

American Diabetes Association

Research Programs

July 2024

Innovative Research to Support the Psychological and Emotional Needs of People with Diabetes

Innovative Clinical or Translational Science Award

Letter of Interest (LOI) Instructions

<https://professional.diabetes.org/research-grants>
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Our Mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

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I. Behavioral & Mental Health in Diabetes Innovative Clinical or Translational Science Award

The American Diabetes Association is requesting letters of Interest (LOIs) for research focused on innovative research to support the psychological and emotional needs of people with diabetes

Background:

Diabetes is more than a physical health condition. The disease has significant behavioral, psychological, and social impacts. Diabetes self-management is demanding and complex. Activities such as monitoring blood glucose, utilizing insulin pumps or injecting insulin, taking oral medications, regular physical activity, and healthy eating all require a comprehensive understanding of diabetes. It also requires healthy coping mechanisms, and skills in problem-solving and risk reduction. This poses a burden and demands high levels of self-efficacy, resilience, and daily self-management. Emotional and mental health problems such as diabetes distress, depression, and eating disorders are common and associated with suboptimal glucose control, increased rates of complications, lower quality of life, and increased healthcare costs.

Depression is present in about one in four adults with diabetes. Individuals with Type 1 diabetes (T1D) and Type 2 diabetes (T2D) have nearly double the risk of suicide compared with the general population. Twenty-seven percent of teenagers with T1D report moderate to high risk of depression and 8% have suicidal thoughts. Diabetes distress is defined as the emotional response to the relentless burden of daily self-management, including the fear of complications, and social and financial challenges. Diabetes distress affects 33-50% of people with diabetes. Distress manifests as fatigue, tension, and burnout.

People with diabetes, especially young women, have high rates of disordered eating such as bulimia, binge eating, night eating syndrome, anorexia, and avoidant restrictive food intake disorder. Bulimia is the most common eating disorder in women with T1D whereas women with T2D are more likely to deal with binge eating.

American Diabetes Association's position statement "Psychosocial Care for People with Diabetes: A Position Statement of the American Diabetes Association" provides diabetes care providers with evidence-based guidelines for psychosocial assessment and care of people with diabetes and their families. Similarly, the ADA's "Standards of Medical Care in Diabetes" emphasizes the importance of integrating psychosocial screening and care with a collaborative, patient centered approach provided to all people with diabetes with the goals of optimizing health outcomes and health related quality of life. Despite the availability of evidence-based guidance only 25% to 50% of people with diabetes who have depression get diagnosed and treated. As such, there is an urgent need to more effectively address the psychological and emotional needs of people with diabetes so they may achieve optimal health and well-being.

Goal:

The mission of the American Diabetes Association is to prevent and cure diabetes and improve the lives of all people affected by diabetes. Mental health is an integral part of diabetes management, and the ADA seeks to close the wide gap between the psychological and emotional needs of people with diabetes and the care and support available. This request for applications (RFA) is soliciting proposals for interventional, generalizable, and scalable research to better understand and address how to improve all aspects of the integration of mental health care into clinical settings serving people with diabetes, especially for disadvantaged lower socioeconomic level families where health disparities are most evident.

Scope:

This call is focused on translational research to more effectively deliver personalized, patient-centered psychological and emotional care that considers the context of the person with diabetes, as well as their individual values and preferences. Research areas may include but are not limited to strategies for improving patient communications and interactions, problem identification, psychosocial screening, diagnostic evaluation, intervention, and intervention scalability. For the purposes of this RFA, research proposals focusing on potential physiological and biological underpinnings of psychological conditions are out of scope.

Applications that do not directly address the defined scope of the RFA will be triaged and will not move forward to peer review.

A. Deadline

The submission deadline for this LOI is Thursday **November 30, 2023** with earliest award start date July 1, 2024. Electronic letters of interest (LOIs) must be submitted online via the official Grant Management Site by 5:00 PM Eastern Time on the deadline date.

B. Institutional Approval

The applicant, also referred to as the Principal Investigator (PI), must have the institution's approval prior to applying electronically. Although written confirmation is not required, PI must ensure that the Sponsoring Institution is aware of the grant and has acknowledged its intent to fully support the award. In addition, PI must attest that the grant has been routed through, and approved by, the usual administrative channels of the Sponsoring Institution.

C. Notification

Upon application submission, the applicant will be sent a confirmation of receipt for their Letter of Interest submission via email. **Applicants will receive updates on the status of their LOI no later than December 20th, 2023.** This notification will be sent to the applicant's email address as entered into the online application form. If the PI does not receive a confirmation email within the indicated time frame, please contact grantquestions@diabetes.org.

D. Grant Support

The ADA Innovative Clinical or Translational Science Award provides up to \$200,000 per year for up to three years. The total award amount (direct plus indirect costs) cannot exceed \$600,000 for a three-year award, and the yearly total amount (direct plus indirect cost) cannot exceed \$200,000. Indirect costs cannot exceed 10% of requested direct costs.

Award funds must be used for research activities in the described project and are to be divided between the salary and project support. Support for the PI's yearly salary (including fringe benefits) cannot exceed 20% of total costs (direct plus indirect). Research support may be used to defray the costs of a postdoctoral fellow, technician, supplies, equipment, travel, etc. Refer to the Budget Guidelines for specifics regarding allowable expenses.

E. Review Criteria

Applications will be evaluated on the potential of the research, if successful, to have a major impact on closing the wide gap between the psychological and emotional needs of people with diabetes and the care and support

available. Alignment with the goals of the RFA, degree of innovation and scientific rigor are key considerations. Relevant experience of the Principal Investigator, availability of the appropriate facilities and resources, the ability of the investigator/site to recruit target populations, and/or show access to, and availability of, data sources, samples and study medications (if applicable) are also pertinent. The specific timeline for progress of enrollment, data analyses and/or other major project milestones and an appropriate budget allowing for the completion of the proposed work need to be stated.

Only LOIs invited to submit a full application will receive reviewer critiques, which will be sent within one (1) month of final notification. This applies to both funded and unfunded submissions.

Please note that this funding opportunity does not offer postdoctoral fellowships awards. Instead, ADA will be launching a separate open call for postdoctoral fellowship awards across all diabetes topic areas in Spring 2024.

Eligibility Stipulations

Applicant must hold a PhD, MD, PharmD, DO or DPM degree or, for other health professionals, the equivalent doctoral-level health- or science-related degree, and possess the necessary skills and training to carry out the proposed work.

Awards are limited to institutions within the United States and U.S. possessions. All investigators must be legally authorized to work in the U.S. Institutional confirmation of permission to work within the U.S. will be required for all applicants at the time of submission.

One person must be specified as the Principal Investigator; multiple PIs/co-PIs are not permitted.

Individuals may not currently hold another active ADA Award.

Faculty Appointment

At the time of submission, ADA Innovative Clinical or Translational Science Award applicants must hold a full-time independent faculty position or the equivalent at a university, university-affiliated research institution or other non-profit research institution. If an appointment is less than full-time, it must be noted on the budget page and fully explained on the budget justification page. Letters of interest (LOIs) from PIs with less than a full-time appointment will be considered on a case-by-case basis.

Applicants from non-university research institutions must provide a letter from the proper institutional official to explain how the position of the applicant compares to a faculty position in a traditional academic institution. Any ambiguity about the applicant's position can negatively impact the letter of interest (LOI).

Other Sources of Support

Applicants must agree to devote sufficient time and effort to research to accomplish the aims of the proposal during the period of ADA funding.

Applicants cannot hold or apply for more than one Association Award at a time. Investigators currently funded through the Association's Research Programs cannot apply for additional support unless the existing award expires by the funding start date of the new award.

Open Data and Resource Sharing

All data resulting from ADA-funded research that can be shared without compromising human subject protections must be shared to an approved open data repository within 6 months of publication or within 18 months of the conclusion of the funding period, if the study remains unpublished.

A listing of repositories recommended by NIH is available on our website under [ADA-Funded Research](#). Awardees are encouraged to use the repository most appropriate for the subject matter of the research conducted.

Resources developed with ADA grant funding are required to be made available to the broader scientific community. ADA-funded projects expected to generate unique model organism resources or genomic data must include specific plans during the full application process for sharing and distributing. If sharing is not possible, funded applicants will be required to provide an acceptable explanation and request for waiver.

In general, to the extent possible, ADA grantees are expected to share all scientific resources upon request for the advancement of research progress. While the data and resource sharing plan will not impact the application score, it is a requirement for submission.

Institutional Assurances

The ADA requires IRB and IACUC assurances for human and animal subjects, respectively, if these are used in the funded research experiments/protocols. Funded applicants must provide IRB and/or IACUC approval and submit documentation of approval(s) during the full application process or by the start date of the award. Award activation is contingent upon submission of proof of approval. If approval(s) are not received by the award start date, the award letter will not be provided.

Confirmation of Study Drug

If the proposed research requires drug or drug placebo, the investigator must demonstrate having access to the needed research supplies by submitting documentation during the full application process or by the start date of the award. Award activation is contingent upon submission of proof of approval. If approval(s) are not received by the award start date, the award letter will not be provided.

F. Budget Guidelines

Salary for Principal Investigator

PI salary support, including fringe benefits, cannot exceed 20% of total costs per year. ADA staff assumes that appointments at the applicant's organization are full-time. If an appointment is less than full-time, it must be indicated with an asterisk (*) on the Budget form and fully explained on the Budget Justification page.

Technical Personnel

Technical personnel can receive salary from an ADA grant in accordance with the percent effort on the grant and within allowable institutional salary guidelines. Technical personnel include any individuals working on the research project in a scientific or technical capacity. For example, collaborating investigators, postdoctoral fellows, lab technicians, nurses, statisticians, and patient recruiters are all considered technical personnel. Administrative, secretarial, and/or custodial employees are **not** considered technical personnel and are ineligible to receive support from an ADA grant. If technical personnel have not yet been hired or identified, simply note that the person is "TBD" (to be determined). As soon as additional personnel have been identified, PI must provide the ADA with the biographical sketch of individuals holding a graduate level degree or above.

Subcontracts

During the full application process, individual subcontracts must be indicated on the main budget page and itemized subcontract budgets must be provided on a separate budget page. **Any indirect costs associated with a subcontract must be incorporated into the overall budget's yearly maximum indirect costs allowed (i.e., 10% of total direct costs) in the main budget.** The combined indirect costs for the grant and any subcontracts cannot exceed the 10% maximum indirect rate allowed for the award.

Supplies

There is no limit on the amount of budget funds that can be used for laboratory/research supplies. A categorized supply list must be included on the budget form and required financial reports submitted during the full application process. Office supplies are not permitted to be categorized as a direct cost.

Equipment

The Association defines equipment as any item costing more than \$5,000 with a lifespan of two or more years. Pls may not spend more than 20% of direct costs per year on equipment purchases. All equipment purchases must be itemized during the full application process. Equipment not approved in the original proposal requires ADA written approval before being purchased. **Equipment purchases are not permitted in the final year of the award.**

Other Expenses

Other expenses must be itemized. Some examples of additional expenses eligible to be included in this category include:

- Travel to diabetes-related scientific meetings (limit of \$5,000 per year)
- Publication costs (page charges, reprint costs)
- Books (\$500 limit)
- Animal housing and acquisition costs

Prohibited Expenses

The following items **cannot** be purchased with award funds:

- Rent for office or lab space
- Computer hardware or other smart devices (e.g., desktop, laptop, printer, iPad, smart phone)
- Telephone or internet service
- Non-technical (e.g., custodial, or administrative) support
- Tuition
- Relocation costs
- Memberships and subscriptions (including ADA Professional Section membership)
- IRB or IACUC administration fees
- Grantsmanship consultant fees
- Visa or legal fees
- Office supplies
- Liability insurance

This is not a complete list. Any questions about whether a particular item or service may be purchased with direct costs should be referred to the ADA's Research Programs Office. **The ADA reserves the right to refuse to pay for items or services with direct costs.** Unsanctioned purchases will be deducted from the recipient's grant.

Indirect Costs

Indirect costs are limited to 10% of direct costs, and the yearly total amount (directs plus indirect costs) cannot exceed \$200,000 per year. For example, projects requesting \$200,000 per year are maximally allowed indirect costs of \$18,182 (at 10% of directs), with direct costs totaling \$181,818.

Overlapping Funding

If additional, overlapping support for the Association funded project is obtained from any other source at any time, funds awarded by the Association will be terminated, and any remaining uncommitted funds must be returned.

II. Online Instructions

Letters of Interest and subsequent Invitation to Apply must be submitted online via the official Grant Management Site, available through the [ADA's website](#). Submissions outside the site will not be accepted.

Applicants must complete the online forms and upload the complete the applicable supporting documentation appropriate to the Letter of Interest (Research Plan) as a PDF attachment. Multiple attachments or other formats will not be accepted. All award guidelines and stipulations for preparing the Letter of Interest must be followed (e.g., supporting documents, page limits, font sizes).

Follow the steps below to create a new letter of interest in the Grant Management Site. If you have any difficulties accessing the site, contact grantquestions@diabetes.org for assistance.

1. Click **Create a New Letter of Interest** at the bottom of the section
2. Create a new user account, or log in using an existing account
3. Complete the Eligibility Quiz to confirm your eligibility status – be sure to respond candidly for accurate results, submissions that do not meet eligibility criteria will be administratively disapproved
4. After successful completion of the quiz, the letter of interest process will begin
5. You may leave the site at any point by clicking **Save & Finish Later** at the bottom of the screen
6. After saving your work, you can log out and complete your submission at a later time
7. To resume an in-progress letter of interest, access [ADA's website](#) and select **Grant Management Site** on the navigation menu

Required details for each section of the online form are outlined below.

A. Principal Investigator

Contact Information

The applicant must provide the institution's full legal name where the research will be conducted. **Incorrect or incomplete information may cause a delay in letter of interest and award notification.** Do not abbreviate the institution's name.

ORCID Identifier

[ORCID](#) (Open Researcher and Contributor ID) provides a unique, persistent identifier for researchers that supports automated linkages to the investigator's digital research output. PIs are required to have an ORCID identifier at the time of submission. [Registration](#) is available free of charge.

American Diabetes Association Membership

Award recipients are required to become members of and/or maintain membership in the Professional Section of the American Diabetes Association for the duration of their award. The membership fee cannot be paid with ADA grant funds. If selected for funding, the PI must submit proof of ADA membership prior to award activation. Membership is not required at the time of letter of interest submission.

Work Permission

All investigators must have permission to legally work in the United States. Institutional confirmation of work permission will be required for all applicants.

B. Requested Budget

Enter the requested total amount for the award.

C. Project Details**Title of Proposal**

Only the first letter of the title's first word should be capitalized. The title of the proposal should not have symbols, such as "β." Instead of the symbol, type the full name. For example, instead of "β," type "beta." The Grant Management Site cannot support symbols, and any non-ASCII characters will be converted to question marks ("??") upon submission.

D. Project Summary**Research Type**

Characterize the proposed research as clinical or translational.

Clinical research is defined as research directly involving humans, and includes educational, psychosocial, behavioral, epidemiologic and health services research, as well as clinical studies of normal physiology and mechanisms of disease.

Translational research is defined as research that accelerates the transition of scientific discoveries into clinical applications by efficiently advancing knowledge of efficacy to the next level of clinical application (bench to bedside, clinic to community).

Diabetes Type of Proposed Research

Select the diabetes category relevant to the proposed research:

- Both Type 1 and Type 2 Diabetes
- Type 1 Diabetes
- Type 2 Diabetes
- Gestational Diabetes
- Obesity
- Pre-diabetes/insulin resistance
- Monogenic

Therapeutic Goal

Indicate the ultimate therapeutic goal of the research being proposed:

- Cure Diabetes
- Manage Diabetes
- Prevent Diabetes
- N/A

Research Program Area

Select up to three program areas that describe the type of research being proposed.

Scientific Abstract

(250-word maximum)

The scientific abstract must be a technical description of the proposed work that includes a background, hypothesis, supporting rationale, specific aims, research design, and relevance to a cure, prevention, and/or treatment of diabetes. The abstract should be written in the third person.

Abstracts should not include symbols, such as “ α .” The Grant Management Site cannot support special characters, and any non-ASCII symbols will be converted to question marks (“?”) upon submission. Use the full term instead of the symbol, e.g., used the term “alpha” instead of “ α ”.

Lay Abstract

(250-word maximum)

The lay abstract must be a non-technical description of the proposed work, not to exceed 250 words. This description must not repeat the scientific abstract. Instead, use non-technical language so the general public that does not have a scientific background can understand. The non-technical description must include the study’s purpose and significance to diabetes. Do not include confidential information in the lay abstract because if the award is funded, the lay abstract will become public information. The lay abstract must be written in the third person.

Abstracts should not include symbols, such as “ β .” The Grant Management Site cannot support special characters, and any non-ASCII symbols will be converted to question marks (“?”) upon submission. Use the full term instead of the symbol, e.g., use the term “beta” instead of “ β ”.

RFA Alignment

(250-word maximum)

Applicants must detail how the proposed research directly aligns with the priorities and targeted focus area of the RFA and will have a significant impact on outcomes in those individuals living with diabetes.

III. Research Plan

A. File Format

The required research plan template can be downloaded from the [ADA grants website](#).

Hard copies, multiple attachments, or other formats will not be accepted and will result in administrative disapproval.

B. Formatting Requirements

Submissions must abide by the following format specifications:

- **Font:** Use an Arial, Helvetica, Palatino Linotype, or Georgia typeface, a black font color, and a font size of 11 points or larger. (A Symbol font may be used to insert Greek letters or special characters; the font size requirement still applies.) Type density, including characters and spaces, must at least 15 characters per inch. Since font size can appear larger on a computer screen, applicants are responsible for printing the PDF and measuring the font size. Submissions that do not adhere to these formatting requirements will not be reviewed.
- **Font for Figures, Graphs, Diagrams, Charts, Tables, Figure Legends, and Footnotes:** Label fonts may be a smaller point size, but must be in a black font color, readily legible, and follow the font typeface requirement. Color can be used in figures; however, all text must be in a black font color, clear and legible.
- **Margins:** Margins must be at least one-half inch.
- **Spacing:** Single-spacing is acceptable.
- **Legibility:** The PDF document should be easy to read. Reviewers read many submissions and respond favorably to clear, organized, well-written proposals.

C. Research Plan Contents

Specifications for content are described below.

1) **Research Plan (2-page maximum)**

Plan of the proposed research following the outline below. Figures and tables must be included within the two-page maximum limit. *LOIs that do not conform to these guidelines or exceed the maximum page limits within each section will be administratively disapproved.*

The overall proposal should be kept as brief as possible while still presenting the complete research plan. As a panel of experts in the field will review proposals, established methods may be referred to by reference rather than described in detail in the proposal. New methodology or novel approaches should be described in detail. In general, the scope of the proposal should match the program budget. The following format must be used for the Research Plan:

a) **Specific Aims**

Provide an overview of the proposed research, including a high-level summary of the problem, relevance to the disease state and theoretical framework. Concisely state the goals of the work and summarize the expected outcome(s).

b) Significance

Explain the importance of the problem or barrier to progress in the field of diabetes research addressed by the project, and the necessity of the proposed work to the development of new knowledge in this research area. Describe how the expected results will make a clear and significant contribution to the field of scientific knowledge, technical capabilities and/or clinical practice for people with diabetes.

c) Research Approach

Describe the overall strategy, methodology and analyses used to accomplish the specific aims of the project, integrating any preliminary data into discussion of the specific aim(s). Discuss any potential pitfalls and outline contingency plans. Particularly if the project is in the early stages of development, address the management of any high-risk aspects of the proposed work and describe strategies to establish feasibility. Expected outcomes should also be provided. Figures and tables must be included within the page limit.

Submissions that are incomplete or do not adhere to section page limits will be administratively disapproved.

IV. Letter of Interest Submission

To complete the online submission process at a later date, select **Save and Finish Later** at any point during the online submission process. Saved submissions can be accessed through the [Grant Management Site](#).

Applicants must select Review & Submit when ready to submit. Changes cannot be made to submissions. The PI must have approval from the sponsoring institution prior to submission and must agree to accept responsibility for the scientific and technical conduct of the research project and accepts all terms and conditions of the award.

Submission Issues? Troubleshooting Tips

1. The Grant Management Site utilizes cookies on your computer. To access the online letter of interest, you may need to:
 - a. Close all open browser windows
 - b. Clear your cache and cookies
 - c. Open a new browser window
 - d. Paste the link below into the address bar:
www.grantrequest.com/SID_320
 - e. Change your security setting to allow cookies
2. Submissions will not be saved unless applicant creates an account before beginning the process. Submissions created without user accounts will have to start over with the online process.
3. Changes cannot be made to submissions. Be sure to proofread your letter of interest carefully prior to submission.

Electronic submissions must be submitted by **5:00 PM Eastern Time** on the deadline date. Any questions regarding the grant process should be sent to grantquestions@diabetes.org.

V. Questions? Contact Us

- Website URL: <https://professional.diabetes.org/research-grants>.
- For any questions, please contact grantquestions@diabetes.org.