



Frequently Asked Questions

2023-2024 Competition

30 June 2022

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

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

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

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

3. Q. Will Heart & Stroke be offering one-year grants this funding competition?

A. A limited number of applications that fall below the GIA funding level may be considered for funding at a reduced budget for a one-year period. Such applicants will be contacted in Spring 2023 by Heart & Stroke and should they accept the reduced budget and term, they will be asked to provide an abbreviated research plan and budget.

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

A. The research grant and award competitions are typically launched in late June of each year. Please check the Heart & Stroke research website (<https://www.heartandstroke.ca/research/for-researchers>) at that time for 2023/24 competition details.

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

5. Q. How are funding decisions made?

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

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

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

6. Lay Reviewers and Structured Lay Summaries

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

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

The lay reviewer evaluates and comments on: (i) the extent to which the lay summary text can be understood by the general public; (ii) the clarity of expression of the work to be done; and (iii) the clarity of expression of the direct relevance to heart disease and/or stroke. The lay reviewer

participates in the scientific review committee meeting and comments on the lay summary. The lay reviewer does not contribute to the scientific scoring of an application but does take part in a vote on relevance. If an application is accepted for funding but its lay summary has been rated unsatisfactory, funds will be encumbered until the lay summary has been amended and declared satisfactory.

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

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

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

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

c. Q. What is plain language?

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

Use this scenario as a guide:

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

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

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

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

A. Here are some recommendations for writing at an appropriate lay level:

- **Simplify vocabulary** by using simpler, shorter words. For example:

Instead of	Use
mortality	death
morbidity	disease
analgesic	pain-killer
illustrate	show
take a decision on	decide
in the forthcoming years	in the years to come, in the future
be investigated pre- and post-intervention	be investigated before and after intervention
to retain gains in motor skill learning	to retain the skills they learned
efficacious intervention to improve	an effective way to improve
the variability in the response to this type of exercise	how much the patient retains
This can have a negative impact on the accomplishment of daily tasks, such as driving or using a computer mouse.	This can make daily tasks such as driving or using a computer mouse difficult or impossible.

- **Get rid of extraneous words.** For example: “Heart failure is characterized by the inability of the heart to pump ...” should read “Heart failure is the inability of the heart to pump ...”
- **Use shorter sentences.** Readers get lost in run-on sentences.
 - Example: “Most stroke survivors experience some weakness or disability in one arm. Many are left with long-term movement problems. For some that means muscle stiffness, weakness and pain that makes simple tasks like opening jars or tying shoes very difficult. Others experience spasms and involuntary movements, with the muscles contracting for no apparent reason.”
- **Avoid convoluted phrasing** using a noun plus “of”. Use a gerund or an infinitive instead:
 - “the consolidation of this information” to “consolidating this information”
 - “the acquisition of this information” to “acquiring this information”
 - “metoprolol for prevention of paroxysmal AF” to “... metoprolol to prevent paroxysmal AF”
- **Write out in full an abbreviated term or acronym** the first time it appears in the text: i.e., coronary artery disease (CAD), cardiovascular disease (CVD), cardiac allograft vasculopathy (CAV), Local Health Integration Networks (LHINs), etc. Limit the number of acronyms used in your text.
- **Explain complicated concepts or specialized procedures** in broad terms. For example:
 - Framingham Risk Score = estimates an individual’s 10-year risk of developing coronary heart disease.

- “The defibrillator will produce a shock if the heart beats too fast (“tachyarrhythmia” or “fibrillation”), or if it detects palpitations (“atrial fibrillation”)[.]” [Mark Goldberg in “A longitudinal study to identify factors that trigger ventricular tachyarrhythmias among persons with implanted cardioverter defibrillators”]
- “... functional electrical stimulation (FES), is able to improve arm function in children with stroke. FES involves applying electrical currents to weak or paralyzed muscles.” [Kristin Musselman in “FES therapy: Restoring voluntary reaching and grasping in severe pediatric stroke patients”]
- **Use analogies** to compare a scientific concept to an ordinary-life situation. For example: “When blood vessels become more narrow, blood pressure increases, like when you put your thumb over the end of a garden hose.” [Source: D. Poburko in the lay summary for “Catheter ablation for paroxysmal supraventricular tachycardia (CAP-SVT) in Ontario, Canada”]
- **Write out in words math, science, or similar symbols:**
 - ≥ 90 days to 90 days or more
 - ~1% of all deliveries to approximately one percent of all deliveries
 - over 10-16 weeks to over 10 to 16 weeks
- **Numbers less than 10 should be written in words:** 1-year intervention to one-year intervention
- **Be careful of terminology that has a different meaning** (or no meaning) outside the medical domain:
 - Treat aggressively: “For some patients, this might mean we can treat them less aggressively.” It is the disease that you treat aggressively, not the patient.
 - Randomized: “Eligible patients with paroxysmal AF will be randomized.” Studies may be randomized, but not patients. “Eligible patients with paroxysmal AF will be chosen randomly.”
 - Living with heart failure: The lay person reads in obituaries that heart failure kills people; therefore, no one can “live” with heart failure. Qualify the term to clarify it: clinical heart failure, for instance.
 - Acute: “acute cardiovascular exercise”. The lay reader is likely to understand “acute” as painful, not the opposite of “chronic”.
 - Control: “Healthy controls” should be “healthy control subjects”
- **Use jargon or other technical words judiciously** and as needed.
 - Technical terms are acceptable if a lay equivalent, definition, or explanation of the terminology is provided. For example:
 - “Hypertension (high blood pressure) affects ...”
 - “... track the messages sent along the corticospinal tract. That’s the pathway that sends impulses from the brain to the spinal cord and then transmits signals to muscles to activate movement.” (from 28 May e-mail announcement from HSF)
 - **Do use jargon that is commonly used** or that the lay reader already knows. For example: spasticity, defibrillator, transcranial magnetic stimulation (TMS), pacemaker.

- **Use the active voice** where possible. For example: “A novel technology, specifically conceived and designed for individuals with stroke, will result from this study” Should read “The results of this study will lead to a novel technology for stroke victims.”
- To **test or gauge the readability** of your lay summary, ask a lay person – a parent, a neighbour, an assistant in another department – to read the text prior to submission to Heart & Stroke.

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

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

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

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

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

7. Q. What does the phrase "unable to continue" mean?

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

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

A. Please refer to the Heart & Stroke webpage, “For Researchers”, under “Post Award Administration” for guidance: <https://www.heartandstroke.ca/research/for-researchers>. The Grant Management Guidelines associated with a Heart & Stroke funded research grant/award will accompany the Official Notification of Offer.

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

9. Q. Under which circumstances would an award be terminated?

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

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

A. If you are experiencing technical issues related to:

- System access (e.g., password and account resets, PINs)
- Issues with using the CCV system (e.g., submitting a CV, generating a PDF, Captcha issue)

- CCV functionality (e.g., Import/Export, accessing drop down lists)

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

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

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

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

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

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

A. An application cannot be made until the funding opportunity is launched. Refer to question 4.

13. Grant-in-Aid

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

A. Principal Investigators (and Co-PIs) must have a full-time academic or faculty appointment (i.e., at minimum, at the Assistant or Clinical Assistant Professor level) in Canada at the time of application. The date of first faculty appointment will be based on the date listed in the Common CV (i.e., under Employment). Applicants holding lecturer/clinical scholar or similar university appointments that are of lower tier than Assistant Professor appointments are not eligible to apply as principal applicants.

Applicants holding adjunct appointments at an academic institution must submit a letter from their dean/chair/division director to clarify that through their specific appointment they are accorded protected time for research. They are required to quantify the amount of protected time available, their access to research infrastructure and their access to other resources necessary to conduct the proposed research study.

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

A. Applications for Grant-in-Aid must be submitted by 16:00 (EDT) Wednesday 31 August 2022 using the Heart & Stroke's online system (CIRCULink). CIRCULink will not accept submission after this deadline. Any applications attempted or submitted after the deadline will NOT be accepted.

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

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

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

A. Applicants may submit only one (1) grant application (new or renewal) to the 2023/24 GIA competition as either Principal or Co-Principal Investigator. Applicants may hold up to two (2) Heart

& Stroke funded GIAs as Principal and/or Co-Principal Investigator at any time. If an applicant holds more than one (1) ongoing GIA funding as Principal and/or Co-Principal Investigator continuing into the 2023/24 funding year (01 July 2023 to 30 June 2024), no new application can be submitted.

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

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

- A **Principal Investigator** is responsible for the intellectual direction of the proposed research and assumes administrative and financial responsibility for the grant. A **Co-Principal Investigator** shares the responsibilities for the intellectual direction of the proposed research with the Principal Investigator, however administrative and financial responsibility for the grant lies with the Principal Investigator. Principal and Co-Principal Investigators are considered the same when it comes to eligibility criteria (see 11a) and application submission limits (see 11d). The Principal Investigator and/or Co-Principal Investigator cannot receive salary support through a GIA.
- A **Co-Applicant(s)** (or Co-Investigator(s)) is a researcher who contributes substantially to the intellectual content of the research. He/she/they cannot receive salary support through a GIA.
- A **Collaborator** provides a special service (such as access to equipment, provision of specific reagents, training in a specialized technique, statistical analysis, access to a patient population) but who is not involved in the overall intellectual direction of the research.

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

A. No. Postdoctoral Fellows are ineligible to apply for a GIA as a Principal or Co-Principal Investigator (see question 11a), but may be included as Co-Applicants. Please refer to question 11e for clarification on the different categories of applicants on a GIA application.

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

A. No. Principal Investigators (and Co-PI) must have a full-time academic or faculty appointment (i.e., at minimum, at the Assistant or Clinical Assistant Professor level) in Canada **at the time of application**. Applicants holding adjunct appointments at an academic institution must submit a letter from their dean/chair/division director to clarify that through their specific appointment they are accorded protected time for research. They are required to quantify the amount of protected time available, their access to research infrastructure and their access to other resources necessary to conduct the proposed research study.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. There is no pre-registration required; you can apply for a GIA as of June 30, 2022, using CIRCUlink.

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

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

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

A. The number of pages should reflect the size and scope of the proposed research. The Research Proposal should be predominantly text and is limited to ten (10) pages. Applications not adhering to

the maximum page limitation will be deemed not eligible and removed from the competition (without appeal).

Within the allotted page limitation, to improve the clarity of the research proposal, in addition to text it may be comprised of figures, charts, tables and photographs, as required, and count towards the ten (10) pages.

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

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

q. Partnered Funding

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

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

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

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

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

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

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

A. All proposed partnered funding must be secured by 01 July 2023. Otherwise, Heart & Stroke funds will be released to the next highest-ranking application (i.e., no deferrals or extensions to accept a GIA offer will be permitted).

r. Q. How is ethics approval obtained?

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

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

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

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

A. Heart & Stroke encourages junior trainees (particularly doctoral students) to be included in the proposed research with a defined and clearly written role (within the submitted), as well as properly justified in the budget notes should there be financial implication(s). Stipend levels cannot exceed the maximum stipend levels from the chart below. The Heart & Stroke does not provide additional

support for benefits towards summer students, undergraduate students, graduate students, and/or post-doctoral fellows.

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

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

A. The Budget Review Committee (BRC) is Heart & Stroke's mechanism for ensuring informed budget review of all potentially funded Grant-in-Aid (GIA) projects. The BRC provides support and advice on budgetary items during the budget review process and for the duration of Heart & Stroke funding (as necessary).

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

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

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

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

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

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

x. Q. When can my institution publicize the results of my grant offer?

A. It is preferable to do so after the Foundation posts the competition results online. If needed before, this can be done only if the PI cleared all encumbrances and submitted all needed approvals/confirmation (overlap, ethics...etc.).

y. Q. How do I make sure my encumbrances are cleared?

A. In the "Encumbrance Response" step, enter your answer/explanation under Encumbrance Resolution. Save your entry, and only submit after all needed documentation is attached under Resolution Attachments.

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

A. No, there are no funding opportunities being offered through the Improving Heart and Brain Health for Women initiative.

15.Q. Do I need to complete the Sex (biological) & Gender (socio-cultural) considerations questions?

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

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

16.Q. How is Heart & Stroke addressing equity, diversity and inclusion in the 2023/24 research funding competitions?

A. Heart & Stroke has committed to advancing equity, diversity and inclusion (EDI) and improving health for all. This commitment applies across our organization including to our research investment and our desire to strengthen the quality and impact of the research we fund and ultimately improve health outcomes for the wide and diverse population in Canada. For more information on EDI in a specific research program, please refer to section A. 9 of the GIA guidelines, and section A, 10 of the New Investigator guidelines.

17.Q. What is open science, and how does it relate to Heart & Stroke's open access to research outputs policy?

A. Open Science is the practice of making scientific inputs, outputs and processes freely available to all with minimal restrictions. Scientific research outputs include (i) peer-reviewed science articles and publications, (ii) scientific and research data and (iii) public contribution to and dialogue about science. Open Science is enabled by people, technology, and infrastructure. It is practiced in full respect of privacy, security, ethical considerations, and appropriate intellectual property protection.

Heart & Stroke encourages all researchers (both New Investigators and Grantees) to use the open science principles (FAIR: Findable, Accessible, Interoperable, and Reusable) as a guide to sharing outputs and eliminating barriers to collaboration. At this time, proposed Open Science efforts will not be explicitly included in the evaluation criteria. Heart & Stroke anticipates incorporating Open Science into peer review in subsequent competitions.

To learn more about Open Science and the federal government's Open Science roadmap see https://www.ic.gc.ca/eic/site/063.nsf/eng/h_97992.html.

18. Personnel Awards

a. Q. Are there any 2023/24 Personnel Awards being offered by Heart & Stroke?

A. Yes. Heart & Stroke will be offering New Investigator awards, subject to the funds available at the time of offer.

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

A. Yes, provided that the applicant meets the eligibility criteria outlined in the New Investigator award submission guidelines, found here: <https://www.heartandstroke.ca/research/for-researchers> (under Grants and Awards).

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

A. The award will be for a period of three (3) years. The award cannot be renewed for a second term.

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

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

e. Q. Do I need to identify a mentor if I'm applying to the New Investigator competition?

A. Heart & Stroke recognizes that successful mentorship is vital to career development and success. Mentors provide advice, counsel, feedback, and support related to career and personal development. Mentors can also serve as sponsors, collaborators, authors, or coaches.

Applicants are required to identify a minimum of one mentor and describe, in a co-signed one-page letter, both the mentorship approach for the first year of the award and provide a three-year mentorship plan. Note that Heart & Stroke employees cannot act in this formal mentorship role.

f. Q. What is the Sandra Rashed Bursary?

A. The Sandra Rashed Bursary is available to the highest ranked Atlantic Canada researcher in the Personnel Award Program through the Heart and Stroke Foundation of Canada. The award is a one-time supplementary amount of \$2,000, to be used towards furthering the purpose of the research program, including knowledge translation and exchange activities.

19.Q. Does Heart & Stroke have any funding specifically directed towards COVID-19?

A. Heart & Stroke does not have any funding specifically directed towards COVID-19.

20.Q. What are the 4 pillars of health research?

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

Basic Biomedical (I)

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

Clinical (II)

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

Health Services/Systems (III)

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

Social, cultural, environmental and population health (IV)

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

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

A. Deadlines for grants/awards are located under “Apply to current funding opportunities” on the “For researchers” section of the Heart & Stroke website.

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

A. The research classification list is located under Policies and Resources, on the “For researchers” section of the Heart & Stroke website

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

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

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

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

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

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

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

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

26.Q. What is Heart & Stroke’s policy relating to indirect costs of research/overhead?

A. Heart & Stroke supports only the direct costs of research. No funding is to be used for indirect costs of research. The definition of indirect costs of research for the purposes of this policy is, costs which cannot be directly associated with a particular research program or operating grant including costs associated with the general operation and maintenance of facilities (from laboratories to libraries); the management of the research process (from grant management to commercialization); and regulation and safety compliance (including human ethics, animal care and environmental assessment).