



AlterMed Research Foundation
Optimum Wellness through Integrative Medicine
1342 Jayhawk Dr., Suite 200, Ft. Collins, CO 80524
info@AlterMedResearch.org

TO: Mind-Body Medicine and Integrative Medicine Researchers
FROM: Kerri Diamant, Executive Director, AlterMed Research Foundation
DATE: October 6, 2017
RE: AlterMed Complementary and Alternative Medicine Research Grants Announcement (Two up to \$10K each) & Application

AlterMed Research Foundation (<http://www.AlterMedResearch.org>) is pleased to announce integrative medicine (or complementary and alternative medicine) research grant(s) to be awarded once we find research project(s) meeting our requirements. Research proposals are due December 4, 2017. Grant award decisions will be announced to selected candidate(s) by AlterMed Research Foundation by January 29, 2018. These awards are open to applicants working for non-profit institutions in the United States. All communications shall be in English. See application and eligibility below.

The first research grant will be in the general area of evidence-based complementary and alternative medicine, excluding mind-altering substances / drugs type of research.

The second grant will support the research of a more holistic cause-effect diagnostic process to evaluate potential autoimmune patient outcome improvement when providers (in primary care) integrate quality & problem solving tools such as Fishbone (cause-effect) Diagram and /or Kepner Tregoe (KT) method for the whole person to come up with probable cause(s) for further diagnostic tests and treatment. See background information below.

Formed in May of 2006, AlterMed is a 501(c)(3) non-profit organization based in Fort Collins, Colorado. Our mission is to be a change agent, through research and education, to achieve full integration of evidence-based complementary and alternative medicine into conventional health care so all people can enjoy optimum wellness.

Is this grant right for you? Except for question #4 below (for which either Y or N answer is OK), if you answer Y to all the questions EXCEPT for questions #1 and #9 (to which you answer N), then you are eligible to apply.

Please attach the questions below and your answers as a part of this application.

1. Does your research involve the research of mind altering substances or drugs? (Y or N)_____
2. Your research is in the area of Complementary and Alternative Medicine? (Y or N)_____
3. Does your research address human cancer, chronic diseases and/or prevention of human cancer/chronic diseases (Y or N)_____
4. To qualify for grant #2, you will be integrating quality & problem solving tools such as Fishbone (cause-effect) Diagram and/or Kepner Tregoe (KT) method into conventional primary care for causal analysis and to evaluate the possible outcome improvement of human autoimmune patients (Y or N) _____
5. You support AlterMed Research Foundation's mission, your research is consistent & further AlterMed's mission – see above, and you 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) _____. In addition, you will inform AlterMed of this url address within 3 months of receiving funding at your institution (Y or N) _____. This helps to increase awareness to this cause.
6. You have the legal right to work in United States where this research will be conducted? (Y or N)
7. Your institution is a 501(c)(3) tax-exempt organization in the United States? (Y or N)

Please attach the determination letter.

8. Your research is evidence-based or shows promise? (Y or N)
Double blind, randomized controlled trial with significant sample size is preferred – if not, please explain why your research design is worthy of consideration. _____

9. Your research involves testing of animals? (Y or N) _____
10. 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) _____
11. You agree to provide AlterMed Research Foundation your final written report (in publishable scientific format & in English following CONSORT statement <http://www.consort-statement.org>) within 3 months of AlterMed funded research project completion & present your findings (Y or N) _____
12. You understand and agree that this award does not support indirect research cost? (Y or N) _____
13. You agree to submit your research findings to peer-reviewed journals with impact level of 2 or higher and acknowledge funding from AlterMed Research Foundation in your submitted manuscript? (Y or N) _____
14. You understand and agree that this award funding does not provide support for self-funded publications? (Y or N) _____
15. You understand the grant award check issuance is contingent upon independent proof of your Institutional Review Board's (IRB's) approval of your research being funded? (Y or N) _____
16. You agree to add AlterMed Research Foundation as additional insured 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 with your application.
17. You understand and agree the grant award check, if awarded, will be made out to your 501(c)(3) organization and not to 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 complementary and alternative 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, please be concise & do not exceed 5 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 for human health and what is the anticipated potential impact? 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 (hypothesize or state known 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 (AlterMed does not fund travel)

Patient care costs: Inpatient and Outpatient

Publication Costs (AlterMed does not fund researcher paid publication costs)

Other Expenses (itemize by category)

Subtotal direct costs

Indirect costs (AlterMed does not cover 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, this grant application signed by both the Principal Investigator and the institution official signing for the organization becomes the funding agreement, which obligates the grantee to use the grant funds only for the purposes for which the grant was made consistent with this application and AlterMed's mission, 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 of 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. Grantee further agrees to submit the final manuscript (in CONSORT reporting format) including AlterMed Research Foundation support acknowledgement 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 that any funding awarded as a result of this application is contingent upon us, the applying organization, to fulfill the terms and conditions as described in this application.

SIGNATURE of OFFICIAL signing for the applying organization

Printed Name, Signature, and Date

Your title, and 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.