2022

HEALTH+MEDICAL RESEARCH

Cardiovascular Collaborative Grants

Guidelines

NSW GOVERNMENT

NSW Health

1 Reserve Road

St Leonards NSW 2065

(02) 9391 9228

www.health.nsw.gov.au

www.medicalresearch.nsw.gov.au

Further copies of this document can be downloaded from the Cardiovascular Research Capacity Program webpage: https://www.medicalresearch.nsw.gov.au/cardiovascular/

SHPN (OHMR) 220774

Call for Applications

NSW Health invites eligible researchers to apply for NSW Cardiovascular Research Capacity Program **Collaborative Grants**. These grants support NSW-led collaborations involving multiple institutions to achieve success with national funding opportunities.

Funding for Collaborative Grants will be provided for two years from 2023 to 2025. All researchers are encouraged to apply, including clinician researchers, researchers from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander researchers, and primary carers who have experienced career disruptions.

For the purpose of this grant, a collaboration is a multidisciplinary team of researchers led by a NSW Chief Investigator A, from a minimum of three research institutions, including at least two NSW-based research institutions. Additional collaborators from other types of organisations are encouraged.

A NSW-based Chief Investigator (nominated as Chief Investigator A, or CIA) will apply on behalf of the collaboration. NSW Health will enter into one funding agreement per Collaborative Grant with the eligible host organisation at which the CIA is employed, or eligible administering organisation if the funds are being administered separately. Any subsequent agreements with other eligible NSW host organisations who are collaborating on the grant are to be managed by that funded organisation.

Objectives

Cardiovascular Collaborative Grants aim to:

- support the development of multidisciplinary NSW-led collaborations which will go on to succeed with national funding opportunities
- encourage collaboration, leadership, and capability building in the NSW research environment
- fund research that improves wellbeing and health outcomes
- fund research excellence
- embed high-quality, innovative cardiovascular research in the NSW health system
- bridge the gap between research, policy, and practice to increase and document research impact and translation.

Indicative Grant timeline

Stage	Date
Call for Applications opens	September 2022
CVRN Workshop	21 September 2022
Applications close	5pm 15 December 2022
Successful applicants notified	April 2023
Grants paid	May 2023
Research Projects Commence	1 July 2023

Pre-application workshop

The NSW Cardiovascular Research Network (CVRN) and the Office for Health and Medical Research will co-host a workshop on **21 September 2022** at the offices of NSW Health, 1 Reserve Road, St Leonards and online.

The workshop aims to increase the strength and competitiveness of applications and provides an opportunity to build your collaborative team.

The program includes:

- a series of **presentations** targeting key components of the Collaborative Grant application, delivered by experienced researchers and administrators
- a **Q&A Panel** with experienced lead Chief Investigators of nationally competitive collaborative grants
- a **Speed Dating** event: early-mid career researchers (EMCRs) will have the opportunity to pitch their skills to CIAs intending to submit an application in this scheme.

Register HERE NOW to secure your place.

For more information about the NSW Cardiovascular Research Network or to **become a member** click here.

All applications are expected to have undergone an informal peer review process by a colleague or mentor before being submitted to NSW Health.

Scope of cardiovascular research

The term cardiovascular is used to encompass all diseases and conditions of the heart and blood vessels, including but not limited to:

- coronary heart disease
- stroke
- heart failure
- vascular disease and vascular health

- cardiovascular complications of diabetes and obesity
- major independent risk factors for cardiovascular disease
- rheumatic heart disease
- congenital heart disease.

Funding amounts

Collaborative grants have a 2-year duration. A total of **up to $1,000,000 may be awarded per grant.**

Funding conditions and exclusions

1. For the purposes of this grant, a collaboration is defined as a team of researchers, led by a NSW researcher (CIA), from a minimum of three research institutions, including at least two NSW research institutions. The team may include up to 10 Chief Investigators. Additional team members and partnerships with other types of organisations are encouraged (see page 5).
2. **Each collaboration must include a minimum of two EMCRs as Chief Investigators.** An EMCR is defined as a researcher who is 10 years or less post-PhD, relative to opportunity.
3. The majority of research funded through a Collaborative Grant must be conducted in NSW, either in the NSW health system or affiliated organisation (university, medical research institute, industry partner, community setting).
4. **Researchers may submit a maximum of one application as a Chief Investigator.** Researchers may be named on additional applications as Associate Investigators or partners but not as Chief Investigators.
5. NSW Health recognises that interstate and international partners will strengthen collaborations and support success with future national funding opportunities and supports their inclusion. Collaborators external to NSW are expected to cover the cost of their participation in the collaboration.
6. Grants funds may be used for a combination of salaries of the research team (clinical and/or non-clinical), backfill for clinicians to quarantine research time, consumables and equipment.
7. Collaborative Grants must not be spent on capital works, general maintenance costs, organisational infrastructure or overheads, telephone/communication systems, basic office equipment, such as desks and chairs, rent and the cost of utilities.
8. Grants may be applied for regardless of other funding currently held or applied for, including NHMRC fellowships.
9. Applicants are required to declare the source, duration and level of funding already held for research in the subject area of the application. Applications must clearly describe the purpose of the additional funding and justify how the additional research will be complementary but not duplicative.
10. Funding is conditional on Chief Investigator A and the authorised representative of the Host / Administering organisation signing the declaration on the application form.
11. Collaborative Grant recipients must apply for at least one collaborative NHMRC, MRFF or equivalent national grant scheme by 30 June 2026 and provide evidence of the application submission, scores, feedback and outcome to NSW Health.
12. Past recipients of a NSW Health Cardiovascular Research Capacity Program grant may apply for Collaborative Grants. Where a previous grant is still underway, applicants will need to justify how they will manage multiple grants if successful. If funding availability is limited and two applications are of equal merit, preference will be given to applicants that have not received previous NSW Cardiovascular funding.
13. Chief Investigator As who have received and completed any previous NSW Health grant must justify further funding according to productivity and impact specifically related to the previous grant in their application, including:
    a. publications arising from the grant
    b. advances arising from the research, including any translation that has occurred
    c. external funding applications and funding received
    d. capacity building, including how they have built the capability of more junior researchers and students.

Clinician researchers

Clinicians, both medical and non-medical, are encouraged to apply.

Clinicians may use up to 25% of the grant to backfill their clinical role, with appropriate justification. If the grant is to be used for this purpose the application must be signed by the appropriate department head in the local health district. The salary limits are as follows:

- Clinician – medical: Salary limit – up to 0.6 FTE Staff Specialist or Visiting Medical Officers.
- Clinician – non-medical: Salary limit – up to 0.6 FTE as per Allied Health (including Pharmacist and radiographers) and Nursing awards.

Submission of applications

Applicants must use the Collaborative Grants 2022 Application Form and attach any supporting evidence. The form is available at: www.medicalresearch.nsw.gov.au/cardiovascular/

All applications should be submitted by email to: MOH-OHMRGrants@health.nsw.gov.au. All applications will receive an email acknowledging receipt within 48 hours. It is the applicant's responsibility to follow up if no acknowledgement is received. Please note that the maximum file size is 20MB. Larger files will be rejected by the NSW Health server.

Any queries regarding NSW Cardiovascular Research Capacity Program grants may be directed by email to: MOH-OHMRGrants@health.nsw.gov.au.

Eligible areas of research

Funding will support teams working across some or all research areas including biomedical, clinical, health services research, data science, and population health research. Grants may also support research towards the development of novel therapeutics.

All applicants are encouraged to consider how their proposed research aligns with strategic priorities identified at state and federal level by key stakeholders.

NSW Future Health Strategy

Applicants are encouraged to consider the strategic framework that is guiding the next decade of health care in NSW 2022-2032. How does your proposed research question relate to NSW Health's vision for a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness and is digitally enabled? Please consider how the outcomes of your research complement or overlap with the six outcomes identified in the strategy. More information is available here.

Australian Cardiovascular Alliance (ACvA)

Please consider opportunities associated with priority areas aligned with ACvA's strategic research initiatives and the capability building flagships. ACvA's Clinical Themes Initiative is bringing together the cardiovascular sector to develop ambitious collaborative research solutions to address unmet needs in six areas: coronary artery disease, heart failure, arrhythmias, stroke, hypertension and improving cardiovascular outcomes for Aboriginal and Torres Strait Islander peoples.

ACvA has seven flagships that span the translational pipeline and include: Disease Mechanisms; Drug Discovery; Biomedical Engineering; Big Data; Clinical Trials; Precision Medicine and Implementation and Policy. The flagships provide a platform of expertise from basic research to clinical care. The Directors of each ACvA flagship are willing to provide advice on alignment of research with flagship strategic directions and the opportunities for enhancing collaborative networks, as well as cross-disciplinary mentorship and career development opportunities.

Further information about ACvA, the Clinical Themes Initiative and the Flagships is available here. For further information please email acva@ozheart.org, mark your email for the attention of Catherine Shang PhD, and include 'NSW Cardiovascular Research Capacity Program' in the subject line.

Medical Research Future Fund (MRFF)

Applicants are encouraged to consider, and align their research where appropriate, with the MRFF Cardiovascular Health **Mission Roadmap and Implementation Plan,** including the underlying considerations and funding principles. More information is available here.

Partnerships

Collaborations are encouraged to identify and engage relevant partners who will provide a meaningful contribution to the design and delivery of the research project and implementation of outcomes.

In addition to collaborating with researchers from universities and medical research institutes, partners may include:

- patients, carers and consumer advocacy organisations
- NSW Health system partners including NSW Ministry of Health branches, Pillars, and statewide health services
- local health districts and specialty health networks

- Advanced Health Research Translation Centres and Centres for Innovation in Regional Health
- Aboriginal Community Controlled Health Organisations
- Primary Health Networks
- clinical networks
- industry partnerships
- non-government organisations.

Industry Partnerships

Industry partnerships are encouraged where appropriate. Industry organisations may be members of the collaboration. The partnership should be clearly outlined in the application. The following conditions apply:

- Only a Chief Investigator employed by an eligible host/ administering organisation can apply for grant funding and submit an application on behalf of project partners.
- For-profit industry organisations are not eligible to be host or administering organisations or to apply for funding.
- Where an industry organisation proposes to host a researcher at their site, additional conditions may apply. For more information, please email MOH-OHMRGrants@health.nsw.gov.au.

Program Logic and research impact

Applicants are required to submit a Program Logic diagram with their application, including project aim, inputs, activities, outputs, and expected outcomes and impacts.

Note that outcomes and impacts may not be realised during the funded period, they may be projected to occur in future. Particularly for basic science, the 'next users' who are responsible for taking the research findings to the next step for translation should be involved from the start of the project so they understand the research and can move the findings towards translation.

Research Impact Assessment

The Program Logic will be used to optimise the probability of research impact at application stage. If the research is funded, the Program Logic will guide the measurement of impact throughout the project and at its conclusion.

Research impact will be considered across five domains:

Domain 1: Knowledge Advancement

- New interventions, treatments, diagnostics or drug targets
- New clinical or medical prototypes
- Peer-reviewed publications and presentations at conferences
- Media coverage and other non-peer-reviewed publications.

Domain 2: Capability Building

- New partnerships leveraged
- Training and professional development
- Research students supported.

Domain 3: Policy and Practice

- Instances where research findings are considered in policy development
- Instances of change in clinical practice
- Instances of new health technology or new treatments used in clinical care.

Domain 4: Health and Community Impact

- Improved health outcomes, including:
  - Change in the time to develop an outcome
  - Change in the likelihood of an outcome occurring.

Domain 5: Economic Benefit

- Research jobs created and sustained
- Patent applications and commercialisation
- Value of leveraged research funding (external grants awarded due to NSW Health funding)
- Reduction in cost of delivering care
- Potential for return on investment.

Research Translation

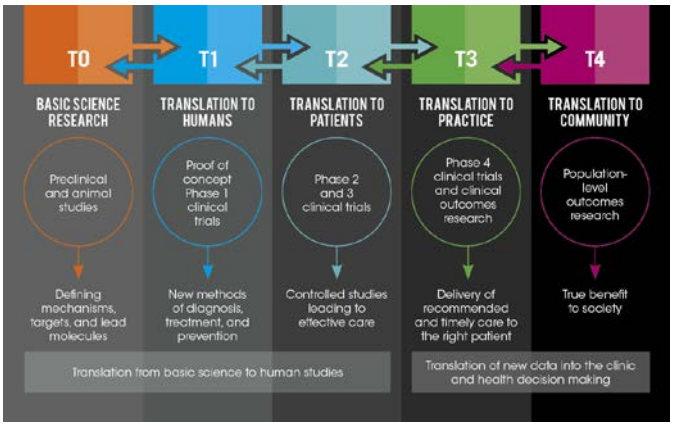
All research projects should have the aspiration and potential to generate changes in clinical practice or policy over the short or long term, even if not during the funded period.

Applications must clearly describe:

- The long-term goal and clinical significance of the research
- The expected pathway for this to occur (note this may not be linear)

- How the researchers will engage with ‘next users’, i.e. research partners and other stakeholders who will take the research to the next step on the translation pathway.

An example translation pathway is below. Applicants may use their preferred framework.



Source: University of Arkansas for Medical Sciences Translational Research Institute - *https://tri.uams.edu/about-tri/what-is-translational-research*

Intellectual property

Intellectual property (IP) arrangements should be agreed between all research partners and organisations, according to local policy. IP arrangements must cover both background IP and IP that is developed during the project. IP arrangements should consider the contributions of all parties. The arrangements should be detailed in the application.

Priority populations

It is important that all research projects consider and respond to the distribution of the burden of disease within the population and the needs of higher risk and priority populations where appropriate. These may include women, Aboriginal and Torres Strait Islander people, individuals from a non-English speaking background, socioeconomically disadvantaged groups and people living in regional and remote areas.

Relevant partners should be engaged early to ensure that the research design and conduct will be effective and appropriate for these population groups.

Research projects with a primary focus on Aboriginal health or involving Aboriginal people as participants should attach a completed Aboriginal Health Impact Statement to their application, available here.

Declaration of career disruption

Applicants may present a declaration and/or evidence of career disruption for consideration by the review panel. Please refer to the NHMRC policy on career disruption: https://www.nhmrc.gov.au/sites/default/files/documents/attachments/relative_to_opportunity_policy0720.pdf.

Career disruption is defined as a continuous absence from work of 90 days or more and/or continuous long-term, part-time employment. This may be due to:

- pregnancy
- major illness/injury
- carer responsibilities, or
- other issues.

Career disruptions may be declared in the application form, if relevant.

Eligibility criteria

Applications must meet all eligibility criteria.

Chief Investigator A

Based in NSW

Chief Investigator A and the majority of the team must reside in or plan to move to NSW for the duration of the grant and must be employed by a NSW based medical research institute, university, or non-government organisation.

Cardiovascular research

The research project must be in the field of cardiovascular research (See Scope of Cardiovascular Research on page 3).

Submit a complete application

Chief Investigator A must fully complete the application form on behalf of the collaboration, attach all relevant and required documentation; sign the declaration on the form and include certification from the host /administering organisation.

Australian citizen, permanent residency status or appropriate visa

Chief Investigator A (CIA) must be an Australian citizen, permanent resident of Australia or have an appropriate working visa for the full term of the Grant. CIAs who are neither Australian citizens nor permanent residents must provide evidence of residency status and the right to remain in Australia for the duration of the funding period, certified by a Justice of the Peace (JP) or equivalent. Note that for electronic documents, an official Visa Entitlement Verification Online, or VEVO statement, is sufficient. JP certification is not required. Australian Citizens and Permanent Residents are also required to provide evidence.

Requirements of Collaboration

The Collaboration must:

- include a minimum of three research institutions, at least two of which are based in NSW, along with other team members and partners
- include at least 2 EMC researchers as Chief Investigators (10 year or less post-PhD, relative to opportunity).
- include no more than 10 Chief Investigators.

Host organisation requirements

Collaborative Grants may have multiple host organisations, where the research will be conducted. The host organisation of Chief Investigator A must be in NSW, will enter into the funding agreement with NSW Health and may then enter into subsequent funding agreements with other host organisations.

Host organisations must conduct health and medical research and be one of the following:

- a university
- an independent medical research institute
- a not-for-profit organisation
- a local health district or other public health organisation.

Clinical Scientists may undertake clinical work separately from where research is undertaken. If the grant is to be used to quarantine research time and backfill a clinical position, the application must also be endorsed by the Chief Executive/Executive Director of the organisation where clinical duties are undertaken.

Host organisations will provide the appropriate infrastructure support for the research project, including wet/dry lab space, computer equipment, and desk space.

Administering organisation

An administering organisation is only required where the funds are held by a separate organisation to the host organisation which enters into the funding agreement with NSW Health.

In such cases, the administering organisation will enter into the funding agreement with NSW Health, manage the funds, enter into subsequent agreements with collaborating organisations where required, submit financial reports and coordinate other reporting requirements as outlined in the funding agreement.

Grant funds must be paid to an administering organisation that can manage funds across financial years, as the full grant amount will be paid upfront.

The administering organisation must be a university, medical research institute, or not-for-profit organisation in NSW.

Selection criteria

All applications that meet the eligibility criteria will be assessed against the following selection criteria. In addressing the selection criteria, applicants should specifically highlight the relevance to cardiovascular health. Applications should be written in plain English, as applications may be reviewed by a panel member with expertise in a different area of cardiovascular science to that of the application.

Track record in research and impact - 30%

Chief Investigators will be assessed on:

- academic and relevant clinical qualifications
- research, clinical and industry experience, including demonstrated capacity to work in multidisciplinary teams
- skills and experience directly related to the topic area(s) and methodology of the research project.
- track record in research, relative to opportunity
- track record in research impact, relative to opportunity
- responsibilities and circumstances that could reasonably be considered to have had a negative impact on research track record over the previous ten years.

Potential for knowledge gain and impact – 30%

- A clearly articulated need for the research including evidence of a gap in knowledge and how the proposed research fits within the current Australian and international research landscape, how this project will advance knowledge and why this is important.
- Clarity of the research hypothesis and objectives.
- Strength, rigour and appropriateness of the research design and methodology in achieving the aims.
- Feasibility of successfully completing the research project within the proposed timeframe.
- Likelihood and extent of impact.

- Plan for research translation and impact.
- Program Logic with planned outputs and outcomes of the research and how the research will improve clinical practice and/or patient or population outcomes in the short and/or long term. See Program Logic and Research Impact section on page 6 for further details.
- Scalability and generalisability of results.
- Consideration of equity issues including priority population groups where appropriate.

Collaboration - 40%

The Collaboration will be assessed on:

- each team member's ability to provide vital skills and perspectives, which are necessary to address the research question
- integration of members and multiple disciplines necessary to address the research question, producing outcomes which would not be possible by the Chief Investigators pursuing the components as separate projects
- the plan for senior Chief Investigators to support and build the capacity of EMC Chief Investigators and other team members
- evidence of co-development of the proposal and clear ongoing links to the stakeholders that will likely implement the outcomes from the research
- strong project governance structure including evidence that the collaboration is supported by a plan for the team to work together including milestones, strategies for intellectual exchange, grant sharing and resources
- diverse composition of the team which may be in terms of disciplines, career stage, gender, culture and inclusion of researchers and clinicians from rural/ regional areas
- the likelihood the collaboration will build research capacity, provide mentoring and development opportunities and increase capabilities of under-represented groups/researchers in the cardiovascular space (e.g. patients/ carers, researchers/ clinicians based in rural/ regional areas; people from different cultures; women; Aboriginal and Torres Strait Islander researchers)
- the sustainability of the collaboration, and whether likely to extend beyond the life of the project
- Additional sources of funding are encouraged, for example, co-contributions from host and partner organisations, and at a minimum, host organisations must provide in-kind support, which should be detailed in the budget.

Budget

The budget should be detailed and well-justified and will be assessed on:

- appropriateness and purpose of each line item
- existing funding for the research, and how this relates to the additional funding requested
- other contributions and support for the project.

Selection process

Step 1: Eligibility check

Following the closing date for applications, NSW Health will determine if each application has satisfied the eligibility criteria.

Step 2: Review by independent expert panel

An independent selection panel of expert reviewers will assess each application against the selection criteria.

Step 3: Funding recommendation

The independent selection panel will agree on the final ranking of all eligible applications and will make a recommendation for funding to NSW Health.

Step 4: Decision and notification

NSW Health will determine grant recipients and amounts. Applicants will be notified.

Step 5: Grant Agreements

NSW Health will contact successful applicants to develop and enter into funding agreements with the Host/ Administering Organisation.

Post award requirements

The Chief Investigator As host/ administering Organisation will enter into a funding agreement with NSW Health that sets out obligations.

A schedule for reporting will be outlined in the funding agreement and will include a requirement to provide:

- annual progress reports
- annual financial reports
- A final report and financial acquittal following the conclusion of the term of the grant.

Program evaluation

The grants program will periodically be assessed to ensure it is meeting its objectives. This will be done in collaboration with the host/ administering organisations and funding recipients.

Recipients and host / administering organisations may be required to supply information and meet with NSW Health staff to support the evaluation of the program.