



American Heart Association
Heart Transplant Research Network
Request for Proposals

KEY DATES

RFP Posted:	Friday, December 19, 2025
Proposal Deadline:	Tuesday, March 10, 2026
Heart Association Peer Review:	April and May 2026
Notification of Awards:	June 2026
Award Start Date:	July 1, 2026

Important Notes

- Proposals must be received no later than 3 p.m. Central Time on the deadline date. Early submission is encouraged. The American Heart Association does not accept late proposal submissions, grant extension requests, or have an appeals process.
- Before beginning an application, see the [Heart Association Application Resources](#) page for requirements that apply to all Association research awards. Also view research [Policies and Statements](#).
- Proposals must be [submitted electronically via ProposalCentral](#). The system will open eight weeks prior to the application deadline to complete the proposal and upload required documents. Applicants can create required documents in advance; refer to the [Application Instructions \(PDF\)](#). All submissions require the signature of a designated institutional representative.
- Applicants must be [American Heart Association Professional Members](#) at the time of proposal submission. [Join or renew](#) when preparing an application in ProposalCentral, or by phone at [+1-888-242-2453](#) or [972-349-5803](#). Membership processing may take 3-5 days; do not wait until the application deadline to renew or join. The Association expects all mentors associated with training/mentored research awards to maintain active Association Professional Membership, as well.

Required Proposal

Each applicant is required to [submit a proposal](#) via ProposalCentral before the posted deadline above.

The Association believes that including individuals of all backgrounds is an essential component to driving its mission. We strongly encourage applications by individuals who have faced special challenges or obstacles to their careers and those who have experienced varied and non-traditional career trajectories.

BACKGROUND

The first heart transplant was performed in 1967, one of the most extraordinary feats of modern medicine. The system that supports it, however, has failed to evolve significantly since then, with none of the astonishing novel therapies we see being developed in other areas of medicine. Despite decades of innovation in almost all the other cardiovascular spheres, heart transplant

care remains fragmented, inequitable, and frustratingly stagnant. Patients face ongoing cardiac rejection with imprecise methods to detect the immunologic process, potentially toxic immunosuppressive regimens which have not been updated substantially for two decades, and inconsistent outcomes—especially among Black recipients and pediatric populations. Data are siloed, research is underfunded, and quality improvement is virtually nonexistent. The majority of clinical practice guideline recommendations are driven by consensus rather than an evolving catalog of evidence.

There is no unified national data infrastructure that can support retrospective and prospective research, no standardized quality improvement framework, and no coordinated research agenda to address these challenges. In short, we are crawling in one of the most high-stakes areas of healthcare.

The American Heart Association is launching a bold, multi-phase initiative to transform heart transplantation care across the United States, a transformation in treatment built on three pillars:

A Global Heart Transplant Data Infrastructure

In collaboration with key transplant organizations, the American Heart Association will manage a comprehensive heart transplant database, designed not as a static registry, but as a dynamic, harmonized data platform to drive research, quality improvement, and policy change.

A Research Network for Breakthrough Science

We are now recruiting from leading institutions to launch a research network focused on rejection detection, remote monitoring, viral load surveillance, and innovative, safer therapies. This network will be the sandbox for high-impact studies, including planning grants for clinical trials in immune tolerance, and chronic rejection.

A Quality Improvement Infrastructure

Modeled after our Get With The Guidelines® success, we will build a scalable Quality Improvement (QI) framework to standardize transplant care, reduce disparities, and improve long-term outcomes. This will drive system-wide change.

PURPOSE

This Request for Proposals seeks applications from qualified institutions that can participate in a heart transplant research network for adults or pediatric patients.

REPRESENTATIVE REQUIREMENTS RESPONSIVE TO THIS FUNDING OPPORTUNITY

The intent of this initiative is to support a collaborative network of clinician investigators whose collective research efforts will lead to enhanced management options for patients undergoing heart transplantation.

Member institutions will:

- Participate in a network Steering Committee to inform strategy, study evaluation and prioritization
- Participate in research opportunities developed internally, or funded by the AHA or with external sources/ funders
- Develop feasibility grants to support trial design and planning
- Have ongoing and continuous access to aggregate data on AHA's Precision Medicine Platform

Hospital Centers

- A qualifying center must have an active heart transplant program in existence for at least 5 years, and an annual volume of heart transplants that exceeds 20/year.
- Centers must be willing to maintain mandatory, national governmental data collection, and work with the Heart Association's heart transplant research network to abstract additional research data, in accordance with data privacy and informed consent regulations.
- Each center must identify a Principal Investigator who will be responsible for the entirety of the participation of their center in the research network. This PI will agree to:
 - Regular attendance at Steering Committee meetings
 - Harmonization of heart transplant management with the other centers in the network, including immunosuppressive regimens, and heart biopsy schedules.
 - Inform and advise data harmonization efforts between institutions and across studies.
- Ideally, qualifying centers should also have an:
 - active mechanical cardiac support device program;
 - an active multidisciplinary heart valve team;
 - an active cardiogenic shock team; and
 - have a strong collaboration with a hospital/hospitals and clinicians that perform pediatric heart transplantations. If the applying institution is a pediatric hospital, then they must have a strong collaboration with an adult heart transplantation program.
- Centers should have a successful track record in cardiovascular clinical trial execution, as evidenced by prior study participation and subject enrollment rates.

NETWORK OVERVIEW AND STRUCTURE

This American Heart Association Heart Transplant Research Network will consist of 10-15 centers, each of which is expected to:

- Participate in the conception, design and execution of mutually agreed upon research projects.

- Collaborate to address core issues in the management of patients undergoing heart transplantation.
- Name one center Principal Investigator (co-center PIs are not permitted) to facilitate activities within their center and work closely with the other Network Center PIs to coordinate activities across the Network, including network deliverables.
- Work closely with the American Heart Association's Clinical Trial Services to provide site monitoring, data collection, center contracting and other network and trial infrastructure needs.
- Work closely with the Coordinating Center team about trial operations and data queries.

Opportunities for awarded centers are expected to include:

- Participation in network governance to inform strategy, study evaluation and prioritization
- Potential research opportunities, such as:
 - Feasibility grants to support trial design and planning
 - Prospective research studies funded by the Association and external sources
 - Access to aggregate data on the American Heart Association's Precision Medicine Platform

OVERSIGHT ADVISORY COMMITTEE

An Oversight Advisory Committee (OAC) will be established to facilitate the success of this network. The OAC will be composed of volunteers who are subject matter experts.

APPLICATION DETAILS

Award Duration: Four (4) years

Number of Awards: The Heart Association anticipates awarding at least 10-15 center grants to establish this network. Awardees will be selected based on scientific merit and how each group aligns with the Association's mission and goals.

Award Amount: Each center Principal Investigator will receive \$50,000/year, plus \$5,000 per year for indirect costs for center activities. Additional funds to each center will be awarded as research studies are identified and funded. The Heart Association reserves the right to determine the final award amount for competitive projects based on need and potential impact. Research agreements will be renewed annually if center performance has been satisfactory.

The American Heart Association Heart Transplant Research network team will actively work with each center to enhance data collection and minimize manual data entry.

Center Principal Investigators:

- At the time of application, the applicant must hold an MD, PhD, DO, DVM, DDS, or equivalent post-baccalaureate doctoral degree.
- Must have a faculty or staff appointment.
- May hold another Heart Association award simultaneously.

Center Principal Investigators must have one of the following designations at the time of proposal submission – not award start date, depending on career stage and each individual's situation. An awardee must maintain one of the designations listed below throughout the duration of the award. Please consult with your institution's grant officer.

- U.S. citizen
- Permanent resident
- Pending permanent resident (must have filed Form I-485 for permanent resident status and obtained an I-797C Notice of Action that the application has been received by USCIS and case is pending)
- E-3 Visa - specialty occupation worker
- F-1 Visa - student (for predoctoral and postdoctoral fellows only)
- G-4 Visa - family member of an international organization employee
- H1-B Visa - temporary worker in a specialty occupation
- J-1 Visa - exchange visitor (pre- and postdoctoral fellowships only; all other awardees must obtain an H-1B or equivalent by the proposal due date)
- O-1 Visa - temporary worker with extraordinary abilities in the sciences
- TN Visa - NAFTA Professional
- DACA - Deferred Action for Childhood Arrivals

Heart Transplant Research Network Proposal Required Documents and Page Limits

PROPOSAL SUBMISSION

Each applicant is required to submit a proposal electronically via [ProposalCentral](#) before the posted deadline above. The Association believes that including individuals of all backgrounds is an essential component to driving its mission. We strongly encourage applications by individuals who have faced special challenges or obstacles to their careers and those who have experienced varied and non-traditional career trajectories.

Applicants can create required documents in advance. All submissions require the signature of a designated institutional representative.

Center Principal Investigator (required document uploads)

- Research Plan (max 7 pages)
- [Biosketch](#) (5 pages)
- [Literature Cited](#) (4 pages)
- [Research Project Environment \(DOCX\)](#) (2 pages)

Other Third-Party Personnel (if applicable/not required)

- [Collaborating Investigator's Biosketch](#) (5 pages)
- [Collaborating Investigator's Letter](#) (5 pages)
- [Consultant's Letter](#) (5 pages)

Applicants are also required to complete the following sections in ProposalCentral:

- Project Summary - Write a concise description or abstract describing the work proposed. This should be as brief as possible, since you also will be required to upload a separate pre-proposal document. Note: This field will not accept any special characters or keystrokes (e.g., β , π , etc.).
- Non-Scientist Summary - Enter a description of the project that is written to be understood by

non-scientists. This information may be reviewed by people who do not have scientific or medical backgrounds. Be clear and avoid technical and scientific terms, when possible. When formulating your lay summary, it might help to imagine that you are explaining your work to a new acquaintance who does not work in the science field. NOTE: It is incumbent upon the applicant to make a clear link between the proposed project and the mission of the American Heart Association.

Peer Review Criteria

Proposals will undergo peer review by a grant review panel ("Review Panel"), convened and overseen by the American Heart Association. The Review Panel will include expert scientific reviewers. Expert reviewers may include international members as well as reviewers from the USA. Additional ad-hoc reviewers may be obtained to bring additional expertise to support the review process. The Review Panel may meet in person or virtually at the discretion of the American Heart Association.

The 7-page Research Plan must address the following points:

- Does the applicant center have an active heart transplant program that has been in existence for at least 5 years, and an annual volume of heart transplants that exceeds 20/year?
- Does the applicant center confirm its willingness to maintain mandatory, national governmental data collection, and work with the Heart Association's heart transplant research network to abstract additional research data, in accordance with data privacy and informed consent regulations?
- Does the Center Principal Investigator who will be responsible for the entirety of the participation of their center in the research network agree to:
 - Regular attendance at Steering Committee meetings
 - Harmonization of heart transplant management with the other centers in the network, including immunosuppressive regimens, and heart biopsy schedules.
 - Inform and advise data harmonization efforts between institutions and across studies.
- Does the applicant center confirm and demonstrate within the proposal:
 - active mechanical cardiac support device program;
 - an active multidisciplinary heart valve team;
 - an active cardiogenic shock team; and
 - have a strong collaboration with a hospital/hospitals and clinicians that perform pediatric heart transplantations.
- Does the named Center PI and the proposed center document a successful track record in cardiovascular clinical trial execution, as evidenced by prior study participation and subject enrollment rates?
- How does the Center's named PI address the requirement of participation in the conception, design and execution of mutually agreed upon research projects?
- Does the named Center PI adequately address the requirement to collaborate to address core issues in the management of patients undergoing heart transplantation?
- Does the named Center PI have a demonstrated track record of facilitating activities within their center and working closely with others to coordinate activities?
- To what extent does the proposed Center's academic research coordinating team adequately describe their commitment to working closely with the American Heart Association's Clinical

Trial Services , and the Coordinating Center to provide site monitoring, data collection, center contracting and other network and trial infrastructure needs?

Applicants are prohibited from contacting Heart Association peer reviewers. This is a form of scientific misconduct and will result in removal of the application from funding consideration and institutional notification of misconduct.

The American Heart Association DOES NOT permit peer reviewers to use large language models (LLM – e.g., ChatGPT) or an artificial intelligence tool to generate and/or edit content in peer review critiques. Uploading any portion of a research proposal into a large language model (LLM – e.g., ChatGPT) or an artificial intelligence tool to assist in writing a critique of the proposal is explicitly prohibited as it is a violation of the [American Heart Association’s Peer Reviewer Certification Statement](#) (to include confidentiality, non-disclosure, and conflict of interest).

The American Heart Association reserves the right to an initial triage, whereby a minimum of half of the submissions may be triaged.

AWARD SELECTION

Final funding decisions are subject to approval by the American Heart Association.

COORDINATING CENTER OPPORTUNITY

Total Amount: \$1.7 million (including up to 10% indirect costs) over the four-year grant period

This request for proposals (RFP) also offers the opportunity to apply as the overall Coordinating Center for the Transplant Network. This center must have a named PI and will coordinate the dissemination of all findings resulting from this award mechanism. Three required core activities (“cores”) have been identified to support collaboration and leverage resources among and across the funded sites: (1) Administrative Core, (2) Data Sharing & Management; and (3) Knowledge Mobilization.

Administrative Core: Applicants for the Coordinating Center are required to provide information that describes the overall objective to ensure rapid collection and dissemination of results to the medical and research communities. The purpose of the administrative core is to coordinate collaborative research and communication among the awardees, to facilitate the establishment of collaborations, support efficiencies across collaborators, to receive results from all the awardee sites, and to coordinate dissemination of all findings resulting from this funded mechanism.

Please describe the applicant PI’s experience in multi-institutional collaborative research, data management, rapid and accurate dissemination of contemporary research and clinical information, as well as institutional infrastructure to support this initiative.

Data Sharing & Management: Applicants for the Coordinating Center are required to develop a *Data Sharing and Management Plan* that coordinates the collection, standardization, use, sharing, linkage, and management of data within and across the funded sites. The Data Sharing and Management Plan shall include standardized data collection methods, including harmonization with existing provincial, national and/or international data registries and platforms. The Data Sharing and Management Plan should use the [FAIR principles](#) (Findable, Accessible,

Interoperable, Reusable). The plan should support a pathway for de-identified data to be stored on the Association's Precision Medicine Platform to support enduring research opportunities leveraging network data.

Knowledge Mobilization (KM): Applicants are required to develop a KM Plan detailing the proposed activities and including relevant involved groups and individuals (e.g., researchers, clinicians, health care providers, PWLE, policy makers, nonprofit organizations, industry). KM activities should aim to mobilize existing and new knowledge resulting from the activities of the Transplant Research Network. Additionally, KM Plan should facilitate co-creation and dissemination of research findings with the site investigators and the staff of the American Heart Association.

COORDINATING CENTER PROPOSAL SUBMISSION

Required Documents and Page Limits

Proposals must be [submitted electronically via ProposalCentral](#). Applicants can create required documents in advance. All submissions require the signature of a designated institutional representative.

For the Coordinating Center proposal, the following uploads are required:

- Applicant/PI Biosketch (5 pages)
- Budget Justification (max 2 pages)
- Infrastructure to support Coordinating Center (max 3 pages)
- Coordinating Center Vision and Approach to Foster Collaboration (max 3 pages)
- Coordinating Center PI Qualifications (max 2 pages)

Applicants are also required to complete the following sections in ProposalCentral:

- **Project Summary** - Write a concise description or abstract describing the work proposed. This should be as brief as possible, since you also will be required to upload a separate pre-proposal document. Note: This field will not accept any special characters or keystrokes (e.g., β , π , etc.).
- **Non-Scientist Summary** - Enter a description of the project that is written to be understood by non-scientists. This information may be reviewed by people who do not have scientific or medical backgrounds. Be clear and avoid technical and scientific terms, when possible. When formulating your lay summary, it might help to imagine that you are explaining your work to a new acquaintance who does not work in the science field. NOTE: It is incumbent upon the applicant to make a clear link between the proposed project and the mission of the American Heart Association.

Coordinating Center allowable budget items:

- Salary and fringe benefits for the Coordinating Center PI, collaborating investigator(s), and other participating research staff or trainees.
- The Coordinating Center PI is expected to commit a minimum of 10% effort for responsibilities specifically associated with the Coordinating Center.
- Non-salary expenses related to the activities of the Coordinating Center, such as supplies and consumables, tele- and web-based communications costs, equipment, travel, and publication

costs in accordance with institutional and AHA policies.

The Coordinating Center PI will be responsible for overseeing the total budget for this award. The PI and the institution assume an obligation to expend grant funds for the research purposes set forth in the application and in accordance with all regulations and policies governing the research programs of the American Heart Association.

Peer Review Criteria: A detailed and cohesive plan for coordination among the sites will be critical for success. This plan will be assessed based on the following criteria:

- Approach: Has the Coordinating Center PI developed a plan that will optimize collaborative opportunities across the network? Does the plan ensure clear, consistent and frequent communication with and between the center sites? Does the applicant acknowledge potential problem areas and have a plan to mitigate those should they arise?
- Investigator(s): Is the Coordinating Center PI experienced in leading collaborative initiatives, or has he/she/they demonstrated strong potential to do so? Has he/she/they demonstrated the ability to manage large-scale, multi-site initiatives? Does he/she/they demonstrate the ability to foster communications between distinct teams of investigators?
- Significance: Does this coordinating center application address important problems related to transplantation? If the aims of this network are achieved, what is the likelihood of advances in clinical practice or policies regarding transplantation? What will be the effect of these studies on the concepts, methods and technologies that drive this field?
- Environment and Infrastructure: Does the scientific environment and available infrastructure contribute to the probability of success? Is there evidence of institutional support for this coordinating center?
- Summary for Non-Scientists: How well does this lay summary convey to a non-scientific audience the purpose and importance of the research? The following attributes will be assessed:
 - How well written is the lay summary in explaining to a non-scientist audience the research proposed and its importance?
 - Does the lay summary adequately explain the major health problem being addressed by this study?
 - Does it provide specific questions and how the projects will address them?
 - Does it provide information on the overall impact of this work and the potential advances in the field?
 - Does it relay how the proposal supports the mission of the Heart Association?

RELEVANT POLICIES AND REQUIREMENTS

[Policies and Standards Governing American Heart Association Research Awards](#)

Institutional Eligibility / Location of Work:

Heart Association awards are limited to U.S.-based non-profit institutions, including medical, osteopathic and dental schools, veterinary schools, schools of public health, pharmacy schools, nursing schools, universities and colleges, public and voluntary hospitals and others that can demonstrate the ability to conduct the proposed research. Applications will not be accepted for work with funding to be administered through any federal institution or work to be performed by a federal employee, except for Veterans Administrations employees.

The Centers are not transferable to other institutions. An institution may submit only one application in response to this RFP.

The *submitting institution* is responsible for ensuring that only one proposal is submitted for the institution or to coordinate across several institutions to create a single application. The named Center PI's institution will maintain fiscal responsibility for the entire award.

The Precision Medicine Platform: Applicants are required to make use of Heart Association's [Precision Medicine Platform](#) (PMP), powered by Amazon Web Services. The PMP will be used in data harmonization and aggregation to support collaborative research in the network. More about the PMP below:

- The PMP supports cloud computing in a secure and private workspace and enables investigators to collaborate and analyze data securely. *The Heart Association will provide each project with a workspace and the use of cloud credits for all funded applications.*
- Data analysis is enabled in secure workspaces by a friendly web user interface that allows researchers to code in various languages, including R and Python and use statistical software including but not limited to SAS and R studio. The most up-to-date machine learning and artificial intelligence software available from Amazon Web Services is also included. For a full list of the analytical tools available, please see [AHA - Precision Medicine Platform - Tools & Features](#) (<https://pmp.heart.org/tools>). Researchers are also able to upload their own tools.
- To learn more about the Precision Medicine Platform and how it can enable your research, please visit <https://pmp.heart.org/>. Additional questions can be answered on the [Heart Association Application Resources Page](#) under the Precision Medicine Platform Header.
- The PMP is HIPAA and FedRAMP compliant.

All awardees must commit to submitting results to the funded Coordinating Center as described.

Awardees must deposit all data collected through this funding mechanism to the AHA's Institute for Precision Cardiovascular Medicine; this will be done automatically if data is collected by the Coordinating Center

Links and References to Relevant Heart Association Policies:

- Public Access: The American Heart Association's public access policy requires that all journal articles resulting from Heart funding be made freely available in PubMed Central (PMC) and attributed to a specific Heart Association award within 12 months of

publication. It is the responsibility of the awardee to ensure journal articles are deposited into PMC.

- **Open Data:** Any factual data that is needed for independent verification of research results must be made freely and publicly available in a Heart Association–approved repository as soon as possible, and no later than the time of an associated publication or the end of the award period (and any no-cost extension), whichever comes first. For more information on the above policies, see the Heart Association's [Open Science Policy](#) webpage.
- **Preregistration:** the Heart Association requires preregistration for any funded clinical trials and encourages preregistration for any studies that make an inferential claim from a sampled group or population, as well as studies that are reporting and testing hypotheses. After a project is completed, protocols and preregistration analysis plans can be used in conjunction with the final study and analysis by researchers seeking to replicate, reproduce, and build upon findings. See the Association's [preregistration information](#).
- **Other:** Any inventions, intellectual property, and patents resulting from this funding are governed by the Heart Association's Intellectual Property Policy for Research Funding EXCEPT to the extent modified by specific Intellectual Property terms for this award mechanism, including financial terms, which will be communicated to awardees following the review process. The applicant/awardee and institution are responsible for compliance with all Heart Association research award policies and guidelines for the duration of any awards they may receive. Visit the Research Programs Awards Policies page for more information on this topic: [Heart Association Policies Governing All Research Awards](#).