



July 1, 2024

Ana Charamelo
University of the Republic, Uruguay

Re:Strategic Grant: Multi-partner Consortium for Dementia Research in Latin America - Uruguay

Dear Dr. Sosa-Ortiz ,

The Alzheimer's Association is pleased to inform you that the project **ALZ WW-FNFP-25-1433832, “Latin American Lifestyle Intervention Initiative to Reduce Risk and to Prevent Cognitive Decline Extension Study - Uruguay”** has been approved for funding. This award is specific to the Uruguay site under the umbrella of the LatAm FINGERS Extension award. It is expected that you will work with the LatAm FINGERS Steering Committee and the Alzheimer’s Association in collaboration with the Worldwide FINGERS Network for the full implementation of this project. Fundacion Manuel Perez, Uruguay will receive a total of **\$125,620.00 USD** for site specific expenses.

The grant will be funded beginning July 1, 2024.

The granting period is July 1, 2024 to June 30, 2026

The total amount of the grant is \$125,620.00 USD*.

***(a) Amount of funding includes indirect (Facilities & Administrative) costs, which cannot be more than 10% of direct costs.**

***(b) Only payments in Year 1 are confirmed (Year 1, Payment 1 & Year 1, Payment 2). Subsequent funding will be considered in collaboration with the investigators and progress to reaching the individual milestones outlined in Appendix A.**

***(c) Conditions of Award, as outlined, are met. Appropriate milestones must be met prior to the release of the first payment. Subsequent funding will be considered in collaboration with the investigators and progress to reaching the individual milestones outlined in Appendix A. The Alzheimer’s Association reserves the right to notify Fundacion Manuel Perez, Uruguay if the decision is made to discontinue funding. In such an instance, any unused funds at the time of notification, minus any committed funds, must be returned to the Alzheimer’s Association.**

Payment 1	Year 1, Payment 1 (July 2024)	\$23,133.00 USD	To be paid when the following is achieved: <ul style="list-style-type: none">• Receipt and approval of signed award documents• Receipt of human ethical approval documents in English.• Monitoring Data Quality Check approval from the LatAm FINGERS Executive Committee (Data from the intervention)
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Payment 2	Year 1, Payment 2 (January 2025)	\$31,405.00 USD	To be paid when the following is achieved: <ul style="list-style-type: none">• Receipt and approval of interim financial and scientific reports• The site has achieved Milestone 2 outlined in Appendix A.
Payment 3	Year 2, Payment 1 (July 2025)	\$31,405.00 USD	To be paid when the following is achieved: <ul style="list-style-type: none">• Receipt and approval of interim financial and scientific reports• The site has achieved Milestone 3 outlined in Appendix A.
Payment 4	Year 2, Payment 2 (January 2026)	\$39,677.00 USD	To be paid when the following is achieved: <ul style="list-style-type: none">• Receipt and approval of interim financial and scientific reports.• The site has achieved Milestone 4 outlined in Appendix A.

***(c) Reporting Periods:**

1. Brief mid-year financial and scientific progress reports will be required bi-annually.
2. Financial and Scientific Reports will be due annually. Final Reports will be due within 90 days of the end of the grant.

Note: Scientific progress reports may be developed in conjunction with all LatAm FINGERS Sites. However, financial progress reports must be specific to the Uruguay site.

Thank you for your support of the Alzheimer's Association and commitment to research on Alzheimer's disease. If you have any questions, please contact Emily Meyers, PhD at easmeyers@alz.org

Sincerely,

Heather M. Snyder, PhD.
Vice President
Medical & Scientific Relations

Sincerely,

Maria C. Carrillo, PhD.
Chief Science Officer
Medical & Scientific Relations



This FY25 Research Grant is accepted on behalf of Fundacion Manuel Perez. The requirements as specified in the Award Letter documentation are accepted. While it is acceptable for a project to have multiple funding sources, no part of this specific application and budget has overlapping funding from another source.

The Alzheimer's Association depends on volunteers for its exemplary grant review process. Your grant could not have been funded without the hard work of those volunteers. The Association assumes you will want to repay those volunteers by remaining an active reviewer in our system by connecting to the Alzheimer's Association in your community (as applicable) and by responding to the Association's requests to engage in additional outreach.

It is imperative that you respond when called upon to contribute to this support of the Alzheimer's and dementia research community.

By signing this document you are agreeing to all of the terms and conditions.

Institutional Official:

A handwritten signature in blue ink, appearing to be "B. S.", written over a horizontal line.

Signature

Secretaria Ejecutiva Date 24/10/24

Print Name & Title (required)

Although not a party to this entire agreement, I have reviewed the Agreement and understand the provisions in the Agreement regarding the role of the Grantee for this Project.

A handwritten signature in black ink, appearing to be "Ana Charamelo", written over a horizontal line.

Principal Investigator

(Ana Charamelo)

Date 24/10/24

Appendix A

1. Payment 1 (Year 1, Period 1) - July 2024

Payment to be released when the following conditions are met:

- Receipt of signed award documentation and ethical approvals from the individual sites.
- Monitoring Data Quality Check approval from the Executive Committee (Data from the intervention)
- A letter from the site PI confirming all the neuropsychologists working on the trial are listed in the delegation log and have completed the cognitive training provided by the Executive Committee.

2. Payment 2 (Year 1, Period 2) - January 2025

Payment will be released when the following conditions are met:

- 30% of participants recruited from the expected sample
- Monitoring Data Quality Check approval from the Executive Committee (Data from the intervention)
- Confirmation that 100% of the queries received at baseline and at least 50% of the queries received at all time points during the intervention and extension have been answered.
- A letter from the site PI confirming all the neuropsychologists working on the trial are listed in the delegation log and have completed the cognitive training provided by the Executive Committee.
- Receipt and approval of interim scientific and financial reports.

3. Payment 3 (Year 2, Period 1) - July 2025

Payment will be released when the following conditions are met:

- 30% year 1 Outcomes have been achieved
- 80% recruited from the expected sample
- Monitoring Data Quality Check approval from the Executive Committee (Data from the intervention)
- Confirmation that 100% of the queries received at baseline and at least 70% of the queries received at 12, 18, and 24 months, as well as during the extension period, have been answered.
- A letter from the site PI confirming all the neuropsychologists working on the trial are listed in the delegation log and have completed the cognitive training provided by the Executive Committee.
- Receipt and approval of interim scientific and financial reports.

4. Payment 4 (Year 2, Period 2) - January 2026

Payment will be released when the following conditions are met:

- 80% year 1 Outcomes have been achieved
- 20% year 2 Outcomes have been achieved

- Monitoring Data Quality Check approval from the Executive Committee (Data from the intervention)
- Confirmation that at least 90% of the queries received at all time points during the intervention and extension have been answered.
- A letter from the site PI confirming all the neuropsychologists working on the trial are listed in the delegation log and have completed the cognitive training provided by the Executive Committee.
- Receipt and approval of interim scientific and financial reports.



Financial Information

All fields are required, including EIN/TIN

PI Name: N/A

Institution Name:

Grant ID:

Institution EIN:

Financial Contact

Name:

Title:

Institution:

Address:

Address:

City, State, Zip:

Phone:

Fax:

E-mail:

Bank Information

Bank Name:

Bank Address:

Bank ABA Routing:

Account Name:

Account Number:

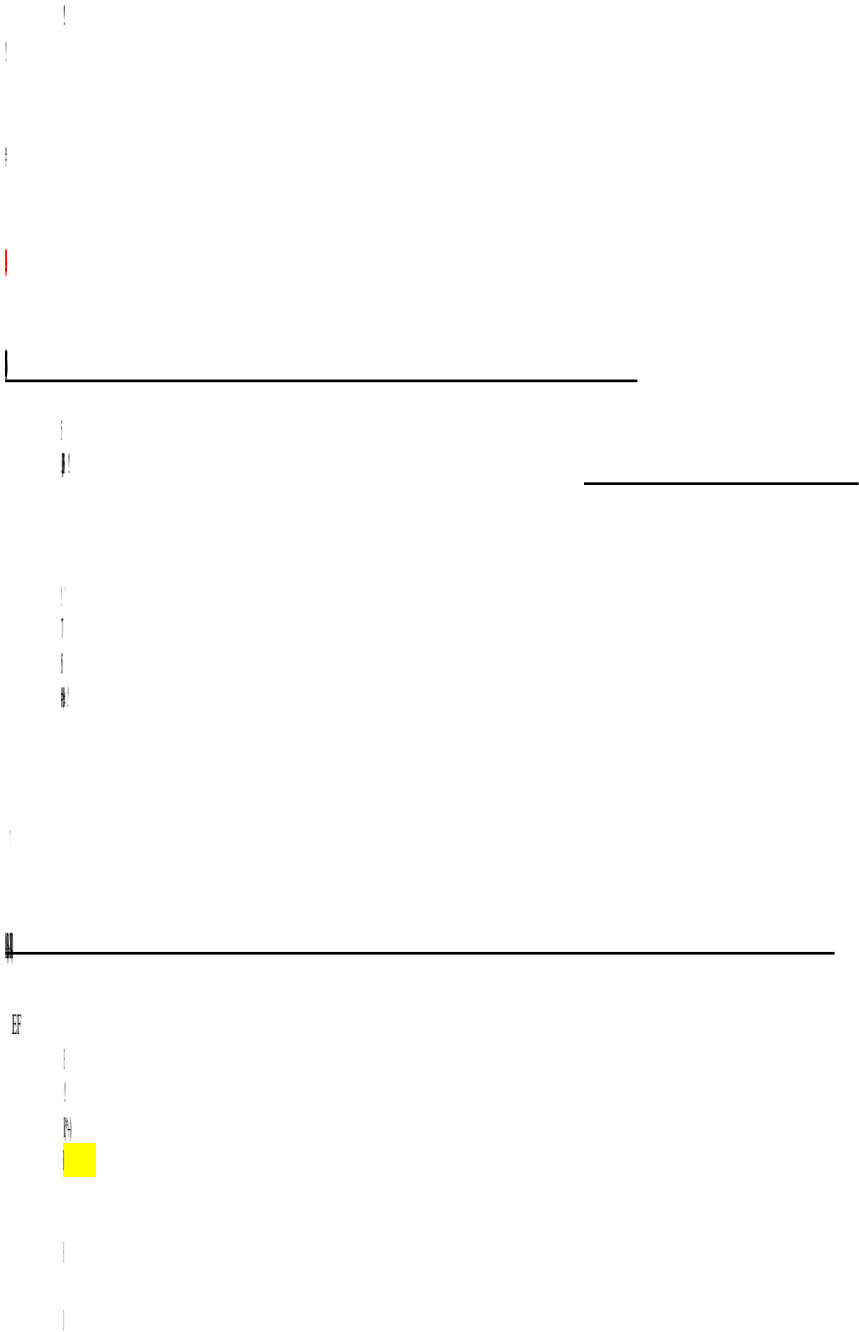
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