

RESEARCH FELLOWSHIP

I. INTRODUCTION

With the availability of the implantable hemodynamic monitor, there is a new FDA-approved heart failure management approach that deserves attention. The research would need to be conducted in patients implanted on-label with the implantable hemodynamic monitoring device. Any aspect of the device will be considered: implantation technique and procedural aspects, data analysis, management strategies based on device output and clinical care, outcomes following device implantation, etc.

II. ELIGIBILITY

Candidates should currently be involved directly in patient care, and shall intend to continue with direct involvement in patient care. Awards will be restricted to US and Canadian citizens and/or permanent residents. At the time of award initiation, the awardee should be early career within seven years of your first faculty appointment. At the time of award initiation, the awardee should be Individuals with faculty appointments (above Instructor level or more than three years above the Assistant Professor level) are not eligible for this fellowship award. Preference will be given to those whose research is a bridge or can be translated into the clinical care of patients with heart failure.

Candidates must have a doctoral degree in medicine or osteopathy. If the candidate is a cardiology fellow, the candidate must be a full-time fellow in good standing in an ACGME or AOA accredited Cardiovascular Disease Fellowship training program at the time of the initiation of the award and throughout its duration. Candidates shall have been – and shall intend to continue to be – directly involved in patient care. Awards will be restricted to US and Canadian citizens and/or permanent residents.

III. AWARD

HFSA St. Jude Medical Research Funding

HFSA will provide research fellowship grant support according to the

following guiding principles:

Up to 2 one-year clinical research grants to be funded at a maximum of \$40,000 each. Only one application per research laboratory will be considered for this award. These awards may be applied towards project support, salary support, or a combination of the two as deemed best suitable for the individual awardee.

NOTE: For more information contact Info@hfsa.org

NOTE: Grant considerations will include clinical research for both adult and pediatric heart programs.

HFSA thanks St. Jude for their generous support of fellows' research grants that will allow early career physicians an opportunity to pursue heart failure research and education.

Expenditures not allowed: Equipment or equipment repair over \$500 unrelated to the project, costs of patient care performed for clinical indications, fees for parking, hospitalization or diagnostic laboratory tests or related services primarily for clinical care, malpractice insurance, books, journal subscriptions, periodicals, advertisements, general office supplies, office equipment (computers, printers, scanners, fax machines, cell phones, etc.), construction/renovation, laboratory fees and tuition fees, professional society dues, personnel recruitment, luncheons, receptions, uniforms or wearing apparel, and expenses related to obtaining a visa.

APPLICATION

The application for fellowship is intended to describe 1) a training program suitable to foster development of a clinician-investigator in heart failure;

2) characteristics of the applicant that demonstrate his/her potential as a clinician-investigator; and 3) a research proposal designed by the applicant, under supervision by his/her sponsor, which will represent the central focus of the applicant's training program.

Research proposals must demonstrate a direct relationship to the clinical syndrome of heart failure. Strong preference will be given to research involving patients or patient-derived materials.

Research proposals must also demonstrate that the stated specific aims can be achieved during the award period, with resources available to the applicant and/or sponsor. All such resources should be specified in Form 3 of the application and within the Sponsor Statement. Projects requiring more than one year for completion will occasionally be considered if the applicant clearly demonstrates that sufficient resources will be available from other sources during subsequent year(s) to allow for completion of the project.

Applications generally will be judged according to the following criteria (percentages represent approximate weight for grading):

1. Strength of the scientific proposal and its direct relation to the clinical syndrome of heart failure: 50%. Although the latter factor is only one of several to be weighted in the overall scoring, priority will be given to clinical research and secondarily to non-clinical research directly related to clinical heart failure.
2. Strength of the applicant, based on demonstrated research potential and dedication to a career as a clinician-investigator in heart failure: 25%.
3. Strength of the sponsor and research environment for nurturing the career of a clinician-investigator in heart failure: 25%.

Research areas that will assist in understanding the benefits and usefulness of this technology include:

- Pressure readings in hospitals to evaluate discharge pressures and guide in-patient therapy
- Pressure data use for transition from discharge to nursing-home/LTAC centers
- Pressure readings in CKD patients getting dialysis
- Workflow model – from patient identification to implant to chronic management (how does the data and information flow)
- PA pressure variability
- Patient and physician perception
- Impact on patient quality of life
- Understanding effects in HFPEF vs HFREF

NOTE: Only one application per research laboratory will be considered for this award.

Research Outcomes

- Determine how the data can be used in the transition from discharge to nursing-home/LTAC centers
- Determine how to utilize the data information to guide in-patient therapy
- Determine how to utilize the data information to guide out-patient therapy
- Develop training resources on how to implant and utilize the device

RESEARCH FELLOWSHIP

IV. ETHICAL STANDARDS

Human Subjects: The HFSA requires that all research involving human subjects proposed, and subsequently carried out, in the application has been approved by the committee on clinical investigation, or other appropriately designated committee of the grantee institution, and any research involving human subjects will conform ethically with the guidelines prescribed by the National Institutes of Health (NIH), including the provision for suitable explanation to human subjects or their guardians concerning experimental design and all significant hazards, so that they will be in a position to provide appropriate informed consent prior to the investigations.

An application containing pharmaceutical agents not approved for human use require that an approved copy of the FDA IND# be included with the application at the time of submission or an IND exemption issued by the appropriate agency of the sponsoring institution.

Animal Research: Research involving animals should conform with the current "guide for the care and use of laboratory animals" approved by the Council of the American Physiological Society, and with federal laws and regulations, including approval by an Institutional Animal Review Committee if required.

Biohazards: Whenever applicable, the research protocol will be reviewed and must be approved by the Institution's Biohazards Committee, as well as conform to NIH guidelines.

V. LOCATION OF FELLOWSHIP

It is the responsibility of the applicant to make all necessary arrangements for any fellowship, both with the institution where the research will occur and with the sponsor who will supervise the awardee's activities. The training site is restricted to the United States and Canada. The training site must have an ACGME or AOA accredited Cardiovascular Disease training program.

VI. APPLICATION DUE DATE

Applications must be received by the HFSA no later than Thursday, March 31, 2016. All portions of the application must be completed before the application will be considered.

The applicant is also responsible for making sure that the sponsor's statement is complete and included with the application (Form A2).

VII. APPLICATION REVIEW

The HFSA will appoint a scientific review committee to review applications and make recommendations to the HFSA Executive Council.

VII. ACTIVATION OF THE AWARD

A fellowship is awarded for a period of 1 year, with consideration of a second year possible after receipt of a full second application. The Fellowship must be activated between June 1st and October 1st following the date of submission of the application. Activation of the fellowship later than October 1st will be allowed by HFSA only if the applicant has obtained special written permission from the HFSA and is able to demonstrate compelling reasons for the delay.

IX. PAYMENTS

Quarterly payment of the fellowship award will be mailed to the sponsoring institution. The first installment will be made on the date of the award. Subsequent payments will be contingent on receipt of a progress report demonstrating satisfactory progress of the project and training. *The final quarter payment will be held until financial and progress reports have been submitted.*

X. REPORTS

An interim progress report regarding the research project and training program will be required 6 months following initiation of the award period and 12 months following initiation of the award. If an applicant is submitting for a renewal to obtain funding for a second year, the renewal application should include a complete summary of the project status at that point with clear explanation of the goals for a second year of funding. A final report of the research is to be submitted to the HFSA no later than 3 months following completion of the award period.

Financial reports will be required: at the end of the every 6 month period and a final report at the end of the award period. Each report is to contain a detailed accounting of allocation and expenditures of funds awarded. Failure to provide these reports will result in forfeiture of remaining funds.

All articles and reports on work accomplished under this fellowship must acknowledge the HFSA's support. Such acknowledgement should read: "This work was performed during Dr. _____'s (fill in name) tenure as a Research Fellow of the Heart Failure Society of America". A reprint of each article published shall be furnished to HFSA.

Awardee will be expected to submit an abstract of his/her research to be presented at the annual HFSA Scientific Meeting.

XI. LEAVE OF ABSENCE AND VACATION

The award period is intended to be one continuous year. Leaves of absence may be granted under extenuating circumstances during the period of the award, with the prior written approval of the HFSA. Vacation for a research fellow may be taken in accordance with the policy of the institution where the fellowship is being performed, but may not exceed a total of 3 weeks during the tenure of the award

XII. TRANSFERS

The award will be made to the sponsoring institution. If the awardee leaves the recipient institution prior to activation of the award or during the award period, or if the awardee ceases the activities for which the award was made, the award will terminate unless alternate arrangements have been authorized in writing by the HFSA. The recipient institution shall return any unused funds. HFSA will have no obligation to provide additional funds. The awardee, sponsor and the institution must provide prompt written notice to the HFSA in the event of any of the foregoing occurs.



RESEARCH FELLOWSHIP APPLICATION

FORM 1

1. Name of Applicant (Last, First, Middle): _____ Social Security Number: _____

2. Title of Proposed Project: _____

3. Present Position: _____ Degree(s): _____

4. Permanent _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

5. Name of Present Department, Institution, and Mailing Address _____

Department / Institution: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

6. Name, title and email of individual (sponsor) under whose direct supervision the research will be done and who will take direct responsibility for the applicant's training:

Name: _____ Title: _____ E-mail: _____

7. Name of head of department in which work will be done: _____

8. Institution where work will be done _____

Department / Institution: _____

Street: _____

City: _____ State: _____ Zip Code: _____

9. This application is for support for the period (one year total) from the first day of: _____ (month and year) through _____ (month and year).

10. Percentage of applicant's time to be devoted to _____

Research: _____ % (minimum 80%)

Course Work (Describe): _____ %

Teaching (Describe): _____ %

Clinical Work (Describe): _____ %

Other (Specify): _____ %

APPLICANT'S NAME:

PAGE:

RESEARCH FELLOWSHIP APPLICATION**FORM 2**

11. Project Summary: Summary of projected research (to be completed in this space). (1000 words)

12. Research involves biohazards: no yes Date Approved:

Approval letter from an appropriate approval committee at the sponsoring institution must be included with this application or received by HFSA no later than May 1 following application submission.

13. Research involves human subjects: no yes Date Approved:

Approval letter from the sponsoring institution's IRB and approved patient consent forms must be included with this application or received by HFSA no later than February 1 following application submission.

14. Research involves animals: no yes Date Approved:

Approval letter from the sponsoring institution's animal care and use committee must be included with this application or received by HFSA no later than February 1 following application submission.

15. Is your institution accredited by the AAALAC: no yes Effective Date:

16. Does your institution have a current PHS Animal Welfare Assurance: no yes ID Number:
(if applicable to your research)

17. Research involves radioisotopes: no yes NRC Number:

APPLICANT'S NAME:**PAGE:**

RESEARCH FELLOWSHIP APPLICATION**FORM 3**

18. Existing and Pending Support List (duplicate this page as needed): A) all existing support and all additional support for which the applicant is applying to cover the same or any overlapping funding period; and B) all other existing or pending support provided by the sponsor to support the proposed research project.

For each award or application, indicate: a) source; b) awarded or pending; c) dates of award; d) PI name; e) applicant's role on the award/project; f) amount of support available to the applicant and purpose (salary, supplies, equipment, etc.); and g) relation to proposed research. Under (g) indicate those sources of support essential to the conduct of the proposed project and identify as "overlapping" those sources of salary support for the applicant which will overlap the present award.

If a new application is made or if an award has been received following submission of this application, the applicant must immediately update his/her response to this question.

a) source:	b) awarded	pending
<hr/>		
c) dates of award:	d) PI name:	
<hr/>		
e) applicant's role on the award/project:		
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f) amount of support available to the applicant:	purpose:	
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g) relation to proposed research:		
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a) source:	b) awarded	pending
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c) dates of award:	d) PI name:	
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e) applicant's role on the award/project:		
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f) amount of support available to the applicant:	purpose:	
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g) relation to proposed research:		
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a) source:	b) awarded	pending
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c) dates of award:	d) PI name:	
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e) applicant's role on the award/project:		
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f) amount of support available to the applicant:	purpose:	
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g) relation to proposed research:		
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APPLICANT'S NAME:**PAGE:**



RESEARCH FELLOWSHIP APPLICATION

FORM 4

19. References: Names and addresses of 2 persons familiar with the applicant's scientific interests and abilities (other than applicant's sponsor). Reference Reports (Form 4A) from these 2 individuals must be included with this application.

A. Name: _____ Position: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

B. Name: _____ Position: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ E-mail: _____

APPLICANT'S NAME:

PAGE:

REFERENCE REPORT FOR APPLICANT**FORM 4A**

A. Name of Applicant: _____ Sponsoring Institution: _____

B. Respondent's Name (with doctoral degrees): _____

Department: _____ Division: _____

Institution: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

C. Dates associated with Applicant: _____ (month and year) through _____ (month and year).

D. Capacity at that time (teacher, supervisor, advisor, etc.): _____

E. Position of Applicant at that time (undergraduate, teaching assistant, etc.): _____

F. Comment specifically on the applicant's strengths and limitations as they relate to his/her potential in the chosen field of study. Descriptions of significant accomplishments and personal qualities related to scholarly achievement (including major academic strengths and weaknesses) are particularly helpful, if appropriate. Describe any qualifications and traits you consider of special significance in judging the applicant's fitness for a research career in the field of heart failure, emphasizing research aspects. Attach additional sheets as needed.

Signature of Respondent: _____ Date: _____

APPLICANT'S NAME:**PAGE:**



20. Supervisor List (duplicate this page as needed): Beginning with the sponsor, list all individuals who will take part in supervising the applicant in the proposed research and in the applicant's training during the award period. For each individual listed, provide the name, position, and institution and describe the role that this individual will play in the research project and in supervising and training the applicant. For individuals at other institutions, clearly indicate how supervision will be made possible.

In addition to the Sponsor Statement (Form A2), any individual listed below must provide a letter, with this application, supporting the applicant and the project and describing the role that he/she will play.

Include, with this application, a biographical sketch (NIH-style) for the sponsor and any other individuals listed (Form 6).

Sponsor

Name: _____ Position: _____ Sponsor Statement Attached

Institution: _____ Biographical Sketch Attached

Description:

Other Supervisors

Name: _____ Position: _____ Support Letter Attached

Institution: _____ Biographical Sketch Attached

Description:

Name: _____ Position: _____ Support Letter Attached

Institution: _____ Biographical Sketch Attached

Description:

Name: _____ Position: _____ Support Letter Attached

Institution: _____ Biographical Sketch Attached

Description:

Name: _____ Position: _____ Support Letter Attached

Institution: _____ Biographical Sketch Attached

Description:



BIOGRAPHICAL SKETCH

FORM 6

Give the following information for all key personnel, consultants and collaborators. Begin with the sponsor and duplicate this form, as necessary, for each supervisor involved in the proposed research. An NIH-style biographical sketch may be substituted for this form.

A. Sponsor / Supervisor

Name:

Position:

B. Education

Name / Location of College or University	Dates Attended (From – To)	Degree (Month/Year Received)	Major Dept./ Major Field

C. Employment, Experience and Honors

Positions Held (start with first position and give consecutive record to date):

Institution / Department	Position	Full / Part Time	Dates (From – To)

List academic and professional honors including all scholarship, trainee, or fellowship awards (indicate dates and sources of awards, e.g., NIH, PHS, NSF, etc.):

List names of professional societies and related organizations in which membership has been held within the last five years (include dates). Include present membership on any Federal Government public advisory committee:

APPLICANT'S NAME:

PAGE:

BIOGRAPHICAL SKETCH

- D. Sponsor Publications: List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and representative earlier publications pertinent to this application. Do not exceed 2 pages.

RESEARCH FELLOWSHIP APPLICATION**FORM 7**

21. Training Program and Environment: Describe A) features of the institution and its faculty which will be conducive to the applicant's training; B) institutional and extramural sources of support which will facilitate the applicant's training and project; C) elements of the training program, including any coursework, conferences that the applicant will regularly attend, and any collaborations that will facilitate the applicant's academic development; D) how any non-research activities listed in Form 2 - Item 10 will aid in the applicant's development as a clinician-investigator in heart failure.

APPLICANT'S NAME:**PAGE:**

RESEARCH FELLOWSHIP APPLICATION**FORM 8**

22. Future Scientific and Professional Goals: State your future scientific and professional goals and the role that the proposed training program and research project will play in advancing these goals. (1,000 words)

Signature of Applicant:

Date:

Signature of Sponsor:

Date:

APPLICANT'S NAME:**PAGE:**



RESEARCH FELLOWSHIP APPLICATION

FORM 9

23. Applicant's Curriculum Vitae

Name:

Degree(s):

Birthplace:

Citizenship:

If you are a permanent resident (non-citizen) of the US or Canada, you must submit a notarized copy of your lawful permanent residency card.

Education:

Name / Location of College or University	Dates Attended (From – To)	Degree (Month/Year Received)	Major Dept./ Major Field
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Positions Held (start with first position and give consecutive record to date):

Institution / Department	Position	Full / Part Time	Dates (From – To)
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List academic and professional honors including all scholarship, trainee, or fellowship awards (indicate dates and sources of awards, e.g., NIH, PHS, NSF, etc.):

List names of professional societies and related organizations in which membership has been held within the last five years (include dates). Include present membership on any Federal Government public advisory committee:

PAGE:

RESEARCH FELLOWSHIP APPLICATION**FORM 9A**

23. Applicant's Curriculum Vitae (continued): Cite all publications by the applicant. Subdivide under headings of a) original research; b) review articles and case studies; c) abstracts published. Include with this application. For preprints, state whether "in press" or "submitted" and to which journal. In submission of reprints and preprints, preference should be given to work which a) supports the academic potential of the applicant and b) supports the direction of the proposed research. (Note that the HFSA Research Fellowships are intended to develop individuals with academic potential and, as such, applications do not require demonstration of substantial prior research achievement.)

APPLICANT'S NAME:**PAGE:**



RESEARCH FELLOWSHIP APPLICATION

FORM 11

25. Justification of Proposed Budget: Clarify all items in the various budget categories.

26. Relation of Proposed Budget to Other Support: The relationship of your proposed budget to other support listed on Form 3 (active, approved, pending or planned) must be described.

27. Fiscal Officer: Name, Title, and Address of Fiscal Officer to whom checks should be mailed.

Name:

Position:

Street:

City:

State:

Zip Code:

Telephone:

Fax:

E-mail:

Tax ID#:

The Sponsor and the institution hereby state that they are responsible for and will provide the interim and final financial reports to the HFSA as outlined in this application.

Signature of Fiscal Officer:

Date:

Signature of Sponsor:

Date:

APPLICANT'S NAME:

PAGE:

RESEARCH FELLOWSHIP APPLICATION**FORM 12**

28. Research Plan: Describe the planned research in detail. The following outline describes the research plan proposed. The printed text (research plan, tables, figures, and references) is not to exceed 6 pages with 1/2" margins and type no smaller than 11 point in font size.
- A. Specific aims of the research program, including the specific hypotheses to be tested.
 - B. Previous work done on same or related problems: i) work by applicant (describe any research previously performed by the applicant which supports the proposed research or other work which supports the academic potential of the applicant); ii) work by the sponsor or other investigators supervised by or collaborating with the sponsor; iii) work done by other investigators. Cite all references to published material and list them under "Citation of relevant literature" (Item G).
 - C. Research or study plan: Describe the following components of the research plan in sufficient detail to explain the manner in which the specific aims will be achieved: i) overall plan; ii) specific techniques/methodologies; iii) power analyses (where appropriate); iv) analytic plan, including statistical methods; and v) any obstacles likely to be encountered and how they will be managed.
 - D. Significance of the research, including a description of the relevance of the work to clinical heart failure.
 - E. Facilities at the sponsoring institution: State exactly where the research will be conducted and list all equipment to be used in the research. (Note, HFSA Research Fellowship funds can not be used to purchase equipment or to repair existing equipment.)
 - F. Future directions: Project where this research is likely to lead and the directions that the applicant is likely to take in pursuing this line of investigation after the award expires.
 - G. Citation of relevant literature.

For information on how to write a grant: https://grants.nih.gov/grants/writing_application.htm

APPLICANT'S NAME:**PAGE:**

RESEARCH FELLOWSHIP APPLICATION**FORM 12A**

28. Research Plan (continued – duplicate this page as needed):

APPLICANT'S NAME:**PAGE:**



A. Institution where work will be done

Name:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-mail:

B. Title of Proposed Project:

C. Lay Research Summary (to be written for the understanding of persons not trained in biomedical science): This information may also be utilized in conjunction with Public Relations projects, with your prior approval.

APPLICANT'S NAME:



HEART FAILURE SOCIETY OF AMERICA

RESEARCH FELLOWSHIP AGREEMENT

FORM A1

Name of Applicant:

Name of Sponsor and Institution:

During my tenure I shall be designated as a Research Fellow of the Heart Failure Society of America and shall devote my full time to research and ancillary activities directly related to my training. Under no circumstances will I make any significant changes in my program or activities without having obtained prior written approval of the HFSA.

If I accept an alternate fellowship award, I shall relinquish my HFSA fellowship and shall immediately so advise the HFSA in writing

I understand that supplements to the stipend paid to me by the HFSA may be made by my sponsoring institution or other sources, so long as all such sources are declared in this application, and the total compensation is in accord with institution policy.

I will submit a progress report of my accomplishments and activities 6 months following activation of the award, or forfeit the remaining monies. In addition, a final report of my research will be submitted no later than 3 months following completion of the award period.

Results of my research will be made available to the public through appropriate scientific channels, and all publications will bear the statement: "This work was done during the tenure of (name of fellow), Research Fellow of the Heart Failure Society of America." A PDF document of any publications based on my work of which I am the author or coauthor will be furnished to the HFSA as soon as possible after they become available.

If, for any reason, I leave the institution at which I have arranged to work or abandon the work for which my research fellowship was granted, I will notify the HFSA in writing in advance and furnish the HFSA with a report of my work accomplished to date and a financial/expenditure report accounting for all funds received from the HFSA. In such an event, my fellowship will terminate as of the date I leave or cease to work, unless authorization or continuation elsewhere has been granted by the HFSA in writing.

I have read and agree to be bound by all provisions of the application and instructions for application. I hereby certify that I have had substantial involvement in preparing this application with the understanding that the sponsor played a significant part in providing guidance.

Signature of Applicant:

Date:

As the individual responsible for the supervision of the work to be performed under this fellowship, I have read the above agreement and agree to the terms thereof. Furthermore, this signature certifies that, if this fellowship is awarded, appropriate training, adequate facilities, and supervision will be provided.

Signature of Sponsor:

Date:

APPLICANT'S NAME:

SPONSOR STATEMENT**FORM A2**Name of Applicant:
_____Name of Sponsor:
_____Sponsor's Position:

Sponsor's Present Department, Institution, and Mailing Address

Department / Institution:
_____Street:
_____City:
_____State:
_____Zip Code:
_____Telephone:
_____Fax:
_____E-mail:

Instructions to sponsor:

1. Describe the applicant's qualifications for the proposed research fellowship, including the applicant's previous training and his/her potential for a successful career as a clinician-investigator in heart failure.
2. Describe the proposed overall training program designed for the applicant and the role that the sponsor will play in that training and in the proposed research.
3. Describe the facilities available to applicant and institutional and/or extramural support that will facilitate the applicant's research and training.
4. Provide a list of previous trainees, graduate and undergraduate, that were under your direct supervision. Include their degrees and their current position.
5. Indicate total number of graduate and postdoctoral students who will be under your direct supervision during the tenure of the proposed fellowship.
6. Attach a copy of your biographical sketch (NIH-style or Form 6).

I have read and agree to be bound by all provisions of the application and instructions for application. The proposal being submitted was prepared by the applicant. As the sponsor, I have played a significant role in providing guidance to the applicant.

Signature of Sponsor:
_____Date:
_____**APPLICANT'S NAME:**



INSTITUTIONAL LETTER

FORM A3

Name of Applicant:

Name of Sponsor:

The institution affirms that the investigations proposed in this application will not be performed without the approval of the institution's investigational review board of the appropriate body of the institution, and that any research involving human subjects will conform ethically with the guidelines prescribed by the National Institutes of Health (NIH), including the provisions for suitable explanation to human subjects or their guardians concerning the experimental design and all significant hazards, so that they will be in a position to provide informed consent prior to the investigations, and that research involving animals will conform with the "guide for care and use of laboratory animals" approved by the Council of the American Physiological Society.

We are familiar with this application to the Heart Failure Society of America and with the policy of the HFSA regarding this form of support. In the event this award is made, our facilities are available and adequate to support the proposed research fellowship program. The funds awarded will be disbursed according to the budget stated in this application, unless otherwise agreed upon in writing by the HFSA. The award will be accepted without support for overhead/indirect expense from the HFSA. Overhead/indirect support required for the project described will be available from institutional or other extramural sources.

I have read and agree to be bound by all provisions of the application and instructions for application.

Name of Department Head:

Signature of Department Head:

Date:

Name of Authorized Official for the Institution:

Authorized Official's Present Department, Institution, and Mailing Address

Department / Institution:

Street:

City:

State:

Zip Code:

Telephone:

Fax:

E-mail:

Signature of Authorized Official for the Institution:

Date:

APPLICANT'S NAME:

RESEARCH FELLOWSHIP CHECKLIST

The original application and 12 well-produced **single-sided** copies should be assembled in the order below. The copies should be paper clipped or stapled together in sets. **All forms submitted must be type written.** Include this checklist with your application.

Body of the Application (original and 12 copies):

Form 1	items 1 – 10	Applicant Information
Form 2	items 11 – 17	Project Summary and Institutional Endorsements
Form 3	item 18	Existing and Pending Support
Form 4	item 19	References (2)
Form 4A		Reference Reports (signature required)
Form 5	item 20	Sponsor and Supervisor Information
		Support Letter from each Supervisor listed on Form 5
Form 6		Biographical Sketches
Form 7	item 21	Training Program and Environment
Form 8	item 22	Future Scientific and Professional Goals (signatures required)
Form 9	item 23	Applicant's Curriculum Vitae
Form 10	item 24	Proposed Budget
Form 11	items 25 – 27	Budget Justification and Fiscal Officer (signatures required)
Form 12	item 28	Proposed Research Plan (not to exceed 10 consecutively-numbered pages)
Form 13		Lay Research Summary
		Research Fellowship Checklist (this page)

Required Fellowship Agreements (original and 12 copies):

- Form A1 – Research Fellowship Agreement (signatures required)
- Form A2 – Sponsor Statement (signature required)
- Form A3 – Institutional Letter (signatures required)

Required Institutional Endorsements (original and 12 copies):

- Biohazards (appropriate institutional committee approval)
- Humans (institutional committee approval **AND** approved patient consent form(s))
- Animals (documentation of proof of unqualified AAALAC accreditation on Form 2, Item 15 or US PHS Animal Welfare Assurance identification number (if applicable) on Form 2, Item 16 **AND**)
- Institutional animal care and use committee approval

Required Enclosures:

- 3 of the most pertinent (or most representative) publications of the **applicant** (3 reprints or duplicate copies of each article submitted)
- Notarized statement validating visa and immigrant registration – 1 copy

APPLICANT'S NAME:
PAGE: