



## Vision Grant 2020 Application General Instructions

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Vision Grants are intended to fund junior investigators from Canada pursuing novel ideas in preeclampsia and related areas of research. The following instructions apply only to applicants residing in Canada. All other applicants should refer to the Vision Grant application found here:

<http://www.preeclampsia.org/research/research-funding>

All applications must be signed by the Applicant, Sponsor, and Sponsoring Institution's authorized official.

Applicants *must* be junior researchers at the Post-Doctoral/Medical Fellowship level or Early Stage Investigators (ESIs) from a Canadian institution. ESIs are untenured faculty within 10 years of completing their terminal research degree or within 10 years of completing their medical residency and have yet to receive significant external research funding. You must indicate your career level by ticking the appropriate box provided on page 1.

All applications from Canada must be submitted in English.

Collate the application in the following order and be sure to submit it as one PDF file:

1. Completed application (pages 1-15 from Specific Instructions)
2. Statements (page 16 from Specific Instructions)
  - a. Biohazards Statement (projects that do not involve Biohazards must so state)
  - b. Human Investigation Statement (projects that do not involve Human subjects must so state)
  - c. Laboratory Animals Statement (projects that do not involve laboratory animals must so state)
3. Signature page (page 17 from Specific Instructions)
4. Appendices (page 18 from Specific Instructions)
  - a. Applicant's Curriculum Vitae
  - b. Sponsor's Curriculum Vitae in NIH Biosketch format. The NIH recently implemented a revised format ([NOT-OD-15-032](#)). Preeclampsia Foundation Canada **will** accept Biosketches in either 'old' or 'new' format.
  - c. Applicant's "Letter to a Patient"

Please name your file "VG2020-lastname" (where "last name" is the last name of the applicant) and email it **AS ONE PDF DOCUMENT** to [VisionGrants@preeclampsia.org](mailto:VisionGrants@preeclampsia.org).

Please include your name and institution in the “header” to appear on the top of each page of your application. The application must be received complete by May 8, 2020. Incomplete or late applications will not be considered, nor will applications that are not submitted as one PDF document.

## REMINDERS

1. Proposed research projects must be directly related to **preeclampsia, HELLP syndrome or other hypertensive disorder of pregnancy**. Proposals that do not propose to study pregnant human subjects or specimens derived from pregnant human subjects will need to CAREFULLY justify the relevance of the project to the improved understanding of preeclampsia – pathophysiology, diagnosis or management – that will potentially translate into enhanced pregnancy outcomes.
2. Vision Grants are intended to fund novel or innovative proposals. Validation studies or minor departures from other completed studies will not be considered.
3. All applications MUST contain statements relevant to human investigation biohazards and the use of laboratory animals.
4. Applicants may choose to secure a Sponsor for his/her proposed research project. The Sponsor's role is to assure, on behalf of the institution, that the specific aims of the project are met and to present the institution's role in the development of the applicant's career.
5. Confirmation of receipt of your application will be provided by return e-mail only.

## SPECIAL NOTE

The Preeclampsia Registry™ was launched in late 2013 and has already enrolled more than 5,000 participants through its online portal ([www.preeclampsiaregistry.org](http://www.preeclampsiaregistry.org)). It is overseen by a commercial Institutional Review Board and advised by a multi-disciplinary Scientific Advisory Council. Most participants have experienced some type of hypertensive disorder of pregnancy and have not only answered an extensive enrollment questionnaire providing extensive detail about all their pregnancies and health history, but have also consented for follow up questions and studies. Medical records, and DNA have been collected for many of the participants as well. In addition, some family members of those affected have also enrolled. More information can be provided by contacting [Registry@preeclampsia.org](mailto:Registry@preeclampsia.org).

Vision Grant applicants are invited and encouraged to use The Preeclampsia Registry in their proposal. Successful applicants will have fees waived for use of existing data. New data collection, if proposed, will be billed according to the standard cost recovery fees of the Registry. See details on pages 5-6 of these Instructions.

## REVIEWS

The Preeclampsia Foundation and Preeclampsia Foundation Canada Medical Advisory Board, in addition to ad hoc subject experts, will review all applications and recommend a “short list” of finalists based on a standardized scoring system. A consumer advisory committee will similarly score the short list of finalists. The final determination is made by the Preeclampsia Foundation Canada’s Board of Directors. Following the determination, grantees will be notified and a contractual agreement will be forwarded for signature by the grantee, the sponsor, and the sponsoring institution. The institution will be responsible for disbursing the funds to the grantee in accordance with the budget submitted with the application. Review of grants will not be available.

## INSTITUTIONAL OVERHEAD AND INDIRECT COSTS

The recipient may determine best use of the funds to support the direct cost of the project. No part of the

Award may cover institutional overhead or other indirect costs, nor should the recipient be obligated or penalized to pay by substitution such indirect costs by any other means. The recipient agrees to semi-annual reviews with the Foundation regarding progress toward goals and objectives, as well as the submission of a written Progress Report that summarizes the research and expenses to budget.

By accepting a Preeclampsia Foundation Canada Vision Grant, the supporting institution agrees not to take any part of the funding for institutional overhead or other indirect costs, and will not obligate or penalize the recipient of an award or a sponsoring research laboratory to pay by substitution such indirect costs by any other means. With the exception of health insurance, no portion of an award may be subject to deductions for discretionary fringe benefits by the Sponsoring Institution.

## **REPORTING**

A mid-year Progress Report (no more than one page) and a Final Report will be expected, which should include a description of completed work, summary of expenditures, and future plans. Copies of abstracts submitted and manuscripts accepted for publication should be submitted to the Foundation. Second half funding will be dependent upon receipt of satisfactory mid-year Progress Report.

The work should be completed by December 31, 2021. However, a one-year no-cost extension will be granted upon receipt of an additional Progress Report, if the project needs more time and funds remain.

In addition, recipients may be publicly recognized; the location and timing are to be determined. Recipients will also be interviewed for our newsletter and asked to provide full credit to Preeclampsia Foundation Canada in any media, presentations, posters, or publications.

From time-to-time, additional initiatives may warrant your participation, as your schedule allows, as a means of promoting the Vision Grant program and the Foundation's commitment to advancing research in this field. Our success in future fundraising will be dependent on the Foundation's ability to demonstrate scientific productivity; your contribution to public relations around this program will be very valuable.

# Vision Grant 2020 Application Specific Instructions

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Follow these instructions to organize the application.

- Use one-sided pages, single-spaced, using standard, black, 12-point font
- Include applicant's name and institution in a header on the TOP of each page of the application
- Number each page consecutively
- Black and white diagrams and drawings are recommended

## **PAGE 1** (use *Application Cover template*)

DATE

PROJECT TITLE

SPECIFIC AMOUNT REQUESTED (UP TO \$20,000)

Name of Applicant

Degree

Current Address

Telephone Number

Fax Number

E-mail address

Applicant is a:  Post-doctoral fellow  Medical Fellow  Early Stage investigator

Sponsor Name

Sponsor Address

Sponsor Telephone Number

Sponsor Fax Number

Sponsor e-mail address

Checks made payable to:

Institution

Financial Officer

Address

Telephone Number

## **PAGE 2**

Non-Technical Abstract (100 words - single space)

Technical Abstract (100 words - single space)

## **PAGE 3**

Approximately what portion of your time is devoted to:

Research

Teaching

Clinical Work

Administration  
Other (specify)

List all active and pending research support for the Applicant. Include all individual and institutional support available for the proposed work during its duration. For each item, please give:

Source of support  
Identifying number  
Project title  
Name of Principal Investigator  
Annual direct costs  
Total period of support

#### **PAGE 4**

One-page letter of support from Mentor, Sponsor, or academic colleague who is familiar with your past work and the proposed project.

#### **PAGES 5-14**

Provide a detailed description of the proposed project. Do not exceed (10) pages including tables, figures, etc.

Specific aims  
Background  
Methods and procedures  
Relevance and significance of project to the medical issues of preeclampsia patients  
Facilities available to you  
Previous experience pertaining to this research

*NOTE: References are not included in this page limitation*

#### **PAGE 15**

Please prepare a budget for the proposed work. While the grant may be used to support research personnel where appropriate, funds may not be used to support salaries of Investigators. Due to the small size of the Grant, travel cannot be funded. No part of the Grant may cover institutional overhead or other indirect costs, nor should the recipient be obligated or penalized to pay by substitution such indirect costs by any other means.

If this Grant is to be used to collect preliminary data for a larger project, please outline the budget for the entire project.

If your application proposes to use data accessible via The Preeclampsia Registry™ the following budget considerations apply and should be addressed as a defined line item in your proposed budget:

- \$500 service fee applies to all projects
- Cost recovery fees will be *waived* for projects designed to use existing de-identified data in the Registry (Level 2 data)

- Standard cost recovery and development fees will be applied for projects designed to collect new data from Registry participants (Level 3+ data) (email [Registry@preeclampsia.org](mailto:Registry@preeclampsia.org) for rate schedule)
- IRB fees, if any, are the responsibility of the applicant

#### **PAGE 16**

Biohazard, Animal Care and Use, and Human Subject Research authorizations must be approved by the researcher's institution prior to the start of funding. The Preeclampsia Foundation uses a “just in time” approach, similar to the NIH. Consequently, if you are in the process of seeking approvals, these do not need to be in place at the time of submission, but will need to have been approved prior to receipt of funds if a grant is awarded.

- Biohazards statement. Projects that do not involve biohazards must so state.
- Human investigation statement. Projects that do not involve human materials/subjects must so state.
- Laboratory animals’ statement. Projects that do not involve laboratory animals must so state.

If already secured, please attach copies of all relevant institutional reviews such as Human Subjects.

#### **PAGE 17**

The following text shall be at the head of this page:

“This application has been reviewed by \_\_\_\_\_ (department/institution name) and its submission is hereby approved.”

NOTE: Application is considered incomplete, and therefore invalid, without the following signatures and information.

1. Authorized Institutional official’s signature along with official’s printed name & title
2. Applicant's signature and printed name
3. Sponsor's signature with printed name and title/position
4. Name, address, telephone number of fiscal officer to contact regarding budget and payments (no signature required)

#### **PAGE 18 - APPENDICES**

- Applicant’s curriculum vitae
- Sponsor’s curriculum vitae
- Letter to a patient – As a patient advocacy organization, we care deeply about advancing preeclampsia research for the sake of *patients*. Please write a *brief* letter of relevance to the woman or family of a woman who has suffered a loss or near loss due to preeclampsia. If you do not know somebody who has been personally impacted, feel free to read some of the stories on our website for inspiration (<http://www.preeclampsia.org/get-support/our-stories>). How could funding your project make a difference to patients? If applicable, how will this grant impact your career in the context of preeclampsia?