

IMPORTANT NOTICE

Policy on Incomplete Applications

All applicants are strongly cautioned to carefully READ and FOLLOW the instructions and requirements outlined in the "Guidelines for Applicants" and the Check-list page of the application form.

In order to maintain the principle of fairness to all, regulations MUST be adhered to in the preparation of Grant-In-Aid or Personnel Award applications. ANY infraction of the rules will lead to the truncation or immediate rejection (without appeal) of the application. These regulations have the advantage of being unambiguous for applicants, easily enforceable by staff and/or review panels, and absolutely fair and equitable for all applicants.

See the "Frequently Asked Questions" for more information.
(www.hsf.ca/research/en/frequently-asked-questions)

**HEART & STROKE, ONTARIO
CLINICIAN-SCIENTIST PHASE II APPLICATION 2019/2020
CHECKLIST**

COMPLETE AND FORWARD THIS CHECKLIST WITH YOUR APPLICATION

Name of Applicant

Date

A. CONTENTS OF COMPLETE APPLICATION

One PDF copy of the full application package must be assembled and submitted on a **memory stick** in the following order to Heart & Stroke at the address below.

- | | |
|---|---|
| <input type="checkbox"/> Completed application form, including signatures page | <input type="checkbox"/> Sex & Gender considerations |
| <input type="checkbox"/> Research history and career goals | <input type="checkbox"/> First page of each published paper or galley proof, within the last 5 years |
| <input type="checkbox"/> Executive summary of the proposed program of research | <input type="checkbox"/> For each manuscript in press, a copy of the letter from the editor and the title/abstract page |
| <input type="checkbox"/> Details of proposed program of research | <input type="checkbox"/> Applicant's Common CV |
| <input type="checkbox"/> Copy of proof of current license to practice from a recognized regulatory body | <input type="checkbox"/> Mentor's Common CV (where applicable) |
| <input type="checkbox"/> Applicants who have completed a Phase I award may append up to five publications - articles, presentations, abstracts, books/book chapters - that have arisen from the individual's program of research supported by the Phase I award | <input type="checkbox"/> Appendices |

B. ENCLOSURES Additional information to be included.

- Three referee assessment forms in signed and sealed envelopes. These assessment forms will be attached to your application by the Heart & Stroke.

C. GRANT-IN-AID APPLICATION

- Yes No Have you submitted a Grant-in-Aid application to Heart & Stroke this year?
- Yes No If yes, is your eligibility for the CSII award contingent upon receiving the Heart & Stroke Grant-in-Aid funding? (i.e. meeting operating funding requirements)

D. MAIL/COURIER

The application package must be received by the Heart & Stroke no later than 16:00 (EDT) on 7 September 2018 and sent to the following address:

Research Department
Heart & Stroke
110-1525 Carling Avenue
Ottawa, Ontario
K1Z 8R9
Attention: Ontario Clinician-Scientist Award (Phase II)

E. QUESTIONS RE: PROGRAM GUIDELINES/ELIGIBILITY

Please contact the Heart & Stroke Research Office: research@heartandstroke.ca

F. CONFIRMATION OF APPLICATION SUBMISSION

The Heart & Stroke will acknowledge receipt of applications via email to the applicant listed. Allow four weeks for application processing before acknowledgement is sent.

Name:

HEART & STROKE, ONTARIO
CLINICIAN-SCIENTIST PHASE II AWARD APPLICATION 2019/2020

1.	Name of Applicant (Last name, first name, initial)	Salutation	*Date of Birth (mm/dd/yyyy)																				
			<input type="checkbox"/> Male <input type="checkbox"/> Female																				
<p>*Providing your date of birth on the application form is optional. However, this information will ensure accurate identification of applicants and will assist the Heart & Stroke with statistical purposes. This information will NOT be transmitted to any entity outside of the Heart & Stroke.</p>																							
2.	Mailing Address	Telephone	Ext.																				
		Fax																					
		E-mail																					
3.	Present Appointment (academic level, title, department, institution and start date)																						
	<input type="checkbox"/> Check if this will be the institution administering this grant if awarded. If not, identify the administering institution:																						
4.	Anticipated Appointment (academic level, title, department, institution) at start date of this Heart & Stroke award, if different from above																						
5.	Principal Mentor name, and other members of the mentoring team (as applicable), including departments, institutions, addresses																						
6.	Name of other agencies to which application has been made or will be made for personnel award support																						
	<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:25%;">Agency</th><th style="width:45%;">Award name</th><th style="width:30%;">Anticipated decision date</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>			Agency	Award name	Anticipated decision date																	
Agency	Award name	Anticipated decision date																					
7.	Identify existing or planned operating grant support that will form part of your research program , as described in this application, if this Heart & Stroke personnel award is successful. Please identify your role on the grant, whether as Principal Investigator, Co-Principal Investigator, Co- Investigator or Co-Applicant.																						
	<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:25%;">Agency</th><th style="width:35%;">Project name</th><th style="width:15%;">Role</th><th style="width:10%;">Term</th><th style="width:15%;">Planned or Existing?</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			Agency	Project name	Role	Term	Planned or Existing?															
Agency	Project name	Role	Term	Planned or Existing?																			
8.	Title of program of research (12 words or less)																						

Name:

9. List no more than five key words which describe your program of research. Using the research classification list (www.hsf.ca/research/sites/default/files/res_class_list04.pdf), please select appropriate entries for level of organization, methodology, specialization and clinical entity as they pertain to the proposed your research.

Keywords			
Levels of Organization	Methodologies	Specializations	Clinical Entities

10. Estimate what proportion of the proposed program of research falls under the following four health research themes. The total of all themes should equal 100%.

_____ % Basic Biomedical
 _____ % Clinical
 _____ % Health Services/Systems
 _____ % Social, Cultural, Environmental, Population Health

11. Heart & Stroke may approach industry and/or other funding sources for partial funding of an award it has approved. Award information of funded individuals who wish to be considered will be provided to prospective/existing donors in an effort to match donor interests with funded awards. Successful matches would result in donor stewardship activities, inevitably involving the awardee directly. Please indicate if you are willing to be considered, should this proposal be funded.

Yes No

12. For statistical and administrative purposes, please check the appropriate box to indicate the focus of this research proposal (at the broadest level).

Stroke Heart Disease Both Stroke and Heart Disease

13. **Research History and Career Goals**
 Describe prior research experience and plans for your research career. Include information on research training and accomplishments, collaborations, inter-disciplinary and KTE activities, and support of trainees, as applicable. Applicants who have completed Phase I should incorporate research that was enabled by the Phase I award.

Not to exceed two pages. Please summarize your research experience and prepare your report on separate sheets and organize them using appropriate formatting and headings. **Attached pages should be single-spaced using either 12 point Times New Roman or 11 point Arial font. Condensed type or spacing will not be acceptable.** A margin of no less than 2 cm around the page is needed. No photo-reduction except for figures. Additional pages may be appended for a reference list.

14. Name the regulated health discipline in which you are currently licensed to practice in Ontario, **and include a copy of certification.**

15. If there has been any interruption in the pursuit of your research career either in, or subsequent to training, list the period and reason for the interruption.

Name:

16. Please only answer this question if you are proposing to conduct your program of research in the same university/department and under the same mentor in which undergraduate degrees were obtained or where post-graduate research training took place. Please elaborate how the training and research environment will support you in building an independent research career.

17. **Publications Summary**

Applicants are expected to demonstrate research productivity and influence as shown by peer-reviewed publication(s) appropriate to career level and standards within their discipline or area of research. A detailed list of publications appears in the Common CV. On this page, provide a summary of the information indicated, along with required attachments. (N.B. Phase II applicants who have completed a Phase I award may append up to five major publications - articles, presentations, abstracts, books/book chapters - that have arisen from the individual's program of research supported by the Phase I award.

Total number of: Papers _____ Abstracts _____

Of the total number of papers, please provide a breakdown of the following:

- _____ Number of 1st author papers
- _____ Number of senior or last author papers
- _____ Number of other co-authored papers
- _____ Number of papers published since Assistant Professor appointment (or equivalent)

In addition, the applicant must:

- Include first page only of each published paper or galley proof, within the last five years
- Include a copy of the letter from editor as well as the title and abstract page for each manuscript in press

Name:

PRINCIPAL MENTOR'S STATEMENT

The Statement is required in Phase II if the applicant has identified a principal mentor.

18. Name of Principal Mentor Phone
Email

Provide an overview of what the mentorship will provide to the candidate.

Resources, programs and technologies that will be made available to the candidate.

Specific knowledge, skills and experience that will be acquired by the candidate and how these will contribute to their development as an independent and influential researcher.

Indicate what the contribution of the candidate will be to the proposed program of research.

Describe the specific involvement of you and other members of the mentoring team (as applicable) in the research program, and how you will facilitate the development of the applicant towards being a successful independent investigator.

Name:

INSTITUTIONAL STATEMENT

To be completed by the Dean and Department Head (or institutional equivalents). Not to exceed one page.

19. Name of Dean

Name of Department Head

Provide a critical appraisal of the applicant and the proposed program of research.

Provide your commitment that 75% of the applicant's time will be protected for the proposed program of research and describe how the remaining 25% will be spent. Activities included in the latter cannot impinge upon the time protected for research.

Provide details on the specific commitments – financial and/or in-kind – of the host institution in support of the applicant. This may include, but is not limited to, additional stipend support, research operational support, travel allowances and/or in-kind support.

Provide an outline of plans for the continuation of the applicant's program of research after the Phase II award has been completed.

Name:

20. If you applied unsuccessfully to the Heart & Stroke Ontario Clinician-Scientist competition(s) prior to this application, provide a response to peer review comments received.

21. **Applicant to provide an executive summary of the proposed program of research, not exceeding one page.** Attached page should be single-spaced using either 12 point Times New Roman or 11 point Arial font. Condensed type or spacing will not be acceptable. A margin of no less than 2 cm around the page is needed.

Applicant to describe overall theme or questions to be addressed by this research program, what contributions s/he believes will be made to the field and how the program aligns with the funding program objectives, as as outlined in the Clinician-Scientist Award Guidelines.

22. **Details of Proposed Program of Research**

Applicant to describe overall theme or questions to be addressed by this research program. Briefly address hypotheses to be tested, knowledge to-date, anticipated results and conclusions, and possible problems. Proposals should address the following areas:

- Overall focus of research program
- Sources of funding for all included projects within the program, existing and planned
- How research program aligns with funding program objectives
- Research environment
- Information on inter-disciplinary aspects of the program, roles of collaborators/co-investigators/team members
- Anticipated contributions toward the field
- Strategies and activities related to KTE*
- Roles of trainees with the program

Applicants must limit their proposal to **six pages, excluding** references, tables, charts, figures and photographs. Attached pages should be single-spaced using either 12 point Times New Roman or 11 point Arial font. A margin of 2 cm around the page is needed. Condensed type or spacing is not acceptable. Appendices, if applicable, should be attached after the Common CVs. Please refer to the application guidelines for order of attachments. No photo-reduction except for figures. Your program of research should be concisely and completely described within the main body of the proposal. Appendices are to be used for supplementary information only. Reviewers are not obligated to review appendices in detail.

** KTE plans will vary with the nature of the research. To the extent possible, describe the outputs of your research and the potential users/stakeholders of same. Focus on what those users really need to know about your research project. Indicate the most effective way to reach and interact with those users, for example, how to bring knowledge to the clinician and/or how you plan to involve users in a meaningful way in your program of research.*

Name:

23. a) Have you (the PI) completed CIHR's Institute of Gender and Health Training Modules: Yes No
(Online Training Modules)

All Applicants are strongly encouraged to complete CIHR's Institute of Gender and Health training modules

b) Are sex (biological) considerations taken into account in this study? Yes No

If yes, describe how sex considerations will be considered in your research design.
If no, explain why sex is not applicable in your research design. (Maximum 2400 characters – Approx. 1/2 page)

c) Are gender (socio-cultural) considerations taken into account in this proposal? Yes No

If yes, describe how gender considerations will be considered in your research design.
If no, explain why gender is not applicable in your research design. (Maximum 2400 characters – Approx. 1/2 page)

24. **Structured Lay Summary and Impact Statement**

Heart & Stroke offers support for projects in the area of cardiovascular or cerebrovascular research. It places a high priority on ensuring that the research it funds fits squarely into the Heart & Stroke mission. Using the outline provided below, provide a lay summary of the proposed program of research in non-scientific, everyday language at a level no greater than Grade 10*. Use analogies, simplifications, and generalizations rather than scientific and technical terms. This information will be used in assessing relevance of the research program to the mission of and to the objectives of this funding program. This summary will also facilitate communications to the public and donors about the research supported by the Heart & Stroke. **Applications without a response to each sub-section will be considered incomplete.**

*See the [Frequently Asked Questions](#) section on Heart & Stroke's research website for information on how to use Microsoft Word spelling and grammar check to assess grade level.

- a) Statement of the health problem or issue

- b) Objective of your program of research

- c) How will you undertake your work?

- d) What is unique/innovative about your research program?

- e) Describe the potential impact your proposed program of research may have in relation to the funding program's objectives.

26. SIGNATURES

In applying applicant, principal mentor and institutional signatures to this application, all signatories are confirming that if this grant is awarded:

- The details of the research program will be carried out as described within the application;
- The applicant will have 75% of his/her time protected to carry out this research program;
- All supports (mentorship, institutional) described within the application will be provided;
- All ethics and safety certifications/requirements will be maintained throughout the duration of any research work enabled by/connected to this award;
- All Heart & Stroke guidelines and policies governing this award will be adhered to including the [HSFC Framework: Responsible Conduct of Research](#).

Does this research involve:

- Human subjects Human pluripotent stem cells Animals Not applicable

APPLICANT SIGNATURE

Date _____ Signature _____

PRINCIPAL MENTOR SIGNATURE (if applicable)

Date _____ Signature _____

INSTITUTION SIGNATURES

Dean
(or
equivalent)

Signature _____

Department
Head (or
equivalent)

Signature _____

Date

Date

27. APPLICANT AND PRINCIPAL MENTOR COMMON CVs

Complete and attach all validated Common CV Forms (HSFC version) to this application. This is a web-based form, which allows CV information to be entered online. Please refer to the [Canadian Common CV webpage](#) for further instructions.