



American Stroke Association–Bugher Foundation Centers of Excellence in Hemorrhagic Stroke

Key Dates

RFA Posted:	February 19, 2020
Application Deadline:	August 27, 2020
AHA Peer Review:	Sept/Oct 2020
Notification of Awards:	November 2020
Award Start Date:	January 1, 2021

Award Objectives and Characteristics Announcement

The Henrietta B. and Frederick H. Bugher Foundation and the American Heart Association/American Stroke Association announce a Request for Applications (RFA) for the Centers of Excellence in Hemorrhagic Stroke Research comprising at least three (3) Centers and one (1) Centralized Training Center within this Network (see appropriate section for application details).

AHA 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 center application and only one centralized training center application in response to this RFA. Individuals at the applicant institution who are not participating in their institution's center and project(s) application may participate in a separate institution's center application. Individuals other than the Center Director who are participating in their institution's center application, may participate in a separate institution's center application. The application may include individuals and/or projects at more than one institution provided there is evidence for a successful close personal and geographical interaction among research and training personnel.

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

CENTER APPLICATION DETAILS

Purpose

A leading priority of the AHA is to fund research that increases the understanding of the etiology, pathophysiology, treatment and prevention of cardiovascular (CV) diseases and stroke. This RFA describes a collaborative network of basic, clinical and population researchers from different disciplines whose collective efforts will enhance the understanding of the etiology, biological pathways and modifiable risk factors associated with hemorrhagic stroke



(HS) and will lead to innovative and breakthrough discoveries for the prevention and treatment of HS.

Topics of Interest: Specific Questions to be Answered by this Grant Opportunity

The intent of this initiative is to support a collaboration of basic, clinical and/or population researchers from different disciplines whose collective efforts will lead to new approaches to the study of HS. Each Center must have at least two (2) research projects, but no more than three (3) projects, from two (or three) of these disciplines: basic, clinical, and/or population science. All projects must focus on HS, and the proposed projects must demonstrate *synergy* such that the whole is greater than the sum of its parts. Note: Population health studies are inclusive of projects ranging from cohort studies to translational work and/or implementation projects involving community interventions. All projects must address health care disparities and/or health equity.

The following are illustrative descriptions of overarching themes that could be addressed by a Center. Successful applications will provide strong evidence of synergy among the proposed projects and will address at least one of the issues below or an alternate issue of equal importance.

Basic Mechanistic Pathways – There is wide AHA interest for further insight into key mechanisms related to the development of HS.

Examples for investigation: basic animal models of HS, how comorbidities (such as hypertension) impact spontaneous HS including human hemorrhagic stroke (translational models), examine survival as related to HS size/mass effect, pathophysiology of genetic signaling determining causes of HS, examine vascular pathophysiology in animal models and human models of intracerebral hemorrhage (ICH). Extracellular matrix as a determinant of hemorrhage. Consider the pathophysiology of cerebral microbleeds and potential progression to larger hemorrhages. Understanding adaptive response after HS and reducing maladaptive responses after ICH.

Diagnosis and Risk Assessment – Early diagnosis and then assessment of risk factors associated with HS are important for reduction in morbidity and mortality. Newer strategies are needed to detect HS earlier to reduce the sequelae associated with HS.

Examples for investigation: Recognition of acute hemorrhagic stroke, by imaging or other diagnostic modalities for early detection. While hypertension is a main risk factor for HS, other risks exist. Risk factors examined might include hypertension, cerebral amyloid angiopathy, the relationship to alcohol intake, smoking, cholesterol, diabetes, genetic factors, ethnicity, drug abuse. Use of imaging to determine early onset of HS and expansion of cerebral bleeding. What is the impact on HS location related to neurological impairments?

Comorbidities and Disease Progression – Understanding the role of comorbidities that are attributable to HS are important for prevention. With the morbidity and mortality high in HS,



understanding disease progression is key to identifying how to temper progression of HS once it has occurred and in prevention of further hemorrhages.

Examples for investigation: Overall understanding of the impact of comorbidities in HS: detail what other comorbidities are aligned with HS and effects of comorbidities on prevention, injury and repair. Areas of concern might include: the relationship between HS and HIV, drug toxicity, kidney disease and ICH (including dialysis), ischemic stroke with hemorrhagic transformation or ischemic stroke, age, malignancies (role of cancer in HS), effect of fever on disease progression, inflammation, risk of HS in persons on statins, and other potential biomarkers. Role of gender and age (pathological features) in HS. Risk/role of antiplatelets/anticoagulants in HS (could be basic or human).

Genetics and Genomics – In depth understanding of how to identify genetic factors that may predict HS, aside from known risk factors or comorbidities.

Examples for investigation: Genome-wide association studies, familial risk factors related to genetic factors. Any genetic mutations associated with HS, genetic biomarkers that would identify patients at high risk for prevention.

Lifestyle, Behavior, and Prevention – Key questions surround the role of physical activity in HS, the role of diet in HS, the role of smoking or illicit drug use in HS, and the role of caffeinated drinks in HS as examples of behavior and lifestyle indices that may place patients at high risk of HS.

Examples for investigation: Role of BMI in HS, optimal blood pressure to prevent HS, etc.

Social Determinants – Understanding the role of social environments including the use of illicit drugs, air quality/pollution, social environments/neighborhoods.

Treatment – potential neuroprotective modalities (for the acute phase and the secondary effects of bleeding), surgical interventions, physiology of hematoma erythrocyte lysis and then clearance as a potential therapeutic target, targets for cessation of bleeding.

Examples for investigation: Treatment for or prevention of increased intracranial pressure (ICP), use of monitoring ICP as a therapeutic target for the reduction of the sequelae due to HS, herniation, formation of edema, and unmet needs and challenges in clinical research of intracerebral hemorrhage. Examining time to or for treatments is HS. Treatment targets for the effect of fever and other inflammatory markers on morbidity and mortality.

Quality of Care – HS carries a very high risk of morbidity and mortality. High level care in the acute phase of HS is paramount and may predict the recovery after HS. A focus of research may include determining the best setting for these neurologically impaired patients (e.g. neurocritical care units vs. others) and what modalities contribute to better outcomes after HS. Another focus of research could include the optimal protocol for recovery after HS.



Award Details

Duration: Four (4) years with the potential for up to a 12-month no-cost extension.

Award Amount: The maximum budget amount a Center may request is \$2,500,000. The AHA reserves the right to determine the final award amount for competitive projects based on need and potential impact.

Appropriate Budget Items:

- Salary and fringe benefits of the Center Director, Training Director, Principal Investigators, fellows, collaborating investigator(s), and other participants with faculty appointments.
- Project-related expenses, such as salaries of technical personnel essential to the conduct of the project, supplies, equipment, travel (to scientific meetings such as the International Stroke Conference), and publication costs in accordance with institutional and AHA policies.
 - Awardees are expected to attend two face-to-face (F2F) network meetings per year, one of which will occur at the International Stroke Conference each year (dates/locations TBD). Centers may use award dollars to pay for travel to F2F meetings and other meetings where AHA research is presented.
- Maximum of 10% institutional indirect costs may be claimed on the award.

Sample Budget	Center Totals
Projects: At least two Projects (max of 3 projects) at each Center. <i>Maximum of \$1.65M to be divided between the projects funded at the Center over the 4 years. The money does not need to be spent equally between projects or years.</i>	\$1,654,727
Fellows: Each center must train 3 postdoctoral fellows over the four-year grant period (one fellow in years 1-2; one fellow in years 2-3; one fellow in years 3-4). Up to \$65,000 per fellow per year: salary + health insurance/fringe. Fellows must maintain a minimum of 75% effort to research training.	\$390,000
Center Director One Director at each Center for four years. <i>A maximum of \$50,000 per year for the Center Director. Center Director must commit at least 20% effort. If a separate Center Training Director is desired, this \$50,000 per year can be split to accommodate additional percent effort of this individual.</i>	\$200,000
Center Travel Costs Covers travel for Center personnel to Network meetings and other integration activities. <i>\$7,000 per year allocated to Center Travel.</i>	\$28,000
Direct Costs (Total) Research Dollars	\$2,272,727



Indirect Costs AHA Policy allows for a maximum of 10% for indirect costs	\$227,273
Total	\$2,500,000

Note for Center Applicants: The Center Director will be responsible for overseeing the total budget for his/her grant. If awarded, the principal investigators 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 grant programs of the American Heart Association.

Number of Awards: This network of Centers of Excellence in Hemorrhagic Stroke will consist of at least three (3) Center grants*. Awards will be selected based on scientific merit and how each group aligns with AHA/ASA’s mission and goals. *One of the Centers could also be awarded the Centralized Training Center grant (see separate section further below).*

*The AHA reserves the right to determine the final number of awardees.

Directors and Principal Investigators of projects of the Centers:

- Must possess an MD, PhD, DO, DVM or equivalent doctoral degree at time of application, and
- Must have a faculty or staff appointment.
- May hold another AHA award simultaneously.
- Must demonstrate a 20% minimum effort requirement for the Director, a 5% minimum effort for the Training Director, and a 10% minimum effort requirement for Principal Investigators (PI) of Center projects. These responsibilities are mutually exclusive.

*Director and Project PI salary requested must be proportional to the percent effort devoted to the Center.

Directors must have one of the following designations:

- U.S. citizen
- Permanent Resident
- Pending Permanent Resident (must have applied for permanent residency and have filed Form I-485 with the U.S. Citizenship and Immigration Services and have received authorization to legally remain in the U.S., having filed an Application for Employment Form I-765)
- G-4 Visa – family member of employee of international organizations and NATO

Principal Investigators of proposed projects must have one of the following designations:

- U.S. citizen
- Permanent Resident
- Pending Permanent Resident (must have applied for permanent residency and have filed Form I-485 with the U.S. Citizenship and Immigration Services and have received authorization to legally remain in the U.S., having filed an Application for Employment Form I-765)



- E-3 Visa – specialty occupation worker
- H1-B Visa – temporary worker in a specialty occupation
- O-1 Visa – temporary worker with extraordinary abilities in the sciences
- TN Visa – NAFTA professional
- G-4 Visa – family member of employee of international organizations and NATO

Named fellows of the Centers must have one of the following designations:

- U.S. citizen
- Permanent Resident
- Pending Permanent Resident (must have applied for permanent residency and have filed Form I-485 with the U.S. Citizenship and Immigration Services and have received authorization to legally remain in the U.S., having filed an Application for Employment Form I-765)
- E-3 Visa – specialty occupation worker
- H1-B Visa – temporary worker in a specialty occupation
- O-1 Visa – temporary worker with extraordinary abilities in the sciences
- TN Visa – NAFTA professional
- J-1 Visa – exchange visitor
- F-1 Visa – student
- G-4 Visa – family member of employee of international organizations and NATO

*All awardees must meet the citizenship criteria throughout the duration of the award.

A named fellow may not hold another comparable fellowship award, although the institution may provide supplemental funding. Fellows may not hold a faculty or staff appointment, with the exception of MD or MD/PhD with clinical responsibilities. These fellows may hold a title of instructor or similar due to their patient care responsibilities but must devote at least 75% effort to research training.

Subjects/Study Cohorts: All studies with human subjects must include under-represented racial and ethnic groups (UREGs) and women, which is congruent with AHA's mission. All Centers must address any rationale for the non-use of UREGs and/or women in their subject populations.

For clinical and/or population projects enrolling human subjects, it will be important to design studies that incorporate both realistic recruitment goals and sufficient statistical power to ensure valid results.

Institutional Partnership Policy: Each Center applicant must partner with at least one non-research-intensive institution and their scientists and include them in a substantive manner in the scope of the center and projects.

What is a non-research-intensive institution? To be considered a non-research-intensive, an institution must meet the following:

- Only domestic accredited public or non-profit institutions of higher education are eligible. Federal government institutions are not eligible.



- The institution must grant baccalaureate or advanced degrees in the biomedical or behavioral sciences. For example, a four-year liberal arts college.
- To be eligible to apply for this AHA award, the applicant's institution may not have received more than \$6 million per year in NIH support in each of four of the last seven years.
- Letter from the institution's Provost indicating eligibility

NIH no longer maintains a list of ineligible institutions; therefore, there is no mechanism to verify if an institution does not qualify. Instead, an institution must meet all criteria above *and* submit a letter from the Dean of Research or Provost (or equivalent) stating as such.

Please refer to the [Organization Eligibility section](#) of the NIH Research Enhancement Award (R15) page: <https://grants.nih.gov/grants/funding/r15.htm> or more information. AHA follows NIH's guidelines.

Interim Assessment: Awardees must report progress on a minimum annual (once per year) basis. Progress may take the form of a required written report in addition to video conferencing, phone calls, and/or face to face visits. Reporting will be focused on achievement of stated milestones as indicated in the project timeline. The Oversight Advisory Committee reserves the right to request additional updates, site visits, or reporting.

Participation in AHA's Precision Medicine Platform (PMP): Today's research environment introduces many innovative and collaborative platforms for scientific discovery. To that end, the AHA's Institute for Precision Cardiovascular Medicine has established a novel resource for advancing individualized patient care, the Precision Medicine Platform (PMP). The PMP is a state-of-the-art data science environment powered by Amazon Web Services. It houses a broad array of searchable datasets that investigators may access for analysis and/or combine with their own datasets that will be developed during the research study supported by this network mechanism. Data analysis in a secure workspace is enabled by a friendly web user interface that allows researchers to code in various languages, including R and Python. For a full list of the analytical tools available, please see precision.heart.org/workspace/about. The PMP also allows researchers to upload their own tools.

In addition to providing individual user workspaces for analysis, the PMP can be used to store and share large clinical/population/omic datasets in accordance with the FAIR (Findable, Accessible, Interoperable, and Reusable) principles.

Workspace: In accordance with the FAIR principles, each Center will be assigned a workspace on the AHA PMP. Investigators must use the workspace to support at least one project in their proposal and agree to share published data from their Center Projects. Awardees will have complimentary access to the PMP during the length of the grant awarded through this mechanism.

To learn more about the PMP and how it can enable your research, please access the following videos. The first ([Learn more about the platform – video 1](#)) provides a high-level overview of the



PMP, while the second ([Explore the capabilities of the platform – video 2](#)) provides more detail about accessing data and analytical tools, data storage, and sharing of data.

The PMP is [HIPAA \(pdf\)](#) and [FedRAMP \(pdf\)](#) compliant. As applicants are developing their proposals, they are encouraged to use a secure complimentary trial workspace on the PMP. This will allow applicants to explore capabilities of the platform and conduct preliminary analyses as feasible. As part of the application process, applicants will be required to describe how they will utilize the PMP.

PMP Registration: All applicants are encouraged to submit with their application preliminary data that is analyzed in the workspace on the PMP and hyperlinked to the application itself. To obtain a 30-day trial workspace to use during the application period, please [Register Here](#). Once registered, go to the Search page, click Request Workspace, complete the form, and Submit. Note: While the request form mentions billing, there is no charge for use of the PMP during the trial period. View detailed instructions and helpful information (pdf).

Links and References to Relevant AHA Policies:

- **Public Access:** The AHA's public access policy requires that all journal articles resulting from AHA funding be made freely available in PubMed Central (PMC) and attributed to a specific AHA 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 an AHA-approved repository within 12 months of the end of the funding period (and any no-cost extension). For more information on the above policies, see AHA's [Open Science Policy](#) webpage.
- **Other:** The projects described can have no scientific or budgetary overlap with other funded work. Any inventions, intellectual property, and patents resulting from this funding are governed by the AHA Patent, Intellectual Property and Technology Transfer Policy. The applicant/awardee and institution are responsible for compliance with all American 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: [AHA Policies Governing All Research Awards](#).

Peer Review Criteria for Submitted Projects

Each PROJECT within a Center application will be scored individually as well as the overall Center, according to the criteria below.

Projects – Potential impact of the project on research in the field of the designated research topic; use of multidisciplinary investigators (such as bioengineers, bioinformaticians, physical therapists, etc.), strengths of applicant investigators (qualifications, expertise and productivity); potential for collaboration or synergy of projects; scientific content; background; preliminary studies; detailed specific aims; approach detail; analytical plan; sample size; data



management; significance; innovation; individual project scientific merit; and total project coordination (within and among projects). Projects will be rated on the following areas:

- Approach: Are the conceptual framework, design, methods and analyses adequately developed, well-integrated, well-reasoned and feasible (as determined by preliminary data) and appropriate to the aims of the project? Does the applicant acknowledge potential problem areas and consider alternative tactics? *For all applications that include vertebrate animals or human subjects, applicants must explain how relevant biological variables, such as sex, are factored into the research design, analysis and reporting. Furthermore, strong justification from the scientific literature, preliminary data, or other relevant considerations, must be provided for applications proposing to study only one sex.*
- Innovation: Is the project original and innovative? For example: Does the project challenge existing paradigms and address an innovative hypothesis or critical barrier to progress in the field? Does the project develop or employ novel concepts, approaches, methodologies, tools or technologies for this area?
- Investigator: Is the investigator appropriately trained and well-suited to carry out this work? Is the work proposed appropriate to the experience level of the principal investigator and other researchers? Does the investigative team bring complementary and integrated expertise to the project (if applicable)?
- Significance: Does this study address an important problem broadly related to cardiovascular disease or stroke? If the aims of the application are achieved, how will scientific knowledge or clinical practice be advanced? What will be the effect of these studies on the concepts, methods and technologies that drive this field?
- Environment: Does the scientific environment in which the work will be done contribute to the probability of success? Do the proposed studies benefit from unique features of the scientific environment, or subject populations, or employ useful collaborative arrangements? Is there evidence of institutional support?
- Impact: How does the project relate to and support the mission of the AHA – *To be a relentless force for a world of longer, healthier lives?*
- Synergy: How does this project enhance the overall Center and its proposed science projects? How does this project allow the Center and science projects to out-perform were it to be a standalone project? *Only projects that demonstrate synergy will move forward to Phase II.*
- Lay Summary: 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 AHA?

Peer Review Criteria for CENTER Applications

- Synergy – A clear vision of scientific direction is expected. A Center should be viewed as a group of interrelated research projects, each of which is not only individually scientifically



meritorious, but also complements the other projects and contributes to an integrating theme. Describe the rationale for the total program. Explain the strategy of achieving the objectives of the overall program and how each individual project relates to the strategy. Describe the synergies and interactions among projects and their investigators. Is there evidence of synergy among the projects and training component of the Center?

- Collaboration – History of collaboration, as well as the ability and commitment to collaborate with other institutions, investigators and within the applicant institution as well as within the awarded Network. Defined and detailed process for collaboration with other sites in addition to within and among the proposed projects; plans to actively participate in a collaborative network. Evidence of formal training in leadership skills with an emphasis on collaborative leadership will be favorably reviewed. What collaborations do you envision between investigators working on individual projects?
- Training component – A detailed plan for developing and implementing a postdoctoral training program that includes clinical (M.D.) or Ph.D. training in research in the field outlined by the RFA; qualifications and characteristics of current and anticipated trainees; didactic and practicum training opportunities; plan for the selection of prospective fellows and how funded fellows' ongoing progress will be guided via an individual development plan (IDP) and evaluated at least annually. Plan for involving fellows in annual Center meetings and Center-to-Center visits, along with identifying opportunities for fellows to work with established investigators at other Centers; ability to track trainees; conferences and meeting participation for trainees; documentation of a ready supply of fellows; history of successful fellowship training for researchers in the appropriate research topic; and provide demonstrated evidence that the training component at the Center will fully collaborate with the Centralized Training Center and integrate any developed curriculum.
- Center Team – Qualifications of the Director to provide scientific and administrative leadership for the Center; experience and commitment of the nominated Director; quality of research team; qualifications of investigators and co-investigators; experience in the field of study outlined by the RFA; training experience. Applicants should comment on the gender/racial/ethnic composition of the proposed research teams, in keeping with AHA's core values of diversity and inclusivity.
- Center Director – Demonstrated ability to lead others, along with experience and commitment to the success of the Center, the projects contained within, and the Network. Documented evidence of willingness to collaborate with others outside their institution to share ideas, science, etc. to progress the field of research as outlined in the RFA.
- Investigator team – Qualifications of each PI to provide scientific and administrative leadership for their respective projects; demonstrated commitment of each PI, and experience with studies in the field outlined by the RFA; quality of interdisciplinary research team; qualifications of co-investigators; training experience.
- Environment – Institutional commitment, resources and facilities to sustain the Center; institutional resources available to complete the projects; analytical resources available to the projects; letter from Center Director's Department Head assuring the department and institution's support of the Center along with confirmation that the Center Director will



devote at least 20% effort towards the Center. Other Center personnel may be appointed to assist the Director in the administration of the Center. However, the Director will be required to devote 20% effort to the Center.

Process

Peer Review of Submitted Applications

Two phases of face-to-face Peer Review for submitted applications will be conducted, approximately 4-5 weeks apart.

- Phase I includes a thorough review of the science/projects
- Phase II includes a reverse site visit of finalist applicants, with the review focused on the overall vision of the center, synergy and collaborative possibilities, and the training plan and environment.

Applicants are prohibited from contacting AHA 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.

CENTRALIZED TRAINING CENTER APPLICATION DETAILS

Purpose

In addition to the awarded Centers, this Network provides a separate opportunity to fund a Centralized Training Center. This Training Center will incorporate a multidisciplinary approach to provide robust research experiences, training, and mentorship to create the next generation of stroke scientists and researchers. The Training Center will develop science curriculum and career-development training opportunities as well as collaborate with the Center Fellows and their mentors at each Center within this network.

Objectives

The goal of this program is to support postdoctoral fellows in the pursuit of careers as biomedical, behavioral, clinical, or population health investigators while supporting their development as leaders. Below are several examples of what the training program should provide:

- A strong foundation in research design, methods, and analytic techniques appropriate for the proposed research area;
- Enhancement of trainees' ability to conceptualize and think through research problems with increasing independence;
- Experience conducting research using state-of-the-art methods, and presenting and publishing their research findings;
- Interaction with members of the scientific community at appropriate scientific meetings and workshops;
- Increased understanding of the health-related sciences and the relationship of their research training to health and disease; and



- Opportunities for the development of professional skills, including those that support community engagement and leadership and establish a community for career-long support.

Award Details

Duration: 4 years

Award Amount: The maximum budget amount a Centralized Training Center applicant may request is \$400,000. The AHA reserves the right to determine the final award amount for competitive projects based on need and potential impact.

Appropriate Budget Items:

- Salary and fringe benefits of the Training Director and other participants with faculty appointments.
- Project-related expenses, such as supplies, travel (to scientific meetings such as the International Stroke Conference), and publication costs in accordance with institutional and AHA policies.
 - Training Directors and fellows are expected to attend *two* face-to-face (F2F) network meetings per year, one of which will occur at the International Stroke Conference each year (dates/locations TBD). Awardees may use grant funds to pay for travel to F2F meetings and other meetings where relevant research is presented.
- Maximum of 10% institutional indirect costs may be claimed on the award.

Sample Budget	Center Totals
Training Director One Director at the Training Center for four years <i>A maximum of \$50,000 per year for the Training Director. Training Director must commit at least 20% effort.</i>	\$200,000
Training costs: to include data science training, career-oriented presentation skills training, other science curriculum & training opportunities for career development.	\$143,636
Center Travel Costs: Covers travel for Training Director to attend network meetings. Additionally, covers travel for special training opportunities for named fellows.	\$20,000
Direct Costs (Total)	\$363,636
Indirect Costs AHA Policy allows for a maximum of 10% for indirect costs	\$36,364
Total	\$400,000



Note for Centralized Training Center Applicants: The director will be responsible for overseeing the total budget for the grant. If awarded, the director and the institution assume an obligation to expend grant funds for the purposes set forth in the application and in accordance with all regulations and policies governing the grant programs of the American Heart Association.

Number of Awards: The Centers of Excellence in Hemorrhagic Stroke will include one (1) Centralized Training Center grant*. This award will be selected based on scientific merit and how the proposal aligns with AHA's mission and goals. *The Centralized Training Center could be located at one of the funded Centers of Excellence in Hemorrhagic Stroke Research.*

*The AHA reserves the right to determine the final number of awardees.

Directors must have one of the following designations:

- U.S. citizen
- Permanent Resident
- Pending Permanent Resident (must have applied for permanent residency and have filed Form I-485 with the U.S. Citizenship and Immigration Services and have received authorization to legally remain in the U.S., having filed an Application for Employment Form I-765)
- G-4 Visa – family member of employee of international organizations and NATO

Interim Assessment: Awardees must report progress on a minimum annual (once per year) basis. Progress may take the form of a required written report in addition to video conferencing, phone calls, and/or face to face visits. Reporting will be focused on achievement of stated milestones as indicated in the training program. The Oversight Advisory Committee reserves the right to request additional updates, site visits, or reporting.

Peer Review

Reviewers will provide an overall impact/priority score to reflect their assessment of how well the proposed program supports the mission of the American Heart Association, and the likelihood of the program to provide an impactful and balanced training experience that includes a productive research experience as well as the development of professional skills, including those that support community engagement and leadership, and establish a community for career-long support.

TRAINING CENTER application scoring is based on the criteria below.

- Training Director - Does the Training Director have the scientific background, expertise, time commitment, and administrative and training experience to provide strong leadership, direction, management, and administration of the proposed research training program? Has the Training Director provided evidence of successful post-doctoral trainees?
- Training Program and Environment - Are the research facilities and environment conducive to preparing trainees for successful careers in biomedical research? Is the level



of institutional commitment to the training program, including administrative and research training support, sufficient to ensure the success of the program? Does the program have a plan to collaborate with the Network Centers as well as incorporate the Center Fellows into the training program? Does the program provide appropriate inter- or multi-disciplinary research training opportunities? Are there planned activities and educational opportunities for the cohort of trainees that support skill development, cohesion and community building, and broader engagement? Is the proposed training program likely to ensure trainees will be prepared for research-intensive and/or research-related careers? Are effective mechanisms in place for obtaining feedback from current and former trainees? Is the program committed to participating in the American Heart Association's rigorous evaluation plan to assess the quality and effectiveness of the training?

- Trainee Pool and Recruitment Plan - How will the applicant support the Network Centers in their recruitment of well-qualified post-doctoral trainees?

Process

Peer Review of Submitted Applications

Two phases of face-to-face Peer Review for submitted applications will be conducted, approximately 4-5 weeks apart.

- Phase I includes a thorough review of the proposed training program
- Phase II includes a reverse site visit of finalist applicants, with the review focused on the overall vision of the training center, collaborative possibilities, and the training plan and environment.

Applicants are prohibited from contacting AHA 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.

Award Selection

Final funding decisions will be approved by the AHA.

Application Submission

Applications must be submitted using the AHA's new online submission portal. Availability of this new portal is scheduled for spring 2020. Further information and specific instructions will be forthcoming by May and will be available on this page.

Other Features of this AHA research opportunity:

- All applicants (i.e., Center Directors, Training Directors, and Project Principal Investigators) must be AHA professional partners in order to apply for this funding opportunity. If you are not already an AHA professional member, please visit: [AHA Professional Members main page](#)
- AHA awards are open to an array of academic and health professionals. This includes but is not limited to all academic disciplines (biology, chemistry, mathematics,



technology, physics, etc.) and all health-related professions (physicians, nurses, nurse practitioners, pharmacists, dentists, physical and occupational therapists, statisticians, nutritionists, etc.).

- AHA strongly encourages applications by women, people in ethnic and racial groups underrepresented in science, and those who have experienced varied and non-traditional career trajectories.

For additional questions and information, contact:

apply@heart.org or (214) 360-6107 (option 1).