



Florida Public Health Research Programs Quarterly INVOICE FORM

Invoice #:

DOH Grant #: 21A

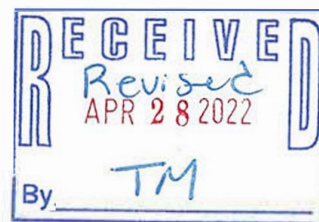
Institution's Official Name and Address (listed on W-9):

[Redacted]



Remit to Name and Address ("same as above" if same as Official Address):

[Redacted]
Atlanta, GA 30384-8660



Federal ID#:

65-0385507

Contact Name:

Contact Phone:

561-297-4022

DELIVERABLES	Period Covered	Invoice Amount
Research data with the goal of better prevention, diagnosis, and treatments, to expand the foundation of biomedical knowledge and improve the health of Floridians	01/01/2022 - 03/31/2022	\$ 12,381.00

[Redacted Signature]

Authorized Signature

4/25/2022



Date

PLEASE SUBMIT ALL INVOICES, FINANCIAL REPORTS, AND PROGRESS REPORTS IN EXCEL OR PDF FORMAT VIA EMAIL TO: research@flhealth.gov

NOTE: INVOICES WILL NOT BE PROCESSED FOR PAYMENT UNTIL ALL DELIVERABLES ARE RECEIVED AND APPROVED.

Date Invoice Received: 4/27/22		** FOR DEPARTMENT OF HEALTH USE ONLY **	
Date Revisions Received: 4/28/22		Split Payment as Follows (if applicable):	
Date Invoice Approved: 5/02/2022		ORG: _____	
(same date as Grant Manager's signature below)		EO: _____	
SIGNATURE OF SUPERVISOR: [Signature]		OCA: _____ Amount: _____	
Deputy Director, Biomedical Research Section		EO: _____	
Public Health Research		OCA: _____ Amount: _____	
SIGNATURE OF GRANT MANAGER: [Signature]		TOTAL AMOUNT AUTHORIZED: \$12,381.00	
Grant Manager		Date: 5/2/22	
Public Health Research			
All Deliverables approved on this invoice are referenced on the Invoice Performance Analysis form and inclusive of the requirements of the Grant Terms & Conditions, Attachment II Payment Schedule (attached).			

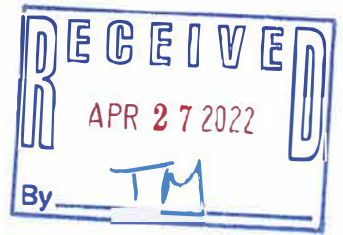
Attachment II
Schedule of Deliverables and Payments

<div style="display: flex; justify-content: space-between; align-items: center;">  <div style="text-align: center;"> Florida Biomedical Research Programs Terms and Conditions </div>  </div>			
<i>Ed and Ethel Moore Alzheimer's Disease Research Program</i> Grant Title: [REDACTED]			
Del. #	Deliverable	Period Covered	Due Dates by COB 5:00 p.m., E.S.T.
FISCAL YEAR 2020-2021			
1	<ul style="list-style-type: none"> • 4th Quarter Progress Report • 4th Quarter Financial Report • 4th Quarter Expenditure Report • Proof of Liability Insurance • Invoice for \$16,511.00 	Date of Execution – June 30, 2021	July 31, 2021
FISCAL YEAR 2021-2022			
2	<ul style="list-style-type: none"> • 1st Quarter Progress Report • 1st Quarter Financial Report • 1st Quarter Expenditure Report • Proof of Liability Insurance • Invoice for \$12,381.00 	July 1, 2021 – September 30, 2021	October 31, 2021
2	<ul style="list-style-type: none"> • Florida Legislative Progress Report *See Section 4.b.	Date of Execution – September 30, 2021	October 31, 2021
3	<ul style="list-style-type: none"> • 2nd Quarter Progress Report • 2nd Quarter Financial Report • 2nd Quarter Expenditure Report • Invoice for \$12,381.00 	October 1, 2021 – December 31, 2021	January 31, 2022
4	<ul style="list-style-type: none"> • 3rd Quarter Progress Report • 3rd Quarter Financial Report • 3rd Quarter Expenditure Report • Invoice for \$12,381.00 	January 1, 2022 – March 31, 2022	April 30, 2022
5	<ul style="list-style-type: none"> • 4th Quarter Progress Report • 4th Quarter Financial Report • 4th Quarter Expenditure Report • Invoice for \$12,381.00 	April 1, 2022 – June 30, 2022	July 31, 2022

Del. #	Deliverable	Period Covered	Due Dates by COB 5:00 p.m., E.S.T.
	FISCAL YEAR 2022-2023		
6	<ul style="list-style-type: none"> 1st Quarter Progress Report 1st Quarter Financial Report 1st Quarter Expenditure Report Proof of Liability Insurance Invoice for \$12,381.00 	July 1, 2022 – September 30, 2022	October 31, 2022
6	<ul style="list-style-type: none"> Florida Legislative Progress Report *See Section 4.b. 	October 1, 2021 September 30, 2022	October 31, 2022
	IF REQUESTING A 6-MONTH NO-COST EXTENSION SUBMIT THE FOLLOWING: <ul style="list-style-type: none"> No-Cost Extension Request Form Cumulative Grant Progress Report 	Life of the Grant	November 30, 2022
7	<ul style="list-style-type: none"> 2nd Quarter Progress Report 2nd Quarter Financial Report 2nd Quarter Expenditure Report Invoice for \$12,381.00 	October 1, 2022 – December 31, 2022	January 31, 2023
8	<ul style="list-style-type: none"> Final Cumulative Grant Progress Report Final Financial Report Final Expenditure Report 	Life of the Grant	April 30, 2023
8	<ul style="list-style-type: none"> Final Invoice is based on a reconciliation of all costs associated with the grant not to exceed \$8,254 	January 1, 2023 – February 28, 2023	April 30, 2023



Florida Public Health Research Programs Quarterly Financial Report (QFR)



DOH Grant Number: [REDACTED] Financial Report #: 4
Principal Fiscal
Investigator Name: [REDACTED] Contact Person: [REDACTED]
Grantee Institution: [REDACTED] Telephone: [REDACTED]
Total Award Amount: \$99,051.00 E-Mail Address: [REDACTED]
Total Number of Payments: 3

Reporting Period: ☐ 1 July 1 through September 30 Due: By October 31
(Check One) ☒ 2 October 1 through December 31 Due: By January 31
☒ 3 January 1 through March 31 Due: By April 30
☐ 4 April 1 through June 30 Due: By July 31

Reminder: Adjust the first and last date of the reporting period to the Date of Execution and End Date of the agreement.

Budget Category (Do not modify these categories)	Budget (Current Approved)	Expenditures This Quarter	Previous Reported Expenditures	Expenditures To Date (Include Current Quarter)	Balance To Date
Personnel/Fringe	\$ 86,132.05	\$ 9,871.62	\$ 29,615.27	\$ 39,486.89	\$46,645.16
Consultant	\$ -	\$ -	\$ -	\$ -	\$0.00
Consortium/Contractual	\$ -	\$ -	\$ -	\$ -	\$0.00
Equipment	\$ -	\$ -	\$ -	\$ -	\$0.00
Supplies	\$ -	\$ -	\$ -	\$ -	\$0.00
Travel	\$ -	\$ -	\$ -	\$ -	\$0.00
Patient Care	\$ -	\$ -	\$ -	\$ -	\$0.00
Other Expenses	\$ -	\$ -	\$ -	\$ -	\$0.00
Indirect	\$ 12,918.95	\$ 1,480.74	\$ 4,442.28	\$ 5,923.02	\$6,995.93
Total	\$ 99,051.00	\$11,352.36	\$34,057.55	\$45,409.91	\$53,641.09
Less Financial Consequences					
Less Eligible Cost Previously Reduced (Participant Payments, Tuition, Travel, if applicable)					
Total Balance (Total Award Amount minus Expenditures To Date)					\$53,641.09

I certify that this report is a true, accurate, and correct reflection of the actual expenditures for this grant and that funds were used solely for the grant as approved by the Program. I further certify that no occurrence of budgetary, scientific, or commitment overlap has occurred during this quarter.

Printed Name of Fiscal Agent

Signature, Authorized Fiscal Agent

Date

**** FOR DEPARTMENT OF HEALTH USE ONLY ****

SIGNATURE OF GRANT MANAGER:

Taylor Mann

Grant Manager
Public Health Research

5/02/22
Date

[Signature]
5/2/22

Quarterly Personnel/Fringe Expenditure Tracking				
Grant Number:	[REDACTED]	Quarterly Reporting Period:	01/01/2022 - 03/31/2022 ✓	
Grantee Institution:	[REDACTED]	Total Budget Category Allotment:	\$86,132.05 ✓	
Date Paid	Name of Personnel	Description (Period Covered)	Amount	
			Salaries	Fringe Benefits
03/31/22	[REDACTED]	01/01/2022-03/31/2022	\$ 7,593.54	\$ 2,278.08
			\$ -	\$ -
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			\$ -	\$ -
			Total:	\$ 7,593.54 \$ 2,278.08



✓

\$ 9,871.62

\$ 29,615.27

\$ 39,486.89

\$46,645.16

12

FAU Payroll Accounting - Organization
 Job Family / Group (Optional):
 Company:
 Organization:

Ledger:
 Period:
 Time Period:
 Worksheet:
 Ledger Account:
 Report Effective Date:
 Worker (only for Actuals):

Journal	Journal Source	Worker	Pay Component	Position	Accounting Date	Budget Date (from original transaction if there is a prior period adjustment)	Ledger Account	Period	Ledger/Budget: Debit minus Credit	SmartTag	Cost Center	Fund	Grant
	Payroll Actual Accrual		Holiday	01024473 Postdoctoral Research Fellow - Neuropsychology	1/7/2022	1/7/2022	60007:Salaries - Postdoc	07 - Jan	759.36				
	Payroll Actual Accrual		Regular Earnings	01024473 Postdoctoral Research Fellow - Neuropsychology	1/7/2022	1/7/2022	60007:Salaries - Postdoc	07 - Jan	506.23				
	Fringe Benefit		Fringe Benefits	01024473 Postdoctoral Research Fellow - Neuropsychology	1/7/2022	1/7/2022	61007:Benefits - Postdoc	07 - Jan	379.68				
	Payroll Actual Accrual		Regular Earnings	01024473 Postdoctoral Research Fellow - Neuropsychology	1/21/2022	1/21/2022	60007:Salaries - Postdoc	07 - Jan	1,139.03				
	Payroll Actual Accrual		Holiday	01024473 Postdoctoral Research Fellow - Neuropsychology	1/21/2022	1/21/2022	60007:Salaries - Postdoc	07 - Jan	126.56				
	Fringe Benefit		Fringe Benefits	01024473 Postdoctoral Research Fellow - Neuropsychology	1/21/2022	1/21/2022	61007:Benefits - Postdoc	07 - Jan	379.68				
	Payroll Actual Accrual		Regular Earnings	01024473 Postdoctoral Research Fellow - Neuropsychology	2/4/2022	2/4/2022	60007:Salaries - Postdoc	08 - Feb	1,265.59				
	Fringe Benefit		Fringe Benefits	01024473 Postdoctoral Research Fellow - Neuropsychology	2/4/2022	2/4/2022	61007:Benefits - Postdoc	08 - Feb	379.68				
	Payroll Actual Accrual		Regular Earnings	01024473 Postdoctoral Research Fellow - Neuropsychology	2/18/2022	2/18/2022	60007:Salaries - Postdoc	08 - Feb	1,265.59				
	Fringe Benefit		Fringe Benefits	01024473 Postdoctoral Research Fellow - Neuropsychology	2/18/2022	2/18/2022	61007:Benefits - Postdoc	08 - Feb	379.68				
	Payroll Actual Accrual		Regular Earnings	01024473 Postdoctoral Research Fellow - Neuropsychology	3/4/2022	3/4/2022	60007:Salaries - Postdoc	09 - Mar	1,265.59				
	Fringe Benefit		Fringe Benefits	01024473 Postdoctoral Research Fellow - Neuropsychology	3/4/2022	3/4/2022	61007:Benefits - Postdoc	09 - Mar	379.68				
	Payroll Actual Accrual		Regular Earnings	01024473 Postdoctoral Research Fellow - Neuropsychology	3/18/2022	3/18/2022	60007:Salaries - Postdoc	09 - Mar	1,265.59				
	Fringe Benefit		Fringe Benefits	01024473 Postdoctoral Research Fellow - Neuropsychology	3/18/2022	3/18/2022	61007:Benefits - Postdoc	09 - Mar	379.68				
Idaly Velez Uribe (223034291)									9,871.62				
Grand Total									9,871.62				



[illegible]

\$ 1,480.74

\$ 4,442.28

\$ 5,923.02

\$6,995.93

RECEIVED
APR 27 2022
By _____

RECEIVED
Revised
APR 28 2022
By TM



QUARTERLY PROGRESS REPORT

General Instructions: This quarterly progress report is intended to provide a summary by grant aims of the progress that has occurred on this grant during the quarter. This report is required for invoice payment. Please complete all of the items as instructed. Do not delete instructions. Do not leave any items blank; responses must be provided for all items. If your response to an item is "None," please specify "None" as your response. All acronyms must be spelled out (first reference). Avoid using personal pronouns and use terms such as "research staff" or "research project staff". There is no limit to the length of your response to any question. Responses should be single-spaced, no smaller than 10-point type font. The report should be completed using MS Word, using electronic signature(s) when possible. Please be aware that scanning/converting the report into PDF format "locks for editing" and creates extra steps to prepare the documents for DOH signatures. Submitted reports must be signed by the Principal Investigator and the Sponsored Research Official (SRO). Demonstration of significant progress is a major factor in the annual funding continuation (if applicable) and no-cost extension determinations. The information provided in quarterly reports is used for the annual reports to the Florida Legislature and Governor's office. Progress reports must clearly indicate progress toward or completion of the grant aims, to include detailed administrative progress, graphs/images, data analysis or planning, written progress of results and conclusions specific to the quarter/period reported. Questions? Contact Biomedical Research staff at (850) 245-4585.

Select Program:

Select Grant Mechanism:

<input type="checkbox"/> Bankhead-Coley Cancer Research	<input type="checkbox"/> Bridge
<input checked="" type="checkbox"/> Ed and Ethel Moore Alzheimer's Disease Research	<input type="checkbox"/> Clinical Research
<input type="checkbox"/> James and Esther King Biomedical Research	<input type="checkbox"/> Consortium
<input type="checkbox"/> Live Like Bella Initiative	<input type="checkbox"/> Discovery Science
	<input type="checkbox"/> Multicenter Clinical Trial
	<input checked="" type="checkbox"/> Postdoctoral Research Fellowship
	<input type="checkbox"/> Pilot
	<input type="checkbox"/> Research Infrastructure
	<input type="checkbox"/> Standard
	<input type="checkbox"/> Other _____

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APR 27 2022

By TM

SECTION A – PROJECT INFORMATION

1. Grantee Institution and Grant Number: [REDACTED]
2. Principal Investigator Name (First Name, M.I., Last Name, Degree(s)): [REDACTED] ✓

3. Current Reporting Period: 31 TM
From: 01/01/2022 through: 03/30/2022
4. Project Title: Postdoctoral Research Fellowship in Neuropsychology and Brain Biomarkers of Abnormal Aging
5. Date Prepared: 04/26/2022

SECTION B – PROGRESS DETAIL

1. Grant Progress Summary:

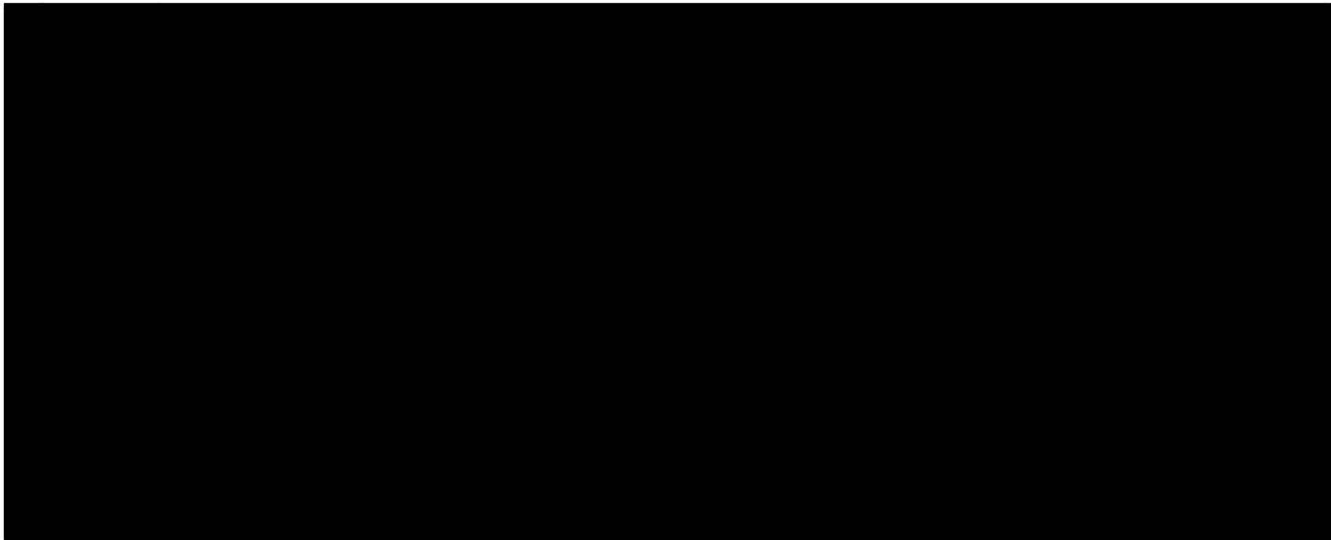
<Describe work performed, progress, challenges, delays, and issues for the reporting quarter. If available, present results and conclusions for any analyses conducted in the reporting quarter. Be sure to include relevant data and detail to demonstrate overall progress and work.>

During the third quarter of training, the research fellow has been completing and/or making progress in the following aspects:

- a. Preparing papers for publication under the mentorship of [REDACTED] [FAU]; see list of coauthored publications below), which includes the following:
 - i. Reviewing and analyzing background literature and determining methodological procedures.
 - ii. Preparing data for analysis.
 - iii. Analyzing data and writing up results.
 - iv. Collaborating on writing, editing, and preparing coauthored manuscripts for submission.
 - v. Collaborating on writing, editing, and preparing coauthored conference poster presentations.
- b. Continued training on theoretical issues and analysis of brain biomarkers' data obtained from volumetric brain measures, amyloid-beta depositions in the brain, levels of neurofilament light (NfL) in the blood, and reviewing relevant literature under the mentorship of Dr. Ranjan Duara (Mount Sinai Medical Center [MSMC]).
 - i. Training on dichotomous visual ratings of amyloid positivity/negativity observed on PET scans.
 - ii. Training on the visual rating system for rating brain atrophy observed in structural MRIs.
 1. Training on detecting other abnormalities such as ventricular enlargement, white matter hyperintensities, infarcts and hemorrhages and determining the appropriate MRI sequences needed in each case (i.e., MPAGE, Flair and SWI).
- c. Working with the 1Florida ADRC data core on ensuring data reliability, directly with the data core leader, [REDACTED]
- d. Continued training on case revision and preparation of case reports for the following:
 - i. Case reports aimed for publication.
 - ii. Intersite diagnosis cases for standardization of diagnostic procedures and reliability analyses in collaboration with [REDACTED]
 1. Preparing patient history, neuropsychological tests scores, biomarkers, and MRI and PET scans images, brain volumes, [REDACTED] and genetic information.
 2. Assigning the work to clinicians from the [REDACTED] to obtain cross-rater reliability scores for testing diagnostic consistency across ADRC sites.
 3. Collaborated with the [REDACTED] Clinical and Data Cores in the development of a Qualtrics intersite diagnosis form to be completed by clinicians from all sites for every case.
- e. Preparing cases for presentation in biweekly clinical consensus conferences which includes:
 - i. Reviewing patient data and selecting cases based on preestablished criteria.
 - ii. Ensuring the relevant data is uploaded and available on Redcap and the Cate lab [REDACTED] website.
 - iii. Preparing relevant information including:
 1. Patient history.
 2. Longitudinal neuropsychological tests scores.
 3. Biomarkers, MRI and PET scans images, quantitative amyloid data (SUVRs and Centiloid values), brain volumes, Neurofilament Light (NfL) and genetic information.
- f. Attending regular meetings:

- i. [REDACTED] Neuropsychology Lab meetings.
- ii. [REDACTED] meetings.
- iii. [REDACTED] research meetings.
- iv. [REDACTED] clinical core meetings.
- v. [REDACTED] CORE core meetings
- vi. [REDACTED] Data core meetings.
- vii. Intersite diagnosis calibration process meetings.
- viii. Grant development meetings.
- ix. Mentorship sessions with [REDACTED]
- g. Creating poster to be presented Latinos and Alzheimer's 2022 (see below).
- h. Attended the INS 2022 Meeting.
- i. Collaborated in preparing and submitting as a co-investigator an RO1 NIA grant proposal titled [REDACTED]

2. Follow on funding for the reporting period:
<List the source and amount of any federal, state, or local government grants or donations generated as a result of the research project.>
N/A
3. Collaboration for the reporting period:
<List any postsecondary educational institutions involved in the research project, give a description of each postsecondary educational institution's involvement in the research project, and the number of students receiving training or performing research under the research project.>
N/A
4. Peer-reviewed journal publications for the reporting period:
<List all citations for publications that have resulted from this research project during the reporting period. If publications previously reported as "submitted," "in review," or "in press" have been published during this period, please include or update as necessary.>


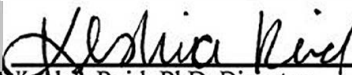


5. Presentations for the reporting period:
<List all citations for presentations during the reporting period.>
N/A

6. Inventions and patents for the reporting period:
<List ALL inventions based on your research on this project and note any related patent filings.>
N/A

<u>PRINCIPAL INVESTIGATOR</u> Name: [REDACTED] Title: PI [REDACTED] Email: [REDACTED] Telephone: [REDACTED]	<u>SPONSORED RESEARCH OFFICIAL</u> Name: [REDACTED] Title: S [REDACTED] Email: [REDACTED] Telephone: [REDACTED]
<u>PRINCIPAL INVESTIGATOR ASSURANCE:</u> I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports as requested.	<u>SPONSORED RESEARCH OFFICIAL ASSURANCE:</u> I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with terms and conditions associated with this grant. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
<u>SIGNATURE OF PI:</u> [REDACTED] <hr/> APRIL 26, 2022 Date	<u>SIGNATURE OF SRO:</u> [REDACTED] <hr/> 4/27/2022 Date

** FOR DEPARTMENT OF HEALTH USE ONLY **

<u>SIGNATURE OF GRANT MANAGER:</u>  <hr/> Grant Manager Public Health Research 05/02/2022 <hr/> Date	<u>SIGNATURE OF DIRECTOR:</u>  <hr/> Keshia Reid, PhD, Director Public Health Research 4/29/2022 <hr/> Date
--	--

[REDACTED]

April 27, 2022

Florida Department of Health
Biomedical Research Sections
4052 Bald Cypress Way
Tallahassee, FL 32399



RE: FDOH Award # [REDACTED]

Certification Statement:

By providing this electronic signature, I [REDACTED] am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge."

Signature:

Name:

Organization:

Title:

Date: 4/27/2022

[REDACTED]

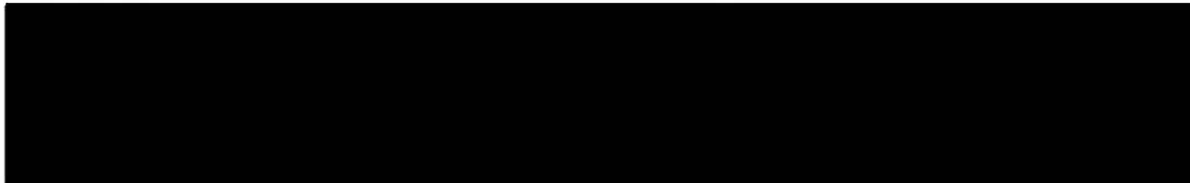
April 27, 2022



Electronic Signature Certification

Certification Statement:

"By providing this electronic signature, I am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge."



April 28, 2022

Florida Department of Health
Biomedical Research Sections
4052 Bald Cypress Way
Tallahassee, FL 32399



Certification Statement:

By providing this electronic signature, [REDACTED] am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge."

Signature:

[REDACTED]

[REDACTED]



DIVISION OF RESEARCH
RESEARCH ACCOUNTING
777 Glades Road
Boca Raton, FL 33431
tel: 561.297-0127
fax: 561.297-2573

April 25, 2022

Florida Department of Health
Biomedical Research Sections
4052 Bald Cypress Way
Tallahassee, FL 32399



RE: FDOH Award # [REDACTED]

Certification Statement:

By providing this electronic signature, I [REDACTED] am attesting that I understand that electronic signatures are legally binding and have the same meaning as handwritten signatures. I am also confirming that internal controls have been maintained, and that policies and procedures were properly followed to ensure the authenticity of the electronic signature. This statement is to certify that I confirm that this electronic signature is to be the legally binding equivalent of my handwritten signature and that the data on this form is accurate to the best of my knowledge."

Signature:

[REDACTED]

Name:

Organization:

Title:

Date:

[REDACTED]

[REDACTED]