



AlterMed Research Foundation
Promoting Integrative Medicine Research and Education
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TO: Mind-Body Medicine and Integrative Medicine Researchers
FROM: Kerri Diamant, Executive Director, AlterMed Research Foundation
DATE: March 25, 2010
RE: AlterMed Mind-Body Medicine (MBM) Research Grant Announcement & Application

AlterMed Research Foundation (<http://www.AlterMedResearch.org>) is pleased to announce a research grant (up to \$7,500 in US dollars) to be awarded once we find a research project meeting our requirements. This decision for the grant award will be made by AlterMed Research Foundation. This grant is open to applicants working for non-profit institutions world-wide. All communications shall be in English. See application and eligibility below.

Formed in May of 2006, AlterMed is a 501(c)(3) non-profit organization based in Fort Collins, Colorado. Our mission is to promote the scientific research and education of evidence-based Complementary and Alternative Medicine (CAM) for the treatment, cure, and prevention of human chronic illness and cancer. Our goal is to bridge evidenced-CAM to conventional medicine so more proven treatments, cures, and prevention can become available for human wellness.

Is this grant right for you? If you answer Y to all the questions, then you are eligible to apply. The answers to the questions below also become a part of this application.

1. Your research is in one of the two following areas:
(a) mind-body medicine to clear repressed emotions/anxiety for physical chronic diseases or cancer which may be psychosomatic in nature, OR
(b) mind-body-spirit medicine specifically to evaluate the role of faith/hope in medicine
(Y or N) _____
2. You support AlterMed Research Foundation's mission and will link our web url <http://www.AlterMedResearch.org> to your applying organization's external website at least during the funding period? (Y or N) _____ This helps to increase awareness to this cause.
3. You have the legal right to work in the country where this research will be conducted? (Y or N) _____
4. Your institution is a 501(c)(3) tax-exempt organization or a non-profit equivalent (if not in United States)? (Y or N) _____ Please attach the determination or non-profit equivalent letter.
5. Your research is evidence-based? (Y or N) _____ (double blind, randomized controlled trial with significant sample size is preferred – if not, please explain why your research design is at least comparable to the conventional gold standard)
6. Your research does not involve animals (other than humans)? (Y or N) _____
7. Your research can be conducted and concluded by May 31, 2011 with a funding of a maximum of \$7,500 from AlterMed? (Y or N) _____
8. For AlterMed to fund your project, you agree to amend your study design changes to meet AlterMed's expectations and understand AlterMed will need to pre-approve any design changes if different from your submitted proposal? (Y or N) _____
9. You agree to conclude your research and provide AlterMed Research Foundation your final written report (in publishable scientific format & in English following CONSORT statement <http://www.consort-statement.org>) within one year from funding receipt & present your findings at the upcoming Colorado Integrative Medicine Conference (July, 2011 in Colorado)?
(Y or N) _____
10. You understand the grant award check issuance is contingent upon your Institutional Review Board's (IRB's) approval of your research being funded? (Y or N) _____
11. You agree to add AlterMed Research Foundation to your certificate of insurance to cover this research prior to the award check issuance? (Y or N) _____ Please attach a current copy of

your certificate of professional insurance.

12. You understand and agree the grant award check, if awarded, will be made out to your 501(c)(3) organization instead of your name? (Y or N)_____

DOCUMENTATION

Besides the 501(c)(3) determination or non-profit equivalent letter, current certificate of professional insurance, CV, and the required attachments - please do not exceed 12 pages for the application. Be sure to answer all questions asked and in the order they were asked. Incomplete application will be rejected in favor of quality applications. Please submit your completed application in MS Word or in pdf (10 point font minimum) via email to info@altermedresearch.org. Please scan in the page with your signatures and email this page as well. Please direct all questions to info@altermedresearch.org. Thank you for advancing the scientific research of mind-body-spirit medicine.

WHO?

Name of the Principal Investigator (PI), _____ (please attach CV)

PI's credentials (MD, OD, RN, PhD, ND, MS, etc)

PI's title & department

PI's institution affiliation (i.e. applying organization)

PI's postal mailing address, include address, city, state, zip code, and country

PI's email address

PI's office telephone (area code, number, and extension)

PI's cell phone (area code and number)

PI's FAX # (area code and number)

PI's education/training - institution, degree, year, field of study

PI's position and employment relevant to this proposal

PI's other Experience and Professional Memberships relevant to this proposal

PI's relevant peer-reviewed publications (in chronological order, maximum 12)

Research Support (list any relevant existing grant number, PI, funding source, name of project, start/end dates and your role, including percent time commitment):

1. Past support relevant to this study
2. Current support relevant to this study
3. Pending support relevant to this study

Co-investigator names/institutions

Key Personnel currently in place (name, title, role on project, % effort)

Key Personnel to be funded (name, title, role on project, % effort)

WHAT & HOW?

Type of study (e.g. laboratory, pre-clinical, clinical)

It is the PI's responsibility that all clinical activities shall conform to applicable guidelines of regional regulatory agencies.

Human subject study (Y or N)?

and IRB approval status & date of approval or anticipated approval?

Is the proposed project being conducted under an IND (Y or N)?

If YES, what is the IND number _____

Non-technical summary

Technical Summary (use the following headings, do not exceed 3 pages)

Title

Abstract (summarize the proposal in 200 words or less)

Detailed description of the proposed research (include each of the headings for the overall study)

- Specific aims/objectives/working hypotheses

- Background and Rationale (why is this research important? Include current evidence references especially from peer-reviewed medical journals and the study gap being advanced)
- Preliminary data (from investigators in the field)
- Approach/Methods
- Disease condition/Model/Mechanism
- Setting
- Population/Sample
- Study design
- Inclusion/exclusion criteria, sample conditions, sample size
- Intervention and control group(s)
- Randomization procedures
- Blinding
- Materials and methods used and their sources or production procedures
- Outcome measures and endpoints (primary/secondary/intermediary)
- Analysis and statistical approaches, stopping points, and continuation criteria
- Limitations and potential difficulties in achieving objectives
- Milestones and timelines throughout the project
- Expected outcomes and anticipated results

Names of peer-reviewed journals to which manuscripts will be submitted?

Potential for product, patent, or royalty emanating from this research?

WHEN?

At what stage of the project is it?

Proposed period of support, from _____ to _____ (incl. month, day, year)

Length of study (years)

WHERE?

Existing Resources and Facilities for this research (including pertinent capabilities and relative availability to this study)

- Performance site name, location:
- Laboratory space
- Existing major equipment
- Clinical areas or units
- Office and computer support

COST?

Estimated not-to-exceed costs for total period of support for the length of the study?

Detailed budget plan and justification, direct and indirect/overhead (facility and administration) costs

Consultant costs

Equipment (itemize & note % use time for this project)

Supplies (itemize by category)

- Disposable:
- Chemicals
- Drugs:
- Other (describe)

Travel

Patient care costs: Inpatient and Outpatient

Publication Costs

Other Expenses (itemize by category)

Subtotal direct costs

Indirect costs

Total costs

OTHER MATERIALS IN SUPPORT OF THIS APPLICATION (attach pertinent items or explain status):

- Letters of support from co-investigators/consultants at other sites (attached, pending, or NA)
- Other contractual arrangements that impact on this request (attached, pending, NA)
- Investigational Review Board approval for human subjects (attached, pending, NA)
- Example of approved patient informed consent form (attached, pending, NA)
- Biohazards statement (attached, pending, NA)
- Examples of privacy act statement (attached, pending, NA)
- HIPAA assurance statement (attached, pending, NA)

(Intentionally left blank below, see next page)

Official signing for application organization

- Name
- Title
- Address
- Work Telephone #
- Cell Phone #
- FAX
- email

If funding is approved by AlterMed Research Foundation, a 501(c)(3) public charity, a funding agreement will need to be signed by both the Principal Investigator and the institution official signing for the organization which obligates the grantee to use the grant funds only to further the mission of AlterMed Research Foundation and for the purposes for which the grant was made, provides for quarterly written research progress reports (2 pages in pdf format to info@altermedresearch.org) concerning the research progress, the use of grant funds, and an accounting how the grant funds were used, as well as, a final written report (in pdf format via email) and a final accounting of how grant funds were used, and acknowledges AlterMed's right to withhold and/or recover grant funds in case which funds are, or appear to be, misused. Grantee also agrees to acknowledge AlterMed Research Foundation's support in the final research report and also to present the final research findings at the upcoming Colorado Integrative Medicine Conference (July 2011 in Colorado) with self-funds (OK if through this grant). Grantee further agrees to submit the final report (in CONSORT reporting format) to at least two top-tier peer-reviewed journals within 6-months of the final report submitted to AlterMed.

SIGNATURE of PRINCIPAL INVESTIGATOR of this project

Printed Name, Signature, and Date

Principal investigator/program director Assurance:

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application. I also acknowledge any funding awarded as a result of this application shall be contingent on my signature on the funding agreement which specifies AlterMed Research Foundation's terms and conditions

SIGNATURE of OFFICIAL signing for the applying organization

Printed Name, Signature, and Date

Your title, the organization you are signing on behalf of

I certify that I am authorized to sign on behalf of the 501(c)(3) or non-profit organization applying for the grant funding and the statements herein are true, complete and accurate to the best of my knowledge, and acknowledge any funding awarded as a result of this application shall be contingent on my signature on the funding agreement which specifies AlterMed Research Foundation terms and conditions.

