a grant application pursuant to this FOA, all applicants acknowledge this requirement. The Terms and Conditions include the post-award schedule of deliverables.

13.2. Reporting Requirements

If the applicant’s proposal is funded, the Grantee must respond to Department requests for information for a period of five years after the end of the grant period, including any no cost extensions. The requested information may include but is not limited to long-term outcomes based on the funded project, including the value of additional grant awards for cancer research, a list of cancer presentations, a list of cancer publications in peer-reviewed journals, commercialization results and any invention disclosures, patent filings, and patents received.

Grantees are required to follow Department policies for reporting to the Department unanticipated problems and non-compliance involving the research.

13.3. Open Innovation and Sharing of Publication Related Materials, Data, and Software

Publishing a scientific paper is a transaction whereby the author(s) receive credit and status in exchange for sharing their scientific findings. Authors have a responsibility to make available materials, databases, and software integral to their findings so that others may validate or refute the results and/or extend them in new directions. Grantees funded through the Department are encouraged to use material transfer agreements to make materials, data and databases, and software that result from this funding and which is integral to their research findings, freely and promptly available upon request for research use by other scientists. Also, grantees should

provide a copy of any article published from research supported by this Program to the Department within three months of the date the article is published.

In accordance with the National Institutes of Health notice NOT-OD-08-033, Grantees shall submit or have submitted for them to the National Library of Medicine's PubMed Central an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication, in a manner consistent with copyright law. This applies to all publications resulting from Department funded projects/research. For more information on the NIH Open Access Policy, visit http://publicaccess.nih.gov/.

13.4. Progress Reports

Detailed quarterly summaries assessing progress will be required for all funded projects. These summaries will include performance updates, successes, and unexpected barriers. Final progress reports will be due at the end of the project cycle or annually depending upon the agreement and will outline the impact on cancer research and patient care that the proposal has had on Floridians living with cancer.

13.5 Financial Reports

Detailed annual financial reports will be required for all funded projects. These reports will state, by line item, all expenditures made as a direct result of activities conducted through the funded project during the most recent completed fiscal year.

In addition, detailed quarterly expenditure reports will be required for all funded projects. These reports will state, by line item, all expenditures made as a direct result of activities conducted through the funded project during the most recent completed quarter.

14. DEFINITIONS

1. **Applicant:** The entity/organization applying for grant funds.
2. **Application materials:** Any documents or information to be included in the application.
3. **Collaborator:** An individual involved with the PI in the scientific development or execution of the project. These individuals typically devote a specific percent of effort to the project and are identified as key personnel. A collaborator may be employed by or affiliated with either the applicant/grantee institution or an institution participating in the project under a consortium or contractual agreement.
4. **Commercialization:** The process of developing markets and producing and delivering products or services for sale (whether by the originating party or by others).
5. **Consortium:** A consortium should involve partnerships to be developed among investigators across Florida, with the award made to the lead organization. The lead organization of the consortium must perform a substantive role in conducting the planned research including providing oversight of all scientific, programmatic, financial, and administrative matters related to the grant. The collaborating organizations must have well-defined roles that contribute to the common scientifically rigorous research

goals, and include sound background information, hypotheses, protocols, and promising practices that address clearly one or more areas of research interest. A letter of commitment from all collaborating organizations is recommended.

6. **Consultant:** An individual hired to give professional advice or services for a fee, normally not as an employee of the hiring entity. Consultants may also include firms that provide paid professional advice or services.
7. **Co-Principal Investigator (Co-PI):** An individual who serves as a secondary PI. The Co-PI shares responsibility and accountability to Applicant officials, the Department, and the Collaborative for the proper conduct of the project.
8. **Corresponding Principal Investigator (PI):** The individual designated by the applicant organization legally responsible to direct the grant project. The PI is responsible and accountable to the applicant organization officials for the project's scientific and technical direction as well as the proper conduct of the project. There must be only one designated PI. (See the Eligibility section of this FOA for details regarding PI requirements.
9. **Department:** The Florida Department of Health.
10. **Eligible Institution:** Any Florida university or research hospital, Florida-based Veteran's Administration Hospital, or established research institute in Florida.
11. **Established Research Institute:** An established research institute eligible for Program funding is a Florida-based nonprofit organization that is legally registered with the Florida Department of State, Division of Corporations, and holds current status under Chapter 617, Florida Statutes. The organization must maintain a physical location in Florida and have a stated purpose that includes scientific, biomedical, or biotechnological research and/or development.
12. **Feasibility:** The practical extent to which a project is capable of being successfully performed within the requested time and for the awarded money.
13. **Federal Executive Pay Scale, Executive Level II:** The U.S. Office of Personnel Management establishes executive pay schedules each year, normally around the first month of the calendar year. To view the current Executive Senior Level pay scale, visit the U.S. Office of Personnel Management website.
14. **Financial Contact:** The person responsible for financial reporting in connection with sponsored research projects.
15. **Full-time Faculty:** Full-time Faculty positions are defined as teaching, clinical, and research appointments carrying classroom teaching, laboratory teaching, clinical teaching or service, or research assignments equal to at least nine months per fiscal year or 0.75 FTE. This includes tenured, tenure-track, and non-tenure track appointments.
16. **Indirect Costs:** Indirect costs up to 15% may be included in direct cost categories for services, functions, or activities that are directly necessary for this grant.
17. **Institutional Animal Care and Use Committee (IACUC):** A committee that oversees the ethical care and use of animals in research, teaching, and testing activities within institutions.

18. **Institutional Biosafety Committee (IBC):** A committee that reviews and approves research that involves potentially hazardous biological agents.
19. **Institutional Review Board (IRB):** A committee that reviews research involving human subjects to determine if the research complies with laws, rules, and regulations, including but not limited to 45 CFR 46, and 21 CFR 50, 56, 312, and 812 as applicable.
20. **Grantee:** The institution to which a grant is awarded.
21. **Key Personnel:** Project key personnel include the PI, Co-PI(s), Project Director, and Mentor (in the case of directed research projects involving post-doctoral researcher). These personnel contribute to the scientific development or execution of the project in a substantive way, whether salaries are requested or not.
22. **Overlap, Commitment:** Commitment overlap occurs when any project staff has time commitments exceeding 100 percent. This is the case whether the grant includes salary support for the effort. While information on other support is only requested for the Corresponding Principal Investigator, no individual on the project may have combined commitments more than 100%.
23. **Overlap, Financial:** Financial overlap occurs when duplicate or equivalent budget items (e.g., equipment, salary) are requested in an application but are already funded or provided for by another source.
24. **Overlap, Scientific:** Scientific overlap occurs when: (1) substantially the same research is funded by two or more different funding sources, or (2) a specific research objective and the research design for accomplishing that objective are the same or closely related in two or more awards, regardless of the funding source.
25. **Radiation Safety Committee (RSC):** A group established within a research organization to oversee and enforce policies regarding the safe use of radioactive materials and radiation-producing equipment.
26. **Sponsored Research Official (SRO):** The individual responsible for facilitating and managing sponsored research at a research institution.
27. **Terms and Conditions:** An agreement whereby a project is carried out by the Grantee and one or more other organizations that are separate legal entities. In this arrangement, the Grantee contracts for the performance of a substantial and/or a significant portion of the activities to be conducted under the grant.

15. CONTACT INFORMATION

15.1. Helpdesk

Direct all questions about the online application process and related issues (e.g., username and password problems) to Help.FLDOH@orau.org.

15.2. Scientific and Programmatic Questions

This FOA is issued by the Florida Department of Health. The Public Health Research Unit manages the FOA and is responsible for answering all applicant questions. Applicants and persons acting on their behalf may contact the Department in writing via email as indicated

below regarding programmatic issues. Applicants who attempt to contact Biomedical Research Advisory Council members regarding this FOA may have their applications disqualified.

To ensure equal access by all applicants to the questions and answers, all programmatic questions must be submitted in writing via email to research@flhealth.gov. Answers to questions will be available on the Biomedical Research Program's Funding Opportunity Announcements web page. Answers to submitted questions will be posted in groups as they are received and published on the website, according to the schedule in the Key Dates section of this FOA.