



# Frequently Asked Questions

2020-2021

28 June 2019

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## 1. Q. What types of research does the Heart & Stroke fund?

A. Heart & Stroke supports research that relates to heart disease and stroke across the four health research themes (basic biomedical, clinical, health services/systems, and social, cultural, environmental and population health). All applicants must clearly demonstrate that their research is directly relevant to heart disease and/or stroke.

## 2. Q. What operating grant funding is available to Canadian researchers outside of Canada?

A. Heart & Stroke currently does not provide operating grant funding to Canadian researchers working outside Canada.

## 3. Q. When are research grant and award competitions generally launched?

A. The research grant and award competitions are typically launched in late June of each year. Please check the Heart & Stroke research website (<http://hsf.ca/research/en/whats-new>) at that time for 2020/21 competition details.

To keep up to date on the launch of any new Heart & Stroke funding opportunities along with updates on the research strategy, please make sure to subscribe to our e-newsletter at:

<http://www.hsf.ca/research/en/hsfc-research-mailing-list>.

## 4. Q. How are funding decisions made?

A. All applications submitted to Heart & Stroke are assessed by a panel of experts in a process known as peer review. Heart & Stroke's peer review process engages national and international researchers and includes over 180 members of the scientific review committee (SRC). The SRC reviews all research grant and award applications submitted to Heart & Stroke.

The SRC comprises up to 13 separate panels that ensure in-depth knowledge and expertise in all areas of heart disease and stroke. Members of the sub-committees are considered "internal reviewers". In addition, "external reviewers" may be sought to provide written reviews as needed.

Applications to the GIA program that are eligible for funding will be ranked by fixed percentile within each research sub-committee by the SRC. These rankings will drive which applications are put forth to the Budget Review Committee (BRC): a sub-panel of the SRC, which works alongside other SRC sub-panels in appraising GIA applications. In some circumstances, research grant applications to non-GIA programs will also be reviewed by the SRC-BRC.

## 5. Lay Reviewers and Structured Lay Summaries

### a. Q. What is the role of lay reviewers on the scientific review committee?

A. Heart & Stroke includes a lay reviewer on each of its peer review sub-committees as a measure of accountability and transparency to its donors. As a representative of the general public, the lay reviewer, through comments on the lay summary, assists the Heart & Stroke in ensuring that donor dollars are spent on research that fits squarely into the Heart & Stroke mission, as reflected in the SRC sub-panels.

The lay reviewer evaluates and comments on: (i) the extent to which the lay summary text can be understood by the general public; (ii) the clarity of expression of the work to be done; and (iii) the clarity of expression of the direct relevance to heart disease and/or stroke. The lay reviewer participates in the scientific review committee meeting and comments on the lay summary. The lay reviewer does not contribute to the scientific scoring of an application but does take part in a vote on relevance. If an application is accepted for funding but its lay summary has been rated unsatisfactory, funds will be

encumbered until the lay summary has been amended and declared satisfactory.

Applicants must ensure that all information on the application form is clear and concise and the structured lay summary describes clearly how the proposed research will improve the lives of individuals affected by heart disease and/or stroke.

### **b. Q. What is a lay summary? How do you write one?**

**A.** A lay summary is a clear, plain-language explanation of a research project, its goals, and its desired outcomes. It explains in non-technical terms why the research is important. A lay summary can be understood by the general public as well as researchers in other fields of study. A complete lay summary will address six questions:

1. Statement of health problem or issue
2. Objective of your project.
3. How will you undertake your work?
4. What is unique/innovative about your project?
5. How is the proposed research directly relevant to heart disease and/or stroke?
6. What is the impact of the proposed research to heart disease and/or stroke (e.g., to the health and quality of life of people with heart disease and/or stroke)?

### **c. Q. What is plain language?**

**A.** Plain language is clear, concise language that the reader can understand quickly and completely. It avoids jargon, verbosity, and convoluted sentence constructions. A plain-language description does not take on a patronizing tone or leave out information: it simply presents information clearly to a non-scientific person.

Use this scenario as a guide:

- Heart & Stroke invites you to a reception to “meet and greet” members of your community who support the work of Heart & Stroke through gifts of time or money. You approach a trio of supporters. One is a mechanic who works on airplane engines; another is a history professor with a passion for the Punic Wars; the third is a personable stay-at-home mom. Regardless of their level of formal education, each of these people – like you – has a specialty. That specialty is simply not medicine/science. Explain your proposed research to these specialists in appropriate, non-technical language.

Useful links for more information on writing a text in plain language:

- <http://www.btb.termiuplus.gc.ca/tcdnstyl-chap?lang=eng&lettr=chapsect13&info0=13>
- <http://www.nih.gov/clearcommunication/plainlanguage/index.htm>

### **d. Q. How do you write a lay summary in plain language?**

**A.** Here are some recommendations for writing at an appropriate lay level (*note that you can view examples of each recommendation by clicking ‘Example’*):

- **Simplify vocabulary** by using simpler, shorter words. [Example.](#)
- **Get rid of extraneous words.** For example: “Heart failure is characterized by the inability of the heart to pump ...” could read “Heart failure is the inability of the heart to pump ...”
- **Use shorter sentences.** Readers get lost in run-on sentences. [Example.](#)
- **Avoid convoluted phrasing** using a noun plus “of”. Use a gerund or an infinitive instead. [Example.](#)
- **Write out in full an abbreviated term or acronym** the first time it appears in the text. [Example.](#)
- **Explain complicated concepts or specialized procedures** in broad terms. [Example.](#)

- **Use analogies** to compare a scientific concept to an ordinary-life situation. [Example](#).
- **Write out in words math, science, or similar symbols:** [Example](#).
- **Numbers less than 10 should be written in words:** 1-year intervention → one-year intervention
- **Be careful of terminology that has a different meaning** (or no meaning) outside the medical domain. [Example](#).
- **Use jargon or other technical words judiciously** and as needed. [Example](#).
- **Use the active voice** where possible. [Example](#).
- To **test or gauge the readability** of your lay summary, ask a handy lay person – a parent, a neighbour, an assistant in another department – to read the text prior to submission to Heart & Stroke.

#### **e. Q. What tool is available to help determine readability?**

**A.** Microsoft Word © uses the Flesch-Kincaid grade formula and Flesch Reading ease formula to assess writing level. The Flesch-Kincaid grade formula calculates an overall reading grade level while the Flesch reading ease formula calculates a reading ease score from 0-100, with 100 being easier to read. Both formulae use average sentence length and average syllables per word. Note that Microsoft Word© readability statistics will not display a grade level greater than Grade 12 (American). The Flesch-Kincaid grade formula may be used as a guide, but is not used by Heart & Stroke in determining acceptable lay summaries.

Follow these instructions for displaying readability statistics from Microsoft Word©:

- Click the File tab (upper left corner of screen)
- Select "Options"
- Select "Proofing"
- Check "check grammar with spelling", as well as the "show readability statistics" options

Once you have completed the above task you can press F7 to check your spelling and grammar. Once you have finished correcting the document then readability information will be displayed.

#### **f. Examples of Lay Summaries that follow Heart & Stroke's required format from Foundation funded researchers:**

Anonymous: [\*The anti-inflammatory role of a low molecular weight heparin lacking anticoagulant activity.\*](#)

Dr. Kathryn Todd: [\*Investigations of novel strategies to improve cellular and behavioral outcomes after focal embolic cerebral ischemia.\*](#)

Dr. J. Weitz: [\*Improving the effectiveness of thrombolytic therapy.\*](#)

#### **6. Q. What does the phrase "unable to continue" mean?**

**A.** The phrase "unable to continue" refers to any reason why a researcher would not be able to finish his/her research project. Examples of these situations are serious illness, death of researcher or Principal Investigator, or other personal circumstances, which would prevent a researcher from continuing their project.

#### **7. Q. When I move my research within Canada from one location (e.g., institution) to another, how is my funding affected?**

**A.** Please refer to the Award Administration webpage for guidance: <http://hsf.ca/research/en/award-administration>. The Grant Management Guidelines associated with a Heart & Stroke funded research grant/award will accompany the Official Notification of Offer.

The onus is on the applicant to notify Heart & Stroke as soon as there is a change or a change is being considered.

## 8. Q. Under which circumstances would an award be terminated?

A. Awards may be terminated for a number of reasons including, but not limited to: misuse of funds, plagiarism, insufficient progress, or a lack of available funds.

## 9. Q. I'm having technical issues using the Common CV (CCV), who do I contact for technical support?

### A. If you are experiencing technical issues related to:

- System access (e.g., password and account resets, PINs)
- Issues with using the CCV system (e.g., submitting a CV, generating a PDF, Captcha issue)
- CCV functionality (e.g., Import/Export, accessing drop down lists)

Please contact the centralized Common CV helpdesk. Officers are available Monday to Friday from 7:00 a.m. to 8:00 p.m. ET via the coordinates below:

- Email: [support@cihr-irsc.gc.ca](mailto:support@cihr-irsc.gc.ca)
- Telephone: 613-954-1968
- Toll free: 1-888-603-4178

Please note that it is the applicant's responsibility to seek technical support related to the CCV well in advance of the Heart & Stroke submission deadlines. It is the applicant's responsibility to ensure that a completed application (including a completed CCV) is submitted prior to the deadline.

## 10. Grant-in-Aid

### a. Q. Who is eligible to apply for a GIA?

A. Principal Investigators (and Co-PIs) must have a full-time academic or faculty appointment (i.e., at minimum, at the Assistant or Clinical Assistant Professor level) in Canada at the time of application. The date of first faculty appointment will be based on the date listed in the Common CV (i.e., under Employment).

Adjunct applicants at an academic institution must submit a letter from their dean/chair/division director to clarify their specific appointment, i.e., amount of protected time available, local infrastructure in place.

### b. Q. How do I apply for a GIA?

A. Applications for Grant-in-Aid must be submitted by 16:00 (EDT) 29 Thursday August 2019 using the Heart & Stroke's online system (CIRCULink). CIRCULink will not accept submission after this deadline. Any applications attempted or submitted after the deadline will **NOT** be accepted.

### c. Q. If I am unable to submit my GIA application by the deadline, do I have any options?

A. Any applications attempted or submitted after the deadline will NOT be accepted. There will be no appeal process for late submissions. It is the applicant's responsibility to ensure that a completed application is submitted online via CIRCULink prior to the deadline.

### d. Q. How many Grant-in-Aid (GIA) applications can be submitted in one year and how many funded GIAs can be held at one time?

A.

- a) **Early Career Investigators** may submit two (2) grant applications (new or renewal) to the 2020/21 GIA competition as either Principal or Co-Principal Investigator. Applicants may hold up to three (3) Heart & Stroke funded GIAs as Principal and/or Co-Principal Investigator at any time.

If an applicant holds more than two (2) ongoing GIA funding as Principal and/or Co-Principal Investigator continuing into the 2020/21 funding year (01 July 2020 to 30 June 2021), no new application can be submitted.

**Mid-Career or Senior Career investigators** may submit only one (1) grant application (new or renewal) to the 2020/21 GIA competition as either Principal or Co-Principal Investigator. Applicants may hold up to two (2) Heart & Stroke funded GIAs as Principal and/or Co-Principal Investigator at any time. If an applicant holds more than one (1) ongoing GIA funding as Principal and/or Co-Principal Investigator continuing into the 2020/21 funding year (01 July 2020 to 30 June 2021), no new application can be submitted.

**i. Q. I'm an Early Career Investigator, and currently hold two (2) GIAs and plan to submit two (2) new applications – if I am successful in both GIA applications, what happens?**

A. In the event that both applications are successful and neither of the existing GIA grants are concluding prior to the 2020/21 funding year (01 July 2020 to 30 June 2021), then only one grant may be accepted in order to maintain the three (3) GIA limit.

**e. Q. What are the different categories of applicants on a GIA application?**

A. There are three categories of applicants on a Heart & Stroke Grant-in-Aid application.

- A **Principal Investigator** is responsible for the intellectual direction of the proposed research, and assumes administrative and financial responsibility for the grant. A **Co-Principal Investigator** shares the responsibilities for the intellectual direction of the proposed research with the Principal Investigator, however administrative and financial responsibility for the grant lies with the Principal Investigator. Principal and Co-Principal Investigators are considered the same when it comes to eligibility criteria (see 10a) and application submission limits (see 10d). The Principal Investigator and/or Co-Principal Investigator cannot receive salary support through a GIA.
- A **Co-Applicant(s)** (or Co-Investigator(s)) is a researcher who contributes substantially to the intellectual content of the research. He/she/they cannot receive salary support through a GIA.
- A **Collaborator** provides a special service (such as access to equipment, provision of specific reagents, training in a specialized technique, statistical analysis, access to a patient population) but who is not involved in the overall intellectual direction of the research.

**f. Q. Can a Postdoctoral Fellow apply for a GIA as a Principal or Co-Principal Investigator?**

A. No. Postdoctoral Fellows are ineligible to apply for a GIA as a Principal or Co-Principal Investigator (see question 10a), but may be included as Co-Applicants. Please refer to question 10e for clarification on the different categories of applicants on a GIA application.

**g. Q. Can a Canadian citizen who holds a non-Canadian faculty appointment be eligible to apply for a GIA as a Co-Principal Investigator?**

A. No. Principal Investigators (and Co-PI) must have a full-time academic or faculty appointment (i.e., at minimum, at the Assistant or Clinical Assistant Professor level) in Canada **at the time of application**. Any applicant in an adjunct position at an academic institution must submit a letter from their dean/chair/division director to clarify their specific appointment, i.e., amount of protected time available, local infrastructure in place.

#### **h. Q. Can a Principal Investigator conduct their research outside of Canada?**

A. No. The GIA funds may only be used to support research conducted within Canada.

#### **i. Q. What is the difference between research equipment and materials/supplies? What is maintenance and facility?**

A. Research equipment is defined as any item (or interrelated collection of items comprising a system) that meets all three (3) of these conditions:

- Non-expendable tangible property;
- Useful life of more than one (1) year; and
- A cost of \$2,000 or more.

For example: A laptop computer that costs less than \$2,000 would be considered as materials or supplies even though it is a non-expendable tangible item with a useful life of more than one year.

A cost quotation must be provided for equipment or service contracts greater than \$5,000. Two (2) competitive quotes as well as letters from an appropriate institutional official documenting the availability and status of similar equipment are required for items costing more than \$15,000.

Provide a breakdown and justification of the items requested. Give details of models, manufacturers, prices and applicable taxes. In addition, for maintenance and/or equipment items listed, indicate:

- The availability and status of similar equipment.
- The anticipated extent of utilization.
- The reasons for choice of specific type, model or service contract, in relation to alternatives.

For equipment or service contracts costing more than \$5,000, attach at least one (1) quotation for cost. For items costing more than \$15,000, attach a letter from the Department Head(s) and/or Research Institute Director(s), documenting availability, plus at least two (2) competitive quotes.

Non-adherence to submission of the appropriate cost quotations will negatively affect the final budget.

Maintenance and facility refers to costs associated with purchasing new equipment. Examples would include small renovations such as installation of shelving to facilitate new equipment, plugs required for new computers, and installation contracts.

#### **j. Q. Can a Grant-in-Aid be used to fund centres outside of Canada?**

A. No. Funds from a Grant-in-Aid must be used to fund research centres in Canadian institutions.

#### **k. Q. Can participants who are part of a study be paid out of a Grant-in-Aid budget?**

A. The Heart & Stroke allows well-justified and reasonable reimbursements for required travel, parking, childcare, honoraria, or other items that would reduce barriers to participation.

#### **l. Q. What is the maximum amount that can be requested from Heart & Stroke for the Grant-In-Aid program?**

A. The maximum dollar amount is \$100K/year for a maximum duration of three years.

#### **m. Q. Does a Grant-in-Aid application need to be registered before submission?**

A. There is no pre-registration required; you can apply for a GIA as of June 29, 2019, using CIRCUlink.

**n. Q. Can a currently active Grant-in-Aid be renewed?**

**A.** Yes, it can be renewed by applying to the annual Grant-in-Aid competition. A grantee wishing to renew an active grant typically makes an application for renewal during the final year of the active grant. If a grantee applies for a renewal earlier than this, he/she immediately forfeits all remaining years of the active grant, except the current year.

**o. Q. What is the maximum number of pages allowed for the Research Proposal?**

**A.** The number of pages should reflect the size and scope of the proposed research. The Research Proposal should be predominantly text and is limited to ten (10) pages. Pages beyond the ten (10) page limit will **not** be evaluated by the reviewers.

**p. Q. Does Heart & Stroke allow top-up funding or duplication of funding if a grant is received from another agency?**

**A.** Heart & Stroke does not allow top-up funding for applications that have had their budgets reduced by another funding agency. In addition, Heart & Stroke does not permit an applicant to hold a GIA that is similar or comparable to another operating grant from another funding agency.

**q. Partnered Funding**

**i. Q. Do I have to inform Heart & Stroke of funding from other sources that impact the proposed research application?**

**A.** The applicant is required to declare all secured and proposed (i.e., submitted in the same funding cycle) partnered funding at the time of submission. There can be no overlap/duplication in expenses or activities with partnered funding.

**ii. Q. How do we go about informing Heart & Stroke of our partnered funding (including identification of partner(s)), secured and/or proposed?**

**A.** Submit a letter that includes partner identification, the specific role and a detailed breakdown of each partner's (secured and/or proposed) contribution, as it relates to the GIA submission.

**iii. Q. To whom should the partner funding letter be submitted?**

**A.** The letter should be attached to the GIA application (i.e., upload the letter on the attachment page of the GIA application on CIRCUlink).

**iv. Q. What will happen if the proposed funding partners are not secured by the start of the award?**

**A.** All proposed partnered funding must be secured by 01 July 2020. Otherwise, Heart & Stroke funds will be released to the next highest-ranking application (i.e., no deferrals or extensions to accept a GIA offer will be permitted).

**r. Q. How is ethics approval obtained?**

**A.** Proof of ethics approval (i.e., documents from your institution) must be provided if applicable to the project. Please see your institution for the appropriate documents.

**s. Q. In the budget section, are there any restrictions on who can be listed for salaries and benefits?**

**A.** Yes. If a PI, co-PI or co-applicant possesses the necessary expertise, no request for salary or benefits can be made for the same/similar expertise without proper justification for such a request.

**t. Q. Are there guidelines available for student stipends?**

**A.** Heart & Stroke encourages junior trainees (particularly doctoral students) to be included in the proposed research with a defined and clearly written role (within the project submitted), as well as properly justified in the budget notes should there be financial implication(s). Stipend levels cannot exceed the maximum stipend levels from the chart below. The Heart & Stroke does not provide additional support for benefits towards summer students, undergraduate students, graduate students, and/or post-doctoral fellows.

Position	Max Annual rate (inclusive of benefits)
Graduate/PhD Student	\$24,000
Post-Doc Fellow, PhD	\$45,000
Post-Doc Fellow, MD	\$55,000
Summer Studentships	\$5,000 (summer)

**u. Q. What is the responsibility of the budget review committee (BRC)?**

**A.** The prime responsibility of the BRC is to evaluate each GIA application's budget based on Heart & Stroke guidelines, in order to determine a budgetary recommendation for the grant. The goal is to ensure equity between the researcher/application being reviewed and Heart & Stroke's use of donor dollars. Heart & Stroke strives to allocate the funds necessary to complete the project in a manner that is both effective and economical.

**v. Q. Why was a budget review committee formed?**

**A.** A single Budget Review Committee (BRC) was established to undertake the budget review of GIA applications for Heart & Stroke funding and to provide support and advice on budgetary items rather than adopting across the board cuts to GIA budgets.

**w. Q. How does the budget review committee relate to scientific review?**

**A.** The BRC is a sub-panel of the SRC and works alongside other SRC sub-panels in appraising GIA projects.

The BRC consists of a Chair and Deputy Chair, appointed by nomination and approved by the SRC Chair and Vice-Chair. Budget peer reviewers (15-18 members) are selected for their level of expertise related to the mandate of the review committees and their experience in reviewing and evaluating research-funding applications. As with membership on all SRC committees, the BRC balances geographical representation and ensures that each committee has the capacity to review applications submitted in English or French.

**x. Q. I cannot find a step in CIRCULink (i.e., Reviewers' Comments).**

**A.** If you do not see a certain step within CIRCULink, click on the [Clear Filters] button located at the top left side of your window. Once you click on the [Clear Filters] button the step should appear. This is a result of CIRCULink keeping your filters between searches.

**y. Q. I want to start my GIA application within CIRCULink but when I arrive at the "Funding Opportunities" page, nothing appears.**

**A.** An application cannot be made until the funding opportunity is launched. Refer to question 3.

**11. Q. Are there any funding opportunities being offered this year through the Improving Heart and Brain Health for Women initiative?**

**A.** Yes, there are two types of grants supplied through the Improving Heart and Brain Health for Women initiative this year.

**Improving Heart and Brain Health for Women: Award for Mid-Career and Senior Career Investigators are available to GIA applicants:**

Funds are available for up to four (4) awards and are valued at \$50K/year for one year. However, recipients of this award may not concurrently hold a 2020/21 GIA. Offers will be made to highly ranked Mid-Career or Senior Career investigators in this category. Applicants (Mid-Career or Senior Career investigator only) wishing to be considered for this funding envelope MUST check the appropriate box in the application form and complete the following additional sections in the application form as it relates to the GIA proposal:

- a. Address how it fits/relates to the Improving Women's Heart and Brain Health Research Initiative; and
- b. Describe the potential value to create impact on the health of Canadian women.

**Improving Heart and Brain Health for Women: Seed/Catalyst Grants are available to NNI applicants:**

Funds are available for up to five (5) Seed/Catalyst Grants and are valued at up to \$50K/year for a maximum duration of up to two years. Offers will be made to the top rated in this category, within the cut-point of the overall Seed/Catalyst Grant opportunity. Applicants wishing to be considered for this opportunity MUST check the appropriate box in the NNI application form and complete the additional 1-page found on pages 6-7 to:

- a. Outline the proposed research idea;
- b. Address how it fits/relates to the Improving Women's Heart and Brain Health Research Initiative; and
- c. Describe the potential value to create impact on the health of women or indigenous women in Canada.

**12. Q. Do I need to complete the Sex (biological) and Gender (socio-cultural) considerations questions?**

**A.** Yes. These are mandatory questions. All applicants (irrespective of proposal focus) applying to any Heart & Stroke Research programs (i.e., GIA, NNI, RF, and provincial programs) are required to integrate sex and gender-based analysis (SGBA) in their research design. Any application that does not incorporate SGBA must provide a rationale why it would not be relevant to the project.

In addition, all applicants are strongly encouraged to complete CIHR's Institute of Gender and Health training modules: <http://www.cihr-irsc.gc.ca/e/49347.html>.

**13. Personnel Awards**

**a. Q. Are there any 2020/21 Personnel Awards being offered by Heart & Stroke?**

**A.** Yes. Heart & Stroke will be offering a limited number of awards in the following programs:

- National New Investigator;
- Alberta New Investigator;
- Ontario Clinician Scientist; and
- Research Fellowship.

**b. Q. Can a basic scientist apply for an Ontario Clinician Scientist award?**

**A.** No, only clinicians based in Ontario are eligible to apply for the Ontario clinician scientist award. Please refer to the Ontario Clinician Scientist award guidelines for eligibility criteria, found here: <http://hsf.ca/research/en/personnel-award-programs-1>.

**c. Q. Can a clinician scientist apply to the New Investigator award?**

**A.** Yes, provided that the applicant meets the eligibility criteria outlined in the New Investigator award submission guidelines, found here: <http://hsf.ca/research/en/personnel-award-programs-1>

**d. Q. How many years of support is the New Investigator award?**

A. The award will be for a period of four (4) years. The award cannot be renewed for a second term.

**e. Q. Can an applicant apply to both national and provincial Heart & Stroke Personnel Awards?**

A. Applicants may apply to both a national and provincial Heart & Stroke Personnel Award; however, if successful in both competitions, the applicant may only accept one award.

**f. Q. Am I able to hold both an NNI and a Seed/Catalyst Grant?**

A. Yes, you are able to hold both an NNI and a Seed/Catalyst grant.

**g. Q. If I receive similar personnel awards (from Heart & Stroke and also another funding agency), am I able to defer one of the awards for the entire or partial duration of the other in order to hold both in some capacity?**

A. In the event that you receive two overlapping personnel awards then only one may be accepted. If the other award is deferred, then the remaining years of the Heart & Stroke award are forfeited and the PI's institution must reimburse Heart & Stroke for all funds provided by the Personnel Award.

**h. Q. How do I apply to the Seed/Catalyst grant?**

A. Applicants wishing to be considered for the Seed/Catalyst grant opportunity MUST check the appropriate box in the NNI application form and complete the additional 1-page found on pages 6-7.

## **14. Research Fellowship**

**a. Q. Who can apply to the research fellowship program?**

A.

- i) Applicants with a PhD degree are eligible for this award, however at the time of submission they must not have completed more than four (4) years of post-PhD research experience.
- ii) Applicants with a health professional degree at doctoral level (e.g., MD, BM, DDS, DVM, and PharmD; or other regulated accredited health professionals who have a PhD) who hold a license to practice in a province or territory of Canada, are eligible for this award, however at the time of submission, they must not have completed more than five (5) years of post-degree experience. Undergraduate and a standard length of residency training are not considered as post-degree experience. This eligibility also applies to applicants who hold a PhD degree and a health professional degree (with a license to practice).
- iii) Applicants with a health professional degree at doctoral level (e.g., MD, BM, DDS, DVM, and PharmD; or other regulated accredited health professionals who have a PhD) who do not hold a license to practice in a province or territory of Canada, are eligible for this award, however at the time of submission they must not have completed more than four (4) years of post-doctoral degree experience. Undergraduate and a standard length of residency training are not considered as post-doctoral degree experience. This eligibility also applies to applicants who hold a PhD degree and a health professional degree (with no license to practice).
- iv) Applicants with a medical degree who hold a license to practice medicine in a province or territory of Canada are eligible for this award in support of their MSc or PhD degree studies.

**Note:** There are additional eligibility requirements that can be found in Section C2.2 of the Research Fellowship guidelines, which may negatively affect eligibility.

**b. Q. What is the tenure of the award?**

A. The award commences on July 1 for a period of up to 36 months depending on the degree(s) held by the recipient (refer to Section C4 of the Research Fellowship guidelines for more details).

**c. Q. Are there any special awards for Research Fellowship opportunities?**

- A. There are currently two additional special awards. They are listed below:
- The 4th ICPC/HSF/CCS Fellowship in Preventive Cardiology; and
  - The Sandra Rashed Bursary

Information regarding both is located in the Research Fellowship Guidelines.

**d. Q. Can I submit multiple applications to the Research Fellowship award?**

A. Multiple submissions from Personnel Award applicants are not permitted. Where partnership programs are in place, the applicant must contact Heart & Stroke for more information.

**e. Q. If I can no longer continue my Research Fellowship, can someone else take over?**

A. Personnel Awards are not transferable under any circumstances.

The Personnel Award recipient must immediately notify Heart & Stroke should he/she relocate outside of Canada. Continued funding is at the discretion of Heart & Stroke.

**f. Q. I want to apply to the Research Fellowship Award, but my potential supervisor/mentor is overseeing another Personnel Award. Can I still use them to apply?**

A. Heart & Stroke will not fund more than three (3) Personnel Awards per supervisor/mentor at one time. This does not include persons supported by other granting agencies.

**g. Q. What are the stipends available to people with this award?**

A. The stipend and duration of support are indicated in the following table:

Degree(s) Held by Recipient	Stipend (CDN \$)	Maximum Duration of Support (Years)
MD, BM, DDS, DVM, and PharmD; or other regulated accredited health professionals, or paramedics who have a PhD), who hold a license to practice in the Canadian province or territory where they will conduct their research training.	\$50,000	3
MD, BM, DDS, DVM, and PharmD; or other regulated accredited health professionals, or paramedics who have a PhD), who do <u>not</u> hold a license to practice in the Canadian province or territory where they will conduct their research training.	\$40,000	2
PhD	\$40,000	2

**Note: Additional stipulations regarding stipends are available in Section 5 of the Research Fellowship Guidelines.**

**h. Q. What is the 4th ICPC/HSF/CCS Fellowship in Preventive Cardiology?**

**A.** This award is intended for applicants who wish to undertake post-graduate training in preventive cardiology in a recognized institution in Canada or abroad. Preventive cardiology includes the study of the individual and population causes of cardiovascular (CVD), cerebrovascular (CBD) and peripheral vascular disease (PVD); the epidemiology of CVD, CBD and PVD; and the development and evaluation of primary, secondary and tertiary prevention measures for CVD, CBD and PVD at the individual or population level. Primary prevention refers to measures taken to prevent the appearance of disease; secondary prevention refers to the prevention of recurrences; and tertiary prevention deals with the prevention of complications of disease, the limitations of severity and includes rehabilitation. Economic analyses of preventive practices, studies of public policy, clinical epidemiology and studies of the social and behavioural determinants of risk factors and disease are also eligible. The object of study must be individual humans or human populations. For more information on this award see the Heart & Stroke Research website: <http://www.hsf.ca/research/en/4th-icpchsfccs-fellowship-preventive-cardiology-0> .

**i. Q. What is the Sandra Rashed Bursary?**

**A.** The Sandra Rashed Bursary is available to the highest ranked Atlantic Canada researcher in the Personnel Award Program through the Heart and Stroke Foundation of Canada. The award is a one-time supplementary amount of \$2,000, to be used towards furthering the purpose of the research project, including knowledge translation and exchange activities.  
(<http://www.hsf.ca/research/en/sandra-rashed-bursary> )

**j. Q: I am a licenced MD and would like to obtain a PhD degree. Am I able to apply for a Research Fellowship award?**

**A.** Yes, applicants with a medical degree who hold a license to practice medicine in a province or territory of Canada are eligible for this award in support of their MSc or PhD degree studies. Please note that duration of support will remain the same and if successful, the recipient will only be eligible for one Heart & Stroke Research Fellowship award.

**k. Q: I am a licenced MD and would like to apply for a Research Fellowship award. Will my residency training be counted towards my post-doctoral degree experience?**

**A.** No, a standard length of residency training is not considered as post-doctoral degree experience.

**15. Q. What are the 4 pillars of health research?**

**A.** The 4 pillars of health research, as defined by the Canadian Institutes of Health Research are:

Basic Biomedical (I)

Research with the goal of understanding normal and abnormal human function, at the molecular, cellular, organ system, and whole body levels, including the development of tools and techniques to be applied for this purpose; developing new therapies or devices with improve health or the quality of life of individuals, up to the point where they are tested on human subjects: studies on human subjects that do not have a diagnostic or therapeutic orientation.

Clinical (II)

Research with the goal of improving the diagnosis and treatment (including rehabilitation and palliation) of disease and injury; improving the health and quality of life of individuals as they pass through normal life stages. Research on, or for, the treatment of patients.

Health Services/Systems (III)

Research with the goal of improving the efficiency and effectiveness of health professionals and the

health care system, through changes to practice and policy. Health services research is a multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of health care, and ultimately Canadians' health and well-being.

Social, cultural, environmental and population health (IV)

Research with the goal of improving the health of the Canadian population, or of defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational, and economic factors determine health status.

**16. Q. Where can I find application deadlines on your website?**

A. Deadlines for grants/awards are located under Funding Opportunities / [Deadlines](#).

**17. Q. Where can I find the research classification list on your website?**

A. The [research classification list](#) is located under Funding Opportunities / Application Forms, and is the fifth item listed.

**18. Q. What would be considered an incomplete or unacceptable application?**

A. Examples of unacceptable or incomplete applications include, but are not limited to:

- Missing appropriate number of copies of full applications (where applicable).
- Missing sections of the applications (e.g., research proposal, structured lay summaries, signatures, supervisors/mentor sections).
- Missing reference/institutional support letters (award dependant).
- Missing signature across the seal for support letters (award dependant).
- Missing any CVs (e.g., principal investigator, co-applicants – anyone identified on co-applicant signature page, mentor, supervisor, co supervisor).
- Unable to open/access the PDF application on the memory stick (award dependant).
- Submitting on old application form.
- Not adhering to the font, margin and page limits.
- Un-collated applications.
- Faxed / Emailed applications.
- Handwritten applications.
- Failure to successfully submit an application by the deadline.
- Not following instructions for electronic submission.

**19. Q. Will the Heart & Stroke accept a scanned copy of an original signature?**

A. Heart & Stroke will accept a scanned copy of the original signature or electronic signatures for all research competitions. For the GIA program, the scanned copy of the original or electronic signature page must be uploaded into CIRCULink. Applicants need not send an original copy of the signature page to Heart & Stroke.

Note: The expectation is that an electronic signature will hold the same weight as an original (wet) signature.

**20. Q. Does Heart & Stroke provide funding for workshops or international conferences?**

A. Currently, programs that are specifically dedicated to support general workshops and conferences are not available. However, as a funded Heart & Stroke researcher, you may be able to use grant funds towards conferences and workshops, as per the specific award's guidelines.

**21. Q. What is Heart & Stroke's policy relating to indirect costs of research/overhead?**

A. Heart & Stroke supports only the direct costs of research. No funding is to be used for indirect costs of

research. The definition of indirect costs of research for the purposes of this policy is, costs which cannot be directly associated with a particular research program or operating grant including costs associated with the general operation and maintenance of facilities (from laboratories to libraries); the management of the research process (from grant management to commercialization); and regulation and safety compliance (including human ethics, animal care and environmental assessment).