



American Stroke Association- Bugher Foundation Centers of Excellence in Stroke Collaborative Research for Regeneration, Resilience and Secondary Prevention

Request for Applications

The Henrietta B. and Frederick H. Bugher Foundation was established during Frederick Bugher's life and continues to support research in cardiovascular and cerebrovascular diseases. Both of Mr. Bugher's parents suffered from heart ailments. Originally limited to research within the District of Columbia, the foundation now supports research throughout the world. In 1984 the foundation sought the guidance of the American Heart Association in identifying a focus for its research support. The association suggested a program to bring molecular biology training to clinically-trained investigators. This was the beginning of a continuing relationship with the association, initially supporting Centers for Molecular Biology in the Cardiovascular System, followed by the AHA-Bugher Awards for the Investigation of Stroke and most recently the Bugher Centers for Stroke Prevention Research.

In order to encourage future innovation and advances in stroke recovery and secondary prevention and to build upon the success of collaboration and lessons learned, the Bugher Foundation has joined with the American Stroke Association (ASA, a division of the American Heart Association) to support a new network of three centers for a period of four years. The desired characteristics of these Centers, the general requirements of the application and the review criteria are described in this Request for Applications (RFA).

Objectives of Request for Applications

The intent of this initiative is to support a collaboration of basic, clinical and population researchers from different specialties whose collective efforts will lead to new approaches, not only to improve the prevention of stroke, but to also expand upon the previous Bugher Stroke initiatives by inviting research on **recovery** after a stroke; including the areas of **repair, regeneration, neuro-plasticity and rehabilitation**.

The American Stroke Association-Bugher Foundation intends to fund three Centers that will encompass the following goals:

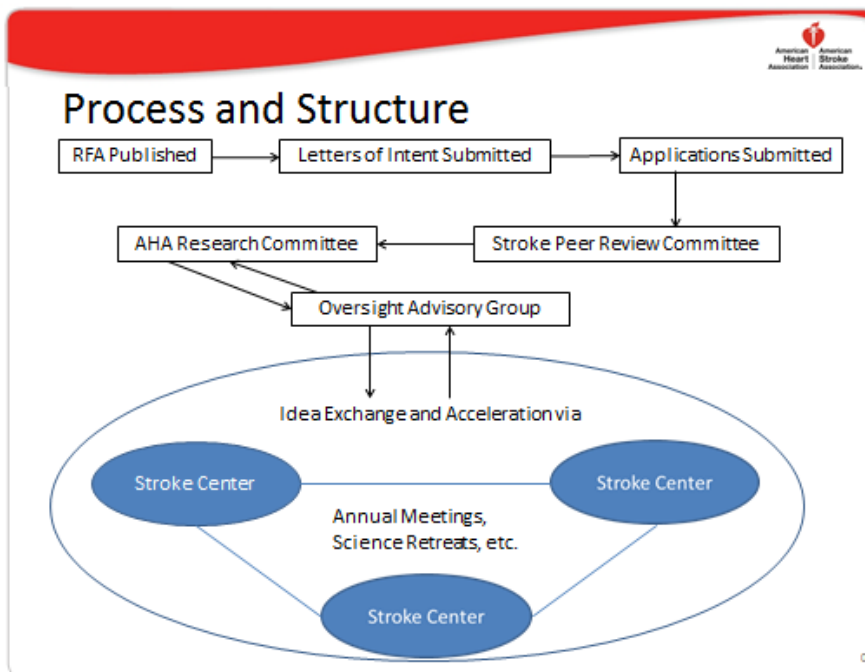
- Accelerate generation of important, novel ideas
- Fill significant gaps in knowledge and expertise
- Create important gains (developing new investigators is one such gain)
- Utilize ASA/Bugher Centers as the central work engine

- Link research and training components through the program
- Prioritize multidisciplinary approaches with frequent collaborative communications

It is anticipated that the results of the funding and formation of the ASA-Bugher Foundation Centers of Excellence in Stroke Collaborative Research and their linking in this structure will:

- Produce a cadre of new investigators who will energize this field and lead to the generation of an expansion of the numbers of such investigators in later years
- Produce new research results based on the initial ideas of the Centers and on ideas generated by the interaction of the Centers and their investigators
- Provide insights into and report on the challenges and successful mechanisms for active collaboration

Figure 1. Overview of implementation process and network structure



Target Science Areas

The scientific agenda will continue to include a strong focus on prevention, while moving to address it in the setting after TIA/stroke, thus involving **secondary prevention**.

Research in **secondary prevention** could include investigations of the mechanisms underlying repeated strokes; progression from risk factors of TIAs/reversible ischemic neurological deficits to stroke; therapeutic interventions to interrupt or reverse those mechanisms, including behavioral characteristics or changes needed for successful prevention, such as motivation, resilience, the contribution of different psychological traits or states as well as approaches for engaging or improving them.

Research in **recovery** could include investigation of a number of new areas that have emerged in recent years, and would focus on ways in which the brain affected by stroke or endangered by risk factors can preserve, protect or recover function. The recovery aspect could include

recovery of motor and/or sensory function, but also could include recovery of integrative and emotional function as well as higher executive functions, since vascular dementia and cognitive decline can be outcomes associated with stroke.

Examples of interest areas relevant to this RFA include, but are not limited to:

- Hibernation (the potential for brain tissue to remain in a non-functional state but with the potential to recover for prolonged periods after stroke)
- Comparative effectiveness of post-stroke recovery and rehabilitation therapies
- Factors that increase resilience and coping in stroke survivors and their families
- Brain imaging studies of motor and sensory recovery after stroke
- Endogenous pluripotent stem cell function (the existence of cells within the adult body that can produce new cells of various types if identified and properly stimulated);
- Inducible progenitor stem cells (cells, again within the adult, that are not functioning as stem cells but can be induced to act as progenitors, giving rise to needed cell lineages);
- Trophic factors (chemicals released from cells present in the nervous system in response to newly designed stimuli, and acting in a beneficial way on cells around them); and
- Novel methods to repair myelination of nerve cell processes

In addition, functional MRI has allowed us to visualize the activity of areas of the brain in living humans and non-human primates, opening up new ways to evaluate interventions.

Addressing the emotional and behavioral issues that can accompany stroke, affecting motivation, adherence, and the positive characteristics of resilience are critical to improved quality of life after stroke.

Applications from centers that can engage multiple and integrative approaches to research, including investigators and projects involving or integrating aspects of psychology, neuropsychology, psychiatry, and nursing are encouraged. Priority will be given to projects that include innovative and novel approaches to research in the areas of stroke repair, regeneration, neuro-plasticity and rehabilitation.

Collaboration Expectations

Centers selected for funding will be expected to interact and develop new hypotheses leading to collaborative projects. The purpose of this initiative is to replicate, build upon and refine the successful integration of collaboration into the Bugher scientific research model, which is designed to produce a network of interacting institutions and scientists for collaborative, multidisciplinary research to improve stroke prevention and outcomes. The collaborating centers are expected to share everything from “samples to ideas.” A major component of the centers will be the interdisciplinary training of a new generation of scientists who, from their earliest experiences in research, will collaborate with other scientists through monthly meetings with established investigators and annual meetings with other investigators participating in the centers, and through the availability of on-site collaborations/training at other centers within the network. The centers will be expected to work with the Oversight Advisory Group to define the strategies for leadership in training and interdisciplinary collaboration, as well as a clear commitment to collaboration with other disciplines and other centers.

Additional funding will be provided for these collaborative projects. After award activation, Centers will be expected to develop cross-center collaborative projects. These projects will be presented to the Oversight Advisory Group for review and the top 1-3 projects will be awarded the additional funds.

At the end of the award period, the processes used to develop these collaborations will be reported and a comparative analysis will be done to assess the success of this newest Bugher initiative as compared to the previous Bugher initiative.

A major component of the Centers selected for funding under this initiative will be their ability to foster a successful program for the interdisciplinary training of a new generation of scientists who, from their earliest experiences in research, will collaborate with other scientists through monthly meetings with established investigators and annual meetings with other investigators participating in the Centers. An ultimate product of this program will be the creation of a report on the challenges and results of active collaboration.

Disciplines and Expertise

1. Within the scope of stroke research, scientific disciplines may range from basic to clinical to population with bridges to translational research. At least two of these three areas must be included in submitted proposals. Areas of recovery, secondary prevention, nursing, psychology, psychiatry and neuropsychology are strongly encouraged.
2. Representation on the team should include the breadth of basic, clinical and population expertise because a key component of the program is a multidisciplinary training program to give fellows basic, clinical and population exposure with links to translational research.
3. The Center Director should be recognized nationally for stroke research and for his/her ability to build collaborations outside of his/her own institution. The Center Director is not required to have a background in basic laboratory research.
4. The Center team should be made up of not only research scientists, but also include healthcare professionals dealing with the psychological, emotional, behavioral, and physical rehabilitation aspects of the study subjects.

Program Structure

The development of each Center will be the responsibility of the Center Director, who will coordinate the scientific projects, the cross-center collaboration and the training program. The Director will provide administrative and scientific leadership and will be responsible for the organization and operation of the Center, and for communication with the AHA and the ASA/Bugher Foundation Stroke Oversight Advisory Group.

Each Center application is required to:

- Include at least two (2), but no more than four (4), projects that are basic, clinical and/or population studies that move towards translational research. Centers cannot submit an application in which all projects are basic science; but should include a combination of the research classification areas. At least one of the proposed projects must be a clinical and or population study.

- Include projects that will investigate secondary prevention, regeneration, recovery and rehabilitation as described above.

Fellowship Training Requirements:

- Each center will provide a multidisciplinary training program to give fellows basic, clinical and translational research experience.
- Each center will train 4 fellows during the period of the award (each of the four fellowships will last two years, with two fellows commencing in year 01 and two fellows commencing in year 03).
- Each center will provide professional, non-medical training in the form of presentation and communication skills.

Collaboration Requirements:

- Centers will be expected to meet and collaborate with each other through interactions and meetings to accelerate information exchange and ideas;
- Centers will be expected to comprise a team that meets on a regular basis and develops one or more collaborative projects
- Centers will collaborate and participate in producing an end-of-award report about the challenges, mechanisms and successes of the Centers' collaborations;
- Centers will consider themselves part of the ASA-Bugher Foundation Center of Excellence in Stroke Collaborative Research Network.

Eligible Institutions and Investigators

Awards are limited to non-profit institutions in Canada, Mexico and the United States, such as universities and colleges, public and voluntary hospitals, laboratories, research institutes, and other non-profit institutions that can demonstrate the ability to conduct projects and organize a center. In the United States, 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, with the exception of Veterans Administration employees. In Canada and Mexico, applications will not be accepted from investigators employed at government facilities or by government agencies, even if they also hold a university appointment.

The Centers are not transferable to other institutions. The projects described can have no scientific overlap with other funded work. An institution may submit only one ASA-Bugher Center application for this competition. The application may include individuals and/or projects at more than one institution, provided there is exhibited 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 applicant institution will maintain fiscal responsibility for the Center award. The appropriate Grants/Sponsored Programs Officer and Institutional Officer should submit the proposal.

Directors and Principal Investigators of projects of the Centers must possess an M.D., Ph.D., D.O., D.V.M., or equivalent doctoral degree at time of application. They should be faculty or staff members of the non-profit applicant organization at application. Directors and Principal Investigators of projects of the Centers may hold another AHA award simultaneously. The Center Director may submit a Center project proposal. There is no minimum percent effort requirement for the Director or Principal Investigators (PI) in the Center, though Director or PI salary requested must be proportional to the percent effort devoted to the Center.

The Center Director must demonstrate expertise in the area of stroke research, with a demonstrated ability to build collaborative groups. The Director must demonstrate a successful history of leadership in training and interdisciplinary collaboration. A clear demonstration of the Director's commitment to collaboration with other disciplines and other Centers is required.

The responsive application will demonstrate a history of successful clinical and laboratory post-doctoral fellowship training with a plan to continue the program or a strong plan to develop a successful program. Experience and training in stroke recovery and/or secondary prevention, is encouraged. In addition, training in general laboratory research, translational research and clinical research concepts as well as collaborative research must be described in the application. A viable source for identifying and recruiting trainees must be presented in the application and while trainees are not required to be named at the time of the application submission, the first set of fellows must be identified by July 1 of 2014. The trainee fellows must possess an M.D., Ph.D. or equivalent doctoral degree at the time of participation in the program. Collaborative interdisciplinary training programs are encouraged. An emphasis on translational research with laboratory training for clinically trained fellows and clinical training for laboratory fellows is also encouraged.

Citizenship Requirements for U.S. Directors, Principal Investigators and Fellows

Directors at **U.S. institutions** 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)

Principal Investigators of proposed projects at **U.S. institutions** 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)
- H1-B Visa – temporary worker in a specialty occupation
- O-1 Visa – temporary worker with extraordinary abilities in the sciences
- TN Visa – NAFTA professional

Named fellows of the Centers at **U.S. institutions** 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 – special occupation worker
- F-1 Visa - student

- H1-B Visa – temporary worker in a specialty occupation
- J-1 Visa – exchange visitor
- O-1 Visa – temporary worker with extraordinary abilities in the sciences
- TN Visa – NAFTA professional

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

Named fellows of the Centers at U.S. institutions must hold a Ph.D., M.D., D.V.M. or equivalent doctoral degree and commit 75 percent effort to research training. A named fellow may not hold another fellowship award, although the institution may provide supplemental funding. Fellows may not hold a faculty or staff appointment, with the exception of M.D.'s or M.D./Ph.D.'s 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 percent of effort to research training. A named fellow may have been the recipient of an AHA fellowship, but may not hold an AHA affiliate fellowship, AHA Fellow-to-Faculty Transition Award and ASA-Bugher Center of Excellence in Stroke Collaborative Research fellowship simultaneously.

Additional Eligibility Requirements for Canadian or Mexican Directors, Principal Investigators and Fellows

Directors and Principal Investigators at Canadian or Mexican institutions must be employed (have an academic or institutional appointment) at an eligible institution in a position that permits them to engage in independent research activities for the duration of the award.

Named fellows of the Centers at Canadian or Mexican institutions must hold a Ph.D., M.D., D.V.M. or equivalent doctoral degree and commit 75 percent effort to research training. A named fellow may not hold another fellowship award, although the institution may provide supplemental funding. Fellows may not hold a faculty or staff appointment, with the exception of M.D.'s or M.D./Ph.D.'s 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 percent of effort to research training.

Note: Country of residence is not a selection criterion. The ASA and the Bugher Foundation do not make any assurance that grants will be awarded in all eligible countries in any given award period.

Application Submission Process

Only one Center proposal, including multiple research project proposals, may be submitted from an institution. Each Center application should have only one (1) Center Director. Co-Directors will be in name only and will not be recognized on official documents or publications. Institutions that are part of the prospective Center's application are not eligible to submit a separate Center application. The completed application must include the primary Center application and multiple (at least two) individual research project applications. The components of the application are described below.

Application information, forms and instructions for the ASA-Bugher Foundation Centers of Excellence in Stroke Collaborative Research will be available on the American Heart Association's web site (<http://www.americanheart.org/research>) by approximately April 1, 2013. Applications will only be accepted through AHA's online research system – Grants@Heart.

Components of Application

Primary Center Application

The Director of the proposed Center must submit an umbrella application which consists of the following components:

- 1) vision for the Center (*a clear, unifying central theme to which each research project application relates*);
- 2) information regarding the Director;
- 3) information regarding any current cerebrovascular research programs and any history of successes in cerebrovascular research;
- 4) a detailed description of the proposed multidisciplinary training program for the ASA-Bugher Center of Excellence in Stroke Collaborative Research Fellows' two-year fellowships (basic, clinical and/or translational research exposure), including information regarding the evaluation of prospective fellows and how funded fellows' ongoing progress will be evaluated; in addition to participating in annual Center meetings, institutions are expected to incorporate collaboration with established investigators at other institutions through regular meetings;
- 5) information regarding the identification of a faculty/staff member at the Center institution or affiliated institutions (if appropriate) with the leadership skills to bring team-building and professional/organizational development to the collaborative process;
- 6) information on current training programs and training grants within the Center institution and affiliated institutions (if appropriate);
- 7) information regarding other faculty/staff members at the Center institution and affiliated institutions (if appropriate) who will be submitting research projects;
- 8) information on research funding available to the Director and proposed Principal Investigators on Center research projects;
- 9) information on collaborative research within the Center institution and affiliated institutions (if appropriate) and their ability to integrate and collaborate with other institutions;
- 10) information on facilities available to support the Center and affiliated institutions' (if appropriate) research projects;
- 11) an overview of the estimated four-year budget for the Center.

Center Research Project Applications

A Center application must include at least two (2), but no more than four (4) research projects related to stroke recovery, secondary prevention, including the areas of repair, regeneration, neuro-plasticity and rehabilitation. **A prospective Center application must contain proposed projects that include elements of basic, clinical and/or population research with bridges to translational science.** The set of projects proposed by a Center will be reviewed as a group, but will be scored separately in the first phase. The Peer Review committee has the ability to cut a project from the Center if it is deemed inappropriate or not competitive. Centers should submit their most competitive projects feasible within the budget described for a Center.

The Principal Investigator of each proposed research project must submit an application which consists of the following components:

- 1) required application forms
- 2) investigator's qualifications
- 3) specific project aims
- 4) background and significance

- 5) previous work on the same or related problems
- 6) contemplated methods of approach to problem
- 7) evidence of successful collaboration with other Center members
- 8) ethical aspects with regards to animal and human subjects

Peer Review Process

Review of the applications will be conducted by the American Heart Association and will occur in two phases. For the first phase, a peer review committee of volunteer scientists will be assembled to review all the submitted Center applications. Appropriate scientific expertise will be sought to review the applications received. Each application will be reviewed in depth by a minimum of 3 peers and more than likely 4 reviewers will be analyzing each aspect of the submission, i.e. Center, Projects, Training Program and Collaboration. These reviews will be presented to a peer review panel of twelve or more. At the discretion of the review committee, and based upon the preliminary scores assigned to an application by the assigned reviewers, a streamlined review may be conducted for any application. After discussion of each Center proposal, each panel member will score each application, using the current AHA review scoring system. The Centers and their projects will be ranked, based upon the average merit scores and percentile ranking of the panel members' scores.

A second stage of the review will then be conducted with only the highest ranked Center applications, and will include a "reverse site-visit" presentation to the AHA review group by the Center Director and select members of the Center team, a minimum number of participants, to be decided, will be invited to the presentation. Reviewers will score the Centers as a whole following the presentations, with the average of the reviewers' scores providing the final ranked list of applications. The ranked list will be reviewed by the AHA Research Committee, and the three Centers with the highest rank will be funded, contingent upon resolution of any policy concerns.

Peer Review Criteria

The following major factors will be considered in the evaluation of each Center. These factors are intended to assist applicants in determining the appropriateness of candidacy. All of the factors will be entered into the deliberations of the peer review committee, and the relative weight given each factor may differ from case to case. These factors are not listed in any specific order of priority.

Peer Review Scoring Algorithm

I. Projects – Potential impact of the project on stroke recovery and secondary prevention; strengths of applicant investigators and collaborations (qualifications, expertise and productivity); scientific content; background; preliminary studies; detailed specific aims; approach detail; analytical plan; sample size; data management; proposed productivity; significance; innovation; individual project scientific merit; and total project coordination (within and among projects). **(30%) of total evaluation**

II. Training component – A detailed plan for developing and implementing a training program that includes clinical (M.D.) training in translational research and Ph.D. training in clinical stroke investigation; opportunities for non-medical training including communication and presentation skills; didactic and practicum training opportunities; ability to track trainees; conferences and meeting participation for trainees; documentation of a ready supply of fellows; qualifications and

characteristics of any current or anticipated trainees and history of successful fellowship training for clinicians and academic researchers. **(20%) of total evaluation**

III. Collaboration – History, ability and commitment to collaborate with other institutions, investigators and within the applicant institution. Defined and detailed process for collaboration with other sites in addition to within and among the proposed different 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. **(30%) of total evaluation**

IV. 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 as a whole. Documented evidence of willingness to collaborate with others outside their institution to share ideas, science, etc. to progress the field of stroke research. **(10%) of total evaluation**

V. Investigator team – Qualifications of each PI to provide scientific and administrative leadership for their respective projects; demonstrated commitment of each PI, and experience with stroke and stroke related studies; quality of interdisciplinary research team; qualifications of co-investigators; training experience. **(5%) of total evaluation**

VI. Environment – Institutional commitment, resources and facilities to sustain the Center; institutional resources available to complete the project; analytical resources available to the project. **(5%) of total evaluation**

Reverse Site Visit Expectations

If a center is selected to move to the 2nd phase they will have the critiques and committee member comments available electronically at the time of notification. The Center will have anywhere from 3-4 weeks to prepare for the reverse site visit. The committee members will listen to the presentation in response to the critiques, plus any additional information that is presented. There will be a question and answer period, so the actual presentation should not be more than 30 minutes, which will allow for responses and follow-up questions from the panel. The entire reverse site visit will last approximately 45 minutes.

Human Subjects and Ethical Considerations

All applications are expected to adhere to American Heart Association research program policies and standards including those regarding the ethical treatment of human subjects and animals, as well as the policy addressing inclusiveness of study populations relative to gender, race, age and socioeconomic status. Funding is contingent upon institutional animal care and use committee and human subjects institutional review board approval, if applicable. Any ethical concerns identified via the review process shall be forwarded to the AHA Research Committee for consideration.

http://my.americanheart.org/professional/Research/FundingOpportunities/ForScientists/Policies-Governing-All-Research-Awards_UCM_320256_Article.jsp

Oversight Advisory Group

Once the Centers are selected, the ASA-Bugher Foundation Oversight Advisory Group will provide external oversight for the Centers and serve in an advisory capacity to the Centers. Anyone who applies to the Program and is funded will not be considered for membership on the Advisory Group, though Center Directors will be required to report to and meet with the Advisory Group regularly. The Oversight Advisory Group will offer advice and/or recommendations to the AHA Research Committee's National Research Program Subcommittee on possible changes to the program and other issues, as appropriate.

Responsibilities of the Oversight Advisory Group include:

- Monitoring the scientific progress of the Centers and Center Projects
- Overseeing and annually evaluating the program, including an evaluation of the progress of the trainees, and making recommendations regarding continuation to the National Research Program Subcommittee
- Monitoring general implementation of collaborative efforts within and among Centers. The Advisory Group will exert pressure on the Centers to change traditional culture by rewarding collaboration. There will be stated consequences for Centers that do not fulfill their obligations, including a statement that annual award renewal is contingent upon appropriate progress and collaboration with others.
- Making recommendations to the AHA Research Committee's National Research Program Subcommittee regarding management of the program

The Advisory Group will include:

- leading established investigators in stroke who are not funded by the Program
- investigators committed to collaboration and multidisciplinary approaches
- at least one member who is a specialist in organizational development to ensure that the program is structured to facilitate collaboration
- at least one member who is a specialist in recovery, psychiatry, psychology, neuropsychology and/or nursing
- a representative from the AHA Research Committee's National Research Program Subcommittee.

Network Membership Responsibilities

One of the key objectives of this initiative is to encourage collaboration among the stroke prevention Centers, both in training and research efforts. An important component of the initiative is a multi-disciplinary approach both within and among Centers. The structure of the network will include sufficient components to maximize the collaboration among Centers. The Oversight Advisory Group will track collaborative activities, provide incentives for collaboration, and develop and implement a plan for regular dialogue among the Center participants. The entire network should operate as a team.

The initiative will begin with a meeting of all key staff from the Centers and the Oversight Advisory Group. This meeting, among other things, provides a forum for determining the nature and extent of the collaboration. Subsequent meetings, teleconferences, and other interactions among the Centers will occur throughout the duration of the initiative. The institutions in which the Centers are located must provide assurance that no barriers exist to thwart collaboration. A minimum requirement of the Centers is that they agree to change any local data collection system to a common one appropriate to the network. Technological support for this multi-site

program with an emphasis on collaboration will be provided to facilitate all the required interactions/meetings in an effective and convenient manner.

Program Evaluation

Preliminary measures of the success of the initiative have been identified. Each Center will be required to provide annual interim reports, as well as a final written scientific report of progress. Progress made and plans for the coming year shall be addressed in these annual reports. In addition to the annual and final reports of progress from each center, funded Centers will be asked to report on the following measures:

- Productivity of Centers—track publications and citations; document outcomes of research projects; document other funding resulting from the current initiative
- Transfer of intellectual property to the marketplace
- Impact of the fellowship training experience on career development: track trained fellows over a five-year period for such measures as percent of time in research, publications, other funding, promotion
- Report on the collaborative experience and lessons learned, including measures on the level of collaboration, such as heterogeneity of co-authors of papers (number of academic departments represented among co-authors)

Budget

The Program will have a total budget of approximately \$7.2 million. The funding will be allocated per Center as follows:

Budget Item	Per Year Total	Per Center Total
Center Director	\$50,000	\$200,000
Projects Two - four projects per Center	\$350,000	\$1,400,000
Center Fellows Two fellows in years one and two Two fellows in years three and four (each Fellowship \$59,091 for stipend and other training-related expenses)	\$118,182	\$472,728
Fellow Educational Courses Up to \$9,091 per fellow over the two year fellowship	\$9,091	\$36,364
Collaborative Administrative Coordinator One per Center	\$15,455	\$61,818
Center Travel	\$6,364	\$25,445
Indirect Costs Up to 10% allowed for Indirect Costs	\$54,909	\$219,363
Total	\$604,000	\$2,416,000

If awarded, the Director 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, Inc.

The AHA is currently paying all research payments quarterly on or around the 17th of the month following the end of the calendar quarter. Payments are made to institutions on behalf of the Center Director. If activated April 1, the first payment to the Center would be sent on or around July 17th (and in October, January, April, and July, thereafter). All payments will be in U.S. dollars.

Timeline

<i>Activity</i>	<i>Date</i>
Promotion of program	December 2012 – March 2013
Application forms and instructions on AHA web site	April 2013
Letter of intent deadline	April 1, 2013
Peer review committee recruitment	April 2013 – July 2013
Full Application Deadline	June 1, 2013
Review of proposals	September – October 2013
Funding decisions made by AHA Research Committee	November 2013
ASA-Bugher Centers of Excellence in Stroke Collaborative Research activated	April 1, 2014
Centers conduct research, train fellows, interact, report results	April 2014 – March 2018

Letter of Intent

Prospective applicants are asked to submit a letter of intent for the ASA-Bugher Center of Excellence in Stroke Collaborative Research on or before April 1, 2013. The letter should include the following information:

- Name, institution, address, telephone, and e-mail of proposed Director
- Names, institutions, addresses and e-mails of proposed Principal Investigators for Center research projects
- Names, institutions, addresses and e-mails of other Key Personnel, such as mentors for the training/fellowship program
- Information on any additional participating/affiliated institutions not listed above
- Brief overview of proposed projects – maximum 1-2 paragraphs per project

A letter of intent is not required, is not binding, and does not enter into the review of a subsequent application. It is strongly encouraged, since the information it contains allows AHA staff to estimate the potential peer review workload and to avoid potential conflicts of interest in the peer review process. It also allows AHA to provide potential applicants with updated information about the application process if necessary.

The letter should be sent electronically via e-mail to the American Heart Association at jennifer.knight@heart.org with a subject heading of ASA-Bugher Center of Excellence in Stroke Collaborative Research.

Inquiries

Inquiries regarding this RFA may be sent to:

E-mail jennifer.knight@heart.org

Phone 214-360-6123 or 214-360-6126