

2018

**Women's
Heart and Brain
Health Chair Awards**

Submission Guidelines

22 January 2018

TABLE OF CONTENTS

A. SPECIFIC PROGRAM INFORMATION	2
1) Description	2
2) Funds Available	2
3) Timelines.....	3
4) Mandate of the Chair	3
5) Relevance	3
6) Eligibility Criteria.....	4
7) Evaluation Criteria	5
8) Tenure.....	6
9) Expression of Interest Submission Deadline.....	6
10) Application Submission Deadline	7
11) Application Requirements.....	7
12) Incomplete/Unacceptable Applications	9
13) Competition Results	9
14) Monitoring Progress	10
15) Final Report.....	10
B. SUPPLEMENTAL INFORMATION	11
1) Proposed Research Program Guidelines.....	11
2) Budget Guidelines	12
C. RESEARCH INTEGRITY POLICY	15
D. GENERAL INFORMATION	16
1) Non-Employee Status.....	16
2) Public Information.....	16
3) Ethical Requirements	16
4) Indirect Costs	16
5) Publications.....	16
6) Four Themes of Health Research.....	17
7) Lay Reviewers.....	17
8) Status of Publications.....	18

A. SPECIFIC PROGRAM INFORMATION

1) Description

Heart disease and stroke are a leading cause of death and disability among Canadian women. In fact, most Canadian women have at least one risk factor for heart disease and stroke – yet many women are not aware of this threat and do not know how to recognize the symptoms until it is too late. In comparison to non-Indigenous women, Indigenous women have a higher cardiovascular disease mortality rate. The Canadian Federal Budget 2016 provides for an investment of \$5 million over five years to Heart & Stroke to support with its partners, targeted research on women’s heart and brain health and to promote collaboration between research institutions across the country.

Through this initiative, Heart & Stroke, the Canadian Institutes of Health Research (CIHR) Institute of Aboriginal Peoples Health, Institute of Circulatory and Respiratory Health and Institute of Gender and Health, and the New Brunswick Health Research Foundation (NBHRF) will support up to four (4) investigators who demonstrate long-term commitment to women’s heart and brain health. Policies, programs and interventions that take into consideration the study of vulnerable populations and special populations are strongly encouraged. The Chairs are focused on Research Themes 3 (Health Services Research) and 4 (Social, Cultural, Environmental, and Population Health Research).

Up to four grants are available, one each to support a single:

- i. Chair in Indigenous Women’s Heart and Brain Health – (early career)
- ii. Chair in Indigenous Women’s Heart and Brain Health – (mid-career)
- iii. Chair in Women’s Heart and Brain Health – (early career)
- iv. Chair in Women’s Heart and Brain Health – (mid-career)

2) Funds Available

- Heart & Stroke and its partners will support successful applications with a maximum of \$150,000 /year for up to five (5) years to undertake a program of research. The total amount available for this funding opportunity is \$3.375 million dollars enough to fund up to four (4) Chairs.
- The maximum amount per grant is \$150,000 per year for up to 5 years.
- Funds may only be used to support research activities conducted in Canada and not as salary support for the principal investigator/applicant.
- For applications to the early career Chair in Indigenous Women’s Heart and Brain Health, in the case of creation of a new position, an additional \$75,000/year is available as a supplement to support the salary of the successful applicant.
- The New Brunswick Health Research Foundation (NBHRF) will contribute up to \$50,000/year (for the duration of the award) in support to successful applications from New Brunswick based researchers.
- The Heart & Stroke Quebec office will contribute up to \$75,000/year in support (for the duration of the award) to successful applications from Quebec-based researchers.

- In addition to the National Chair awards outlined, there will be an additional Quebec Chair offered to a Quebec researcher who qualifies through peer review and supported by the Heart & Stroke Quebec office and potential partners.

Heart & Stroke and its partners’ financial contributions for this initiative are subject to availability of funds. Should Heart & Stroke or partner(s) funding levels not be available or are decreased due to unforeseen circumstances, Heart & Stroke and partner(s) reserve the right to reduce, defer or suspend financial contributions to grants received as a result of this funding opportunity.

3) Timelines

15 January 2018:	Pre-announcement
19 January 2018:	Launch Date
28 February 2018 (16:00 EST):	Expression of Interest/Registration Submission Deadline
27 April 2018 (16:00 EDT):	Full application submission deadline
June 2018:	Announcement of Funding Decisions
01 July 2018:	Funding Start Date

4) Mandate of the Chair

The mandate of each Chair is to generate new knowledge that improves awareness, prevention and understanding of how biology and socio-cultural factors affect women’s heart and brain health. The mandate of the Indigenous Chairs in particular will include barriers and external factors that can influence Indigenous women’s health in Canada. The specific objectives of this funding opportunity are:

- To create new knowledge that advances understanding of women’s heart and stroke health.
- To foster innovative, sex- and gender-sensitive approaches to diagnosis, access to high quality care and treatment of heart disease and stroke in women, especially within Indigenous communities.
- To foster the translation of research knowledge into evidence-based policies and interventions that improves heart and brain health and promotes wellness of women.

The Chairs will be expected to actively contribute to and become members of the Heart & Stroke Canadian Women’s Heart Health Research Network and participate in the biannual [Canadian Women’s Heart Health Summit](#). The Chairs will also independently and together interact with and enhance current Canadian programs, to identify gaps and develop new policies, programs and interventions. The Chairs are expected to engage in implementation and outcomes research to evaluate heart and brain health inequities facing women and Indigenous communities in Canada. To this end, Chairs must define clear, measureable objectives, indicators and benchmarks related to fulfilling their mandate.

5) Relevance

This competition supports Knowledge Translation and Exchange (KTE) and research priority areas relevant to cardiovascular and/or cerebrovascular health in women.

6) Eligibility Criteria

6.1 General – Research Training / Appointment

- a. Except in the case of applicants to the early career Chair in Indigenous Women’s Heart and Brain Health, Principal Investigators will have a full-time academic or institutional teaching appointment in Canada at the time of the award. Any applicant in an Adjunct position 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). This information can be included within the required institutional support letter. Minimum 50% protected time is required.
- b. Applicants for the early career Chair in Indigenous Women’s Heart and Brain Health, may submit confirmation via a letter from their Dean/Chair/Division director to clarify the specifics of their new appointment (i.e., amount of protected time available, local infrastructure in place). This information can be included within the required institutional support letter. Minimum 50% protected time is required.
- c. At the time of submission (27 April 2018), no more than five (5) years (for early career investigators) or a minimum of five years but not more than fifteen (5-15) years (for mid-career investigators) may have passed since the date of the first full-time faculty appointment at the Assistant or Clinical Assistant Professor level or equivalent. This would include Adjunct positions in a research track for which the applicant first became eligible to write a Heart & Stroke Grant-in-Aid/operating grant (as a Principal Investigator).
- d. All time spent in research appointments will be taken into consideration when determining eligibility. Should an applicant hold or have held a part-time appointment, it will count as 50% (e.g., a one-year part-time appointment will count for 6 months towards the maximum). Leaves of absence will be considered in the calculation of eligibility (i.e., will not count towards the maximum) and should be included in the Employment section under Leaves of Absence in your Common CV.
- e. The applicant must have an MD, PhD, PharmD, DVM, or equivalent degree.
- f. At the time of submission (27 April 2018), principal investigators are **ineligible** if they hold or have already held a peer reviewed grant either as principal or co-principal investigator in the amount of \$150,000 or more per year for a period of more than two (2) years.

6.2 Other Eligibility Criteria

a. **Community/Indigenous Partner: For applicants to the Chair in Indigenous Women’s Heart and Brain Health**

Clear demonstration of strong community-based research (CBR)* collaboration with an Indigenous partner. A letter that includes details on the relevance of the proposed program of research to the community, the engagement of the community, receptivity of the community, and role of the community is required.

*Community-based research is a collaborative approach to research that equitably involves all partners and recognizes the strengths each brings to the research process. CBR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community

health and eliminate health disparities. CBR brings researchers together with members of the community to: identify the issues; collect and/or generate, analyze and interpret the data; and decide how to use the results and/or findings to inform policy, change practice and improve conditions in the community. In addition to these principles, CBR espouses the values of methodological rigour and ethical review.

- b. All applications must be supported by the university or institution at which the applicant will conduct the proposed research. The university or institution is expected to guarantee the applicant’s appropriate academic rank, integration, protected research time (minimum 50%), structured mentorship, space, equipment, career path, and start-up operating support.
- c. The Dean and Department Head (or institutional equivalents) must guarantee protected research time for the applicants.
 - i. Applicants with a health professional degree at a doctoral level (e.g. MD, PharmD, DVM; or other regulated accredited health professionals who have a PhD) who hold a license to practice in a province or territory of Canada must be guaranteed at least 50% protected research time.
 - ii. Applicants with a PhD degree or applicants with a health professional degree at a doctoral level (e.g. MD, PharmD, DVM; 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 must be guaranteed at least 75% protected research time.
- d. The applicant must complete one of three online training modules (discoversexandgender.ca), of their choice, offered by the CIHR Institute of Gender and Health and obtain a Certificate of Completion. The Certificate of Completion must be submitted with the application.

7) Evaluation Criteria

- a. The participating partners (Heart & Stroke, CIHR and NBHRF) will perform a relevance review to identify applications that are relevant to and in alignment with the [objectives](#) and [research areas](#) of this funding opportunity.
- b. All relevant applications will undergo peer review by the Heart & Stroke Scientific Review Committee, which includes expert reviewers and knowledge users. Representatives from funding partner organizations may be present as observers for discussions during peer review.
- c. The major criteria in evaluating the applications will be:
 - Applicant Track Record:
 - Quality and diversity of academic and research training received related to heart and brain health
 - Demonstration of academic achievements
 - Demonstration of independence and leadership
 - Demonstration of successful research experience related to consideration of sex and/or gender in health research
 - **For applicants to the Chair in Indigenous Women’s Heart and Brain Health:**
 - Community-based research experience, track record, relevance of past experience, including expertise related to Indigenous living experience(s)

- Evidence of a track record of working with First Nations, Inuit or Métis Peoples in a manner consistent with the [Tri-Council Policy Statement \(TCPS 2\) Chapter 9](#) and principles of Indigenous community leadership and data possession
- Demonstrated adherence to OCAP® (Ownership, Control, Access and Possession) principles regarding data standards.
- Research Plan:
 - Clarity of research plan
 - Alignment with the objectives and relevant research areas of funding opportunity
 - Originality and/or innovation of the research plan
 - Appropriateness of proposed research methodologies to be employed
 - Extent to which the research plan provides evidence of the applicant’s independence and leadership in the design and conduct of the proposed research
 - Appropriate integration of sex as a biological variable and gender as a social determinant of health in the research question, analysis and reporting. If either sex or gender are not integrated, a sound, evidence-based justification is required.
- Research and Mentorship Environment:
 - Demonstration of a strong institutional/organizational commitment to the continued scientific development and productivity of the applicant
 - Demonstration of the institution’s/organization’s commitment to protect the applicant’s time for cardiovascular research activities
 - Suitability of the environment (mentor(s), milieu, and project) to support the applicant.
 - Availability and accessibility of personnel, facilities, infrastructure and/or other resources required to carry out the research plan
 - Suitability of the environment for the training of personnel. In the case of applications to the early career Chair in Indigenous Women’s Heart and Brain Health, justification of the request for salary will also be required and evaluated in the context of the Institutional support including quality of the research environment, career path, start-up operating/salary support, community support (as applicable) and integration.

8) Tenure

The Chair will be for an initial period of three (3) years, plus an additional two (2) years conditional upon funding availability and acceptable progress report. Funding in the third year of the Chair is conditional upon proof of obtained operating grant funding or submission of application for one or more operating grant(s) either as Principal or as Co-Principal Investigator to a recognized national granting agency within the first two (2) years of the grant.

9) Expression of Interest Submission Deadline

In order to be considered for the 2018 Women’s Heart and Brain Health Chair Awards, a completed Expression of Interest, along with the Principal Investigator’s Common CV MUST be received by the Heart & Stroke by 16:00 ET on 28 February 2018 via email to research@heartandstroke.ca. Any Expressions of interest submitted after the deadline will NOT be accepted. There will be no appeal process to late submissions.

10) Application Submission Deadline

All applications must be received no later than 16:00 EDT on 27 April 2018 to the following address:

Research Department
Heart & Stroke
110-1525 Carling Avenue
Ottawa, Ontario K1Z 8R9
Attn: Rebekah Harrison

Applications received after the deadline will be considered late. Heart & Stroke reserves the right to decline late or incomplete applications.

11) Application Requirements

Applicants must submit to the Heart & Stroke:

- One (1) original collated application copy (Heart & Stroke Form R1)
- One (1) USB stick containing one (1) PDF of the complete application.
Please refer to section 11g for the structure and format of the PDF application.

A complete application must include:

a. Letter of Institutional Support

A letter, co-signed (please refer to section 11f for acceptable forms of signatures) by the Dean and Department Head (or institutional equivalents), must be submitted confirming institutional commitment to meet the following conditions for the duration of the grant. The letter must clearly describe details on:

Applicant’s confirmed, protected research time (this includes how that investigator’s research time will be funded (salary support);

- Adequate research space and equipment;
- Secured salary support (through peer-reviewed funding and/or institutional support) except for the case of applications to the early career Chair in Indigenous Women’s Heart and Brain Health where a new position is being created for the successful applicant;
- In the case of a creation of a new position for an early career Chair in Indigenous Women’s Heart and Brain Health: details confirming the need for salary support and justifying creation of the position.
- Clear career path with milestones/expectations; and
- Start-up or matching operating support for the duration of the grant, consistent with institutional policy. The institution must indicate the value of the start-up funds in cash that has been given to the applicant for their program. Provision of start-up funds by home institution will be considered in the assessment of the chance for success of the research programs that are being proposed.

b. Proposed Research Program

A five (5) page detailed description of the proposed research program, identification of the applicant’s role and how the execution of the research plan contributes to the applicant’s development as an independent researcher. The research proposal must include the following:

- Research aim of the study and/or hypothesis to be tested and/or research question to be addressed;
- Knowledge to date;
- Methods to be used;
- Anticipated results and/or findings, and conclusions;
- Possible problems;
- Clear plan for KTE - demonstrating strong linkages with knowledge users and how knowledge will be shared with knowledge users and how horizontal linkages will be made between the Chair and knowledge users, including chronic disease organizations, industry, health professionals, and policy makers. The plan must explain the relevance of anticipated or expected research findings to knowledge users such as policy makers, health professionals, and community-based groups.
- Clear plan for integration of sex and/or gender into the research question, analysis, results and reporting. Applicants are encouraged to consult the CIHR Sex, Gender and Health Research Guide: A Tool for CIHR Applicants. <http://www.cihr-irsc.gc.ca/e/32019.html>
- Cultural considerations (including Indigenous knowledges); and
- Pertinent references.

Further information about formatting and organization of the proposed research program can be found in Section B. Supplemental Information.

c. Certificate of Completion of CIHR Institute of Gender and Health training module

d. Candidate’s Statement

The candidate’s statement should provide an overview that addresses their involvement in either cardiovascular or cerebrovascular research, outline their specific areas of interest within this research area, and outline their future plans for research and overall career development.

e. Budget Request and Justification

Availability of funds is valued at a maximum of \$150,000/year/Chair for up to five (5) years, plus \$75,000/year in salary support for a newly created position for an early career Chair in Indigenous Women’s Heart and Brain Health. Rigorous justification of all proposed spending must be provided and will be thoroughly reviewed by Heart & Stroke. Failure to provide detailed information and appropriate justification may result in budget cuts that could adversely affect the final budget awarded for the program. Further information about budget requests and justification can be found in Section B. Supplemental Information.

f. Signature(s)

Heart & Stroke will accept either original signatures, a scanned copy of the original signatures, or electronic signatures. Note: The expectation is that an electronic signature will hold the same weight as an original (wet) signature.

g. USB Key Submission of Application

The applicant must submit one (1) PDF copy of the full application on a USB key. The PDF file name should be in the following format: Last name, First name – Chair18 (e.g. Smith, John – Chair18). The label on the USB stick should contain the following information:

- Name:
- Program Type: Chair 2018/2019
- Title of Research Proposal:
- Date:

The PDF should be organized in the same order as the paper application. Attachments should be inserted within the application where appropriate (i.e. proposed research program (item #18) should be inserted directly after item #18 in the application, NOT at the end). Appendices (if applicable) should appear after the CVs.

In addition, the applicant is required to place bookmarks in the PDF for the following sections:

- Lay Summary
- Institutional Letter of Support
- Proposed Research Program
- Budget Justification
- CVs Last name (e.g. CV Smith)
- Certificate of Completion of one of the CIHR Institute of Gender and Health online training modules

12) Incomplete/Unacceptable Applications

All applicants are strongly cautioned to carefully *read* and *follow* the instructions and requirements outlined in this guideline document.

In order to maintain the principle of fairness to all applicants, regulations *must* be adhered to in the preparation of the application. *Any* infraction of the rules will lead to the truncation or immediate rejection (without appeal) of the application.

Heart & Stroke reserves the right to decline incomplete applications.

13) Competition Results

Offers will be made to the highest rated application based on Chair category, until the available pooled resources have been exhausted.

Official letters will be sent to the applicants in June 2018.

14) Monitoring Progress

A progress report, which will be shared with partners, must be submitted to Heart & Stroke no later than August 1st of each grant year for the duration of the grant. The progress report template will be available at: <http://hsf.ca/research/en/node/18>.

15) Final Report

A final report that will be shared with funding partners must be submitted to Heart & Stroke no later than one (1) month after completion/termination of the grant. The final report template is available at: <http://hsf.ca/research/en/node/18>.

B. SUPPLEMENTAL INFORMATION

1) Proposed Research Program Guidelines

a. Formatting

- Text must be single-spaced, 12-point Times New Roman or 11-point Arial (including labels and descriptions, accompanying figures, tables, charts, photographs, etc.)
- Margin of 2 cm (3/4 inch) around the entire page.
- Header:
 - “Proposed Research Program” (left corner)
 - Applicant Name (right corner)
- Footer:
 - Number pages consecutively
 - Page numbers must be centered

b. Organization

- The Proposed Research Program should be predominantly text and is limited to five (5) pages. *Pages beyond the five (5) page limit will **NOT** be evaluated by the reviewers.*
- To improve the clarity of the proposal, figures, charts, tables, etc. may be included in the proposed research program or appended after the references. Please note that embedded figures, charts, tables, etc. count toward the five (5) page limit.
- References should be placed at the end of the proposed research program and will not count toward the five (5) page limit.
- Figures, charts, tables, etc. appended after the references must not exceed two (2) pages. *Pages beyond the two (2) page limit will **NOT** be evaluated by the reviewers.*
- Additional supporting documentation such as questionnaires, consent forms, etc. may be attached as a separate document.

Failure to adhere to the guidelines above risks the application being deemed unacceptable and removed from the competition.

c. Multi-Centre/Site/Communities Applications

Where a research project involves multiple centres/sites by reason of location of activity and/or investigators, Multi-Centre/Site applications must demonstrate benefit to all centres/sites involved. It is the responsibility of the applicant to ensure that applications demonstrate the following:

- A high probability of informing policies, practice, programs and/or science.
- Significant “value-added” to perform a particular project across centres/sites/communities.
- A research design reflecting work done in each centre/site.

2) Budget Guidelines

a. Salaries and Benefits (excluding those of the applicant)

Benefits will be provided up to a maximum of 30%. Heart & Stroke will not cover any salary increases.

Provide names (if known), categories of employment and proposed salaries (including non-discretionary benefits) of all personnel identified in the budget. Attach a copy of the institutional guidelines relating to requested benefit levels. Briefly describe the percentage of dedicated time and responsibilities of each position for which support is requested and attach a brief CV as an appendix for those positions for which an individual has been identified.

Salaries for unnamed research assistants, technicians and research associates should also conform to those of the institution in which the individual is carrying out the research, subject to the approval of Heart & Stroke.

Except for the salary stipend available to a successful applicant to the early career Chair in Indigenous Women’s Heart and Brain Health, under no circumstance can operating funds be used to support the salary or benefits of the principal investigator/applicant.

b. Summer Students/Graduate Students

Stipend levels must be aligned with Heart & Stroke guidelines. Each organization’s stipend levels are listed below:

- **Doctoral Level Trainees** (PhD): \$21,000
- **Post-Doctoral Level Trainees** who hold a health professional degree at a doctoral level (e.g. MD, PharmD, DVM; or other regulated accredited health professionals who have a PhD) who hold a license to practice in a province or territory of Canada: \$50,000.
- **Post-Doctoral Level Trainees** who hold a PhD degree or applicants with a health professional degree at a doctoral level (e.g. MD, PharmD, DVM; 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: \$40,000

Where comparable values do not exist (e.g. summer students, undergraduate, master’s level), stipend levels must be aligned with institutional guidelines. However, support will not be provided for benefits towards summer students, undergraduate students, graduate students, and/or post-doctoral fellows.

c. Research Equipment (including maintenance and facility)

Budget requests for research equipment and/or services amounting to more than \$25,000 *cumulative* over the span of three (3) years **will not be accepted**.

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.

For equipment or service contracts greater than \$10,000:

A cost quotation must be provided.

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.
- Where applicable, the necessity for upgrading existing equipment or service contracts.

Attach at least one (1) quotation for cost.

d. Materials and Supplies

Provide specific details and justify / explain major items (ex. costs for purchasing cell lines, primary cells, global estimates for disposables including reagents, kits, etc.). Do not simply list items.

e. Payments to Study Subjects

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

f. Other

Provide justification / explanation for each item listed.

g. Service Contracts

Provide justification / explanation for each item listed (ex. Biostatistical time, access to administrative databases, etc.).

h. Travel

Up to \$5,000 per year can be requested in support of travel to conferences and other academic meeting. Proper justification and a brief explanation of how each activity relates to the proposed research are required. The purpose and estimated cost (up to a maximum of \$5,000 per year) of such travel must be given.

i. Cost for engagement with Indigenous Communities

j. Financial Contributions from Other Sources (if applicable)

Provide a brief explanation of any financial (not in-kind) contribution from other sources (if applicable).

Contact Information:

Research Department
Heart & Stroke
110-1525 Carling Avenue
Ottawa, Ontario K1Z 8R9
Tel: (613) 691-4041
Fax: (613) 569-3278
E-mail: research@heartandstroke.ca
Website: <http://www.hsf.ca/research>
Attn: Rebekah Harrison

C. RESEARCH INTEGRITY POLICY

The primary objective of the HSFC’s Research Integrity Policy is to protect and defend the integrity of the research process and to deal with allegations of scientific misconduct in a timely and transparent fashion. Responsibilities of researchers, institutions and the Heart & Stroke with respect to research integrity are outlined in the **Heart and Stroke Foundation of Canada (HSFC) Framework: Responsible Conduct of Research** (<http://www.hsf.ca/research/en/node/800>).

As a condition of funding, all HSFC grant and award recipients agree to comply with the Principles and Responsibilities set out in that policy, and the research misconduct provisions below.

The HSFC defines research misconduct to include actions that are inconsistent with “integrity” as defined by the Framework, and to include such actions as fabrication, falsification, or plagiarism in proposing, performing, or reporting research, or in reporting research results.¹

The HSFC will deal with allegations of scientific misconduct in the following manner:

- Any allegation of scientific misconduct will be initially reviewed by the HSFC to determine whether an investigation is warranted. If it is felt that an investigation is required, the HSFC may request that this be conducted by the host institution of the individual considered to have performed the alleged misconduct. In allegations specifically related to the peer review process, the investigation may be conducted jointly by the institution and the HSFC.
- The HSFC will not act on verbal allegations of misconduct. All allegations must be submitted in writing. Although the confidentiality of persons who submit an allegation of scientific misconduct will be protected as much as possible, it must be recognized that due process will often result in the identity of this person being released to the investigating institution.
- The institution will be required to submit a written report upon conclusion of the investigation. This report will summarize the findings of the investigation and any future actions that will be undertaken by the institute as a result of the findings.
- In cases where misconduct is concluded to have occurred, the HSFC may apply sanctions against the individual(s) implicated. These sanctions will range from a reprimand letter to a ban from applying for or holding HSFC funds for a set period of time.

¹ Wording adopted from the US Department of Health and Human Services, Public Health Service Policies on Research Misconduct, Final Rule. May 17, 2005. Definitions are available from. <https://ori.hhs.gov/definition-misconduct>

D. GENERAL INFORMATION

1) Non-Employee Status

The granting of an award is deemed to establish neither an employer-employee relationship nor a partnership between the grantor and the grantee.

2) Public Information

Successful applicants need to be aware that the title of their research project and the lay summary may be placed into the public domain or included in Heart & Stroke publications without notification. Applicants are cautioned not to disclose information that could endanger a proprietary position in these sections.

We would like to encourage applicants to help us communicate the importance of research to Heart & Stroke donors and to the general public. In this increasingly difficult economic climate, raising funds to support research is becoming progressively more difficult. More than ever, we need to let our donors and the public know that their donations are being used to support world class research. You are one of the best representatives to explain to the public the role of research in increasing heart health and reducing the burden of heart disease and stroke.

3) Ethical Requirements

By signing and submitting applications to Heart & Stroke, applicants undertake the responsibility to ensure the research that results from this initiative be acceptable to the institution on ethical grounds and comply with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans and the host institution research policies, as applicable.

Heart & Stroke reserves the right to periodically request additional approval forms during the term of the project. Forms included with the application must be valid at least 30 days beyond the start date of the grant.

4) Indirect Costs

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).

5) Publications

A Principal Investigator must acknowledge the support of Heart & Stroke and/or relevant partners in all scientific publications and presentations related to their grant with the following wording as applicable:

“This work was supported by funding from the Heart & Stroke and Canadian Institutes of Health Research”

OR

“This work was supported by funding from the Heart & Stroke, Canadian Institutes of Health Research and the New Brunswick Health Research Foundation”.

All scientific articles acknowledgement of CIHR funding must include the appropriate CIHR Funding Reference Number (FRN) indicated on the successful applicants' Authorization for Funding document.

In addition, a copy of publications and presentations must be submitted with each progress and final technical report. To facilitate the implementation of Heart & Stroke's programs for knowledge transfer and exchange, we request that Heart & Stroke be notified in advance of the publication date of any major publications and/or press releases arising from research funded by Heart & Stroke.

6) Four Themes of Health Research

Applicants must estimate what proportion of the proposed research and proposed project budget falls under the four health research themes. This data is gathered for Heart & Stroke's use only.

The four (4) themes of health research as defined by the CIHR 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 which 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.

7) Lay Reviewers

Heart & Stroke incorporates lay reviewers on its Scientific Review Committee (SRC) panels in order to increase accountability and transparency of the review process and to ensure that the research is aligned with its goals and mission. Heart & Stroke places a high priority on ensuring appropriate lay summaries are submitted as part of each application. If the

application is accepted for funding and the lay summary is identified as unsatisfactory, funds will be encumbered pending receipt of a satisfactory lay summary.

8) Status of Publications

Manuscripts may not be attached unless they have been published or the manuscripts have been submitted or accepted for publication. Any manuscript included with an application, but not yet published must be accompanied by documentation from a journal verifying that the manuscript has been submitted, is accepted for publication or is in press. Heart & Stroke will not accept letters indicating confirmation of acceptance for publication of a paper after 27 April 2018.

Appendix 1: List of Partners

Funding Partners



The Heart & Stroke, a volunteer-based health charity, leads in eliminating heart disease and stroke and reducing their impact. Its mission is to prevent disease, save lives, and promote recovery. Healthy lives free of heart disease and stroke. Together we will make it happen.



The New Brunswick Health Research Foundation (NBHRF) is a provincial health research organization whose vision is a healthy and prosperous New Brunswick through excellence in health research and innovation. NBHRF provides leadership and support to build health research capacity, improve the health of New Brunswickers and advance the knowledge economy.



The Canadian Institutes of Health Research (CIHR) is the Government of Canada's health research investment agency. CIHR's mission is to create new scientific knowledge and to enable its translation into improved health, more effective health services and products, and a strengthened health care system for Canadians. Composed of 13 Institutes, CIHR provides leadership and support to more than 13,200 health researchers and trainees across Canada

The Institute of Aboriginal Peoples' Health (IAPH) fosters the advancement of a national health research agenda to improve and promote the health of First Nations, Inuit and Métis peoples in Canada, through research, knowledge translation and capacity building. The Institute's pursuit of research excellence is enhanced by respect for community research priorities and Indigenous knowledge, values and cultures.

The Institute of Circulatory and Respiratory Health (ICRH) supports research into the causes, mechanisms,

prevention, screening, diagnosis, treatment, support systems and palliation for a wide range of conditions associated with the heart, lung, brain (stroke), blood, blood vessels, critical and intensive care, and sleep. The ICRH vision is to achieve international leadership by fostering an environment of openness, excitement, energy, commitment and excellence in highly ethical, partnered initiatives focused on research, research training, and research translation for the circulatory and respiratory sciences and for the betterment of the health of Canadians.

The Institute of Gender and Health (IGH)'s

mission is to foster research excellence regarding the influence of sex and gender on the health of women and men throughout life, and to apply these research findings to identify and address pressing health challenges.