

# **Suncoast Cardiovascular Research and Education Foundation**

*Founded by Helen Harper Brown*

## **Mission Statement**

The Suncoast Cardiovascular Research and Education Foundation, founded by Helen Harper Brown, is a perpetual charitable trust created to promote the growth of cardiovascular research and education in Pinellas, Manatee and Sarasota counties in the State of Florida. Such research and education programs are designed to prevent the premature death or disability caused by diseases of the heart, blood vessels or lymph vessels.

## **FUNDING GUIDELINES**

1. Foundation grants must be used to support research and education designed to prevent cardiovascular disease. Therefore, the funds may not be used for treatment or patient care - including facilities or equipment involved in treatment or patient care.
2. Foundation grants must be used for projects conducted within Pinellas, Manatee or Sarasota Counties. Therefore, the funds may not be used by any institution in any other area, even if the institution is affiliated with an organization in Pinellas, Manatee or Sarasota County. The recipient of the grant will demonstrate an attempt be made to include other providers in any referrals that are being made as part of the program.
3. The Advisory Committee will attempt to ensure that both research and education will be funded by allocating approximately 50% of the annual distribution to be used for research projects and 50% for cardiovascular education programs. However, this formula may be overruled in any given year by a two-thirds (2/3) vote of the Advisory Committee.
4. Each research project will be evaluated for funding on the basis of its scientific merit, regardless of whether it is clinical research or basic science. The research applications will be reviewed by one or more members of a committee composed of the Chief of Cardiology (or his designee) from each of the hospitals represented on the Advisory Committee, and a representative from the American Heart Association. Each project will be assigned a merit rating score and this will provide the basis for funding decisions.
5. The Advisory Committee may, on its own, designate funding for a particular project that meets the criteria outlined in the Mission Statement, even though the institution involved has not submitted an application for funding.
6. In determining which projects to fund, the first priority will be the quality of the project. However, the Advisory Committee may also take into consideration the number of people reached, the impact on cardiovascular disease, and the public relations value of the project.
7. The Advisory Committee may distribute all of the investment income annually, or reserve the right to hold some or all of the income in escrow until a project is determined to be worthy of funding.
8. The Advisory Committee will only fund projects that:
  - A. Are conducted by 501(c)(3) or governmental organizations.
  - B. Request financial support in the range of \$5,000 to \$15,000.
  - C. Request financial support for only one year, as opposed to multi-year projects.

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9. Upon receipt of a grant from the Foundation, each recipient will be notified that they must submit a report at the end of one year, providing the following information:
  - A. The outcome or results of the project.
  - B. A list of any articles published.
  - C. A financial accounting of grant expenditures.

Also, any brochures or publications related to the project should include the following statement:  
"Funding for this project was provided by the Suncoast Cardiovascular Research and Education Foundation, founded by Helen Harper Brown."

10. The Foundation is intended to be established as a perpetual charitable trust, in accordance with Section 501(c)(3), and therefore the Advisory Committee may only distribute the annual investment income, maintaining the endowed principle in perpetuity.
11. The Foundation may accept gifts at any time from any person or entity. If a gift is valued in excess of \$5,000 at the time of transfer, the donor may specify the use of the gift, including the distribution of income and principal, providing such use falls within the purposes of the Foundation.
12. These guidelines may be amended or changed at any time in the future, subject to a majority vote of the members of the Advisory Committee.

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# Suncoast Cardiovascular Research and Education Foundation

2020 Program Application

**PROGRAM APPLICATION GUIDELINES**

***The Advisory Committee of the Suncoast Cardiovascular Research and Education Foundation meets annually to consider grant applications. In order to be considered for a grant, this completed form and the following materials must be submitted:***

1. This Application Form, completed in all sections, including the required signature.
2. A Proposal of no longer than five pages describing the proposed program as follows:
  - a. Need for the program.
  - b. Objectives and purposes of the program.
  - c. Activities to achieve the objectives and purposes.
  - d. Description of the applying organization.
  - e. Qualifications of the staff of the program.
  - f. Location and estimated duration of the program.
  - g. Evaluation plan to determine the results of the program.
3. A Budget of one page, identifying the projected expenses and income of the program.
4. The most recent financial statement or annual report of the applying organization.
5. A list of the members of the Governing Board of the applying organization.
6. Optional materials may be submitted to supplement the application.

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**ABOUT THE PROGRAM:** All information on this page pertains to the program for which funding is requested.

**GENERAL INFORMATION:**

Program Title: \_\_\_\_\_

Beginning & Ending Dates: \_\_\_\_\_

Program Director's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

Total Budget For Program: \$ \_\_\_\_\_

Amount Requested of the Foundation: \$ \_\_\_\_\_

**POTENTIAL FUNDING:** What funds from other private or public sources have been received or are under consideration for this program?

Received	Under Consideration

**FUTURE FUNDING:** If the program is to continue beyond the grant period, what are the plans for funding the program upon expenditure of this grant?

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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**ABOUT THE APPLICANT:** All Information on this page pertains to the organization that is applying for the grant and accepting fiscal responsibility for any funds received.

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Chief Administrative Officer: \_\_\_\_\_

**ORGANIZATION SUMMARY:** In the space provided, give a short statement of the purpose, size, and history of the applying organization.

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**SIGNATURE OF AUTHORIZED PERSON:**

My signature certifies that the organization named above currently has tax-exemption under Internal Revenue Code section 501(c)(3) and is classified as “not a private foundation” as defined under section 509 (a).

My signature is made as one who is authorized to do so on behalf of the applying organization:

\_\_\_\_\_  
Approval of Board Chairman or Executive Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PROPOSAL ABSTRACT**

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Name of Applying Organization: \_\_\_\_\_ City \_\_\_\_\_ FL \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Title of Program \_\_\_\_\_

In the space below, briefly summarize the proposal including a description of the need for the program, how the program seeks to meet that need, the funds required, and other essential information.



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# Suncoast Cardiovascular Research and Education Foundation

2020 Research Application

*11207 Blue Heron Blvd. North ☎ St. Petersburg, Florida 33716 ☎ (727) 563-8000*

# Suncoast Cardiovascular Research and Education Foundation

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## RESEARCH APPLICATION FORM

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1. Date Submitted:	8. Name of Collaborating Investigator, if any, ( <i>last, first, middle</i> ), degree, present position, department, institution and address, zip code and telephone number with area code:
2. Dates of entire proposed research project:  from: _____ through _____ (Month and Year) (Month and Year)	
3. Name of Principal Investigator ( <i>last, first, middle</i> ):	
4. Current Address ( <i>Institution, Street, City, State, Zip</i> ):	
Area Code/Phone: _____ Ext.: _____	9. Institution where work will be done: Institution:  Department:  Address:
5. Title of Present Position:	10. Percent of your total effort devoted:
6. Degree:	a.) to investigative work _____%
7. Amount requested this year: \$	b.) to this project _____%
11. Title of research project ( <i>limit to 120 letters and spaces</i> ):	
12. Summary of proposed research ( <i>must be completed on this page</i> ):	
13. a) Research involves biohazards: Yes <input type="checkbox"/> No <input type="checkbox"/> Date approved: _____ b) Research involves radioisotopes: Yes <input type="checkbox"/> No <input type="checkbox"/> NRC number: _____ c) Research involves human subjects: Yes <input type="checkbox"/> No <input type="checkbox"/> Date approved: _____ d) Research involves animal subjects: Yes <input type="checkbox"/> No <input type="checkbox"/> Date approved: _____ e) Is your institution accredited by AAALAC? Yes <input type="checkbox"/> No <input type="checkbox"/> Effective date: _____ f) Does your institution have a current PHS Animal Welfare Assurance? Yes <input type="checkbox"/> No <input type="checkbox"/> ID Number: _____	
<b>PLEASE DO NOT WRITE BELOW THIS LINE</b>	
<b>Received by:</b>	<b>Date Received:</b>

**SIGNATURE PAGE**

<p>14. <b>The Principal Investigator and the Institution affirm:</b> That the investigations involving human subjects proposed and subsequently carried out in the application have been endorsed by the committee on clinical investigation, or other clearly designated appropriate body of the sponsoring institution; and that any research involving human subjects will conform ethically with the guidelines prescribed by the National Institutes of Health (NIH) including the provision of suitable explanation to human subjects or their guardians concerning the experimental design and all significant hazards, so that they may be in a position to provide appropriate informed consent prior to the investigations; and that with regard to research involving animals, the institution is in compliance with the United States Public Health Service (USPHS) standards which are in effect at the time this application is submitted, and with federal laws and regulations; and that wherever applicable, the research protocol will be reviewed and approved by the institution's biohazards committee, as well as conforming to NIH guidelines.</p>			
<p>15. The undersigned accept the obligation to comply with the funding policies of the Suncoast Cardiovascular Research and Education Foundation in effect at the time of the award which are hereby specifically made a part of this application. They further agree that applications for patents related to discoveries or inventions resulting from research supported with Grant funds from the Foundation will be subject to the patent policies of the supporting Foundation in effect at the time the patent application is submitted:</p>			
<p>16. Name of university, school, hospital or institution which assumes <u>professional responsibility</u>:</p>	<p>Signature of Principal Investigator:</p>	<p>Date:</p>	
<p>Name of Department Head <i>(please type)</i>:</p>	<p>Name of institution which assumes fiscal responsibility:</p>		
<p>Signature of Department Head:</p>	<p>Name, title, institution and address of fiscal officer to whom checks should be mailed:</p>		
<p>Name of Dean or Director <i>(please type)</i>:</p>			
<p>Signature of Dean or Director:</p>			
<p>Signature of other Institutional Official <i>(optional)</i>:</p>	<p>Signature of Fiscal Officer:</p>	<p>Date:</p>	
<p>17. List name, degree and position of each professional person associated with the project with indication of capacity. <i>(e.g., Principal Investigator, Collaborating Investigator, Research Associate, Consultant, etc.)</i>:</p>			
<p><b>Name</b></p>	<p><b>Degree</b></p>	<p><b>% of Time on Project</b></p>	<p><b>Capacity</b></p>
<p>18. List names and complete mailing addresses of four persons familiar with the scientific interests, ability and project of the applicant <i>(list no more than two at the same institution)</i> who may be called upon as references:</p>			
<p>1.</p>			
<p>2.</p>			
<p>3.</p>			
<p>4.</p>			

\_\_\_\_\_  
Name of Applicant *(please type)*

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## PROPOSED BUDGET

3

19. Salary and Fringe Benefits of Principal Investigator <i>(if appropriate)</i>				
a. Name/Position	Degree	Role on Project	% Effort on Project	TOTAL <i>(Omit Cents)</i>
				Salary Benefits
b. Salary and Fringe Benefits of Others <i>(if appropriate)</i>				
Name/Position	Degree	Role on Project	% Effort on Project	TOTAL <i>(Omit Cents)</i>
				Salary Benefits
				Salary Benefits
				Salary Benefits
SUBTOTAL				
c. Equipment <i>(itemize):</i>				
SUBTOTAL				
d. Supplies <i>(itemize major purchases)</i>				
SUBTOTAL				
e. Other Expenses DO NOT INCLUDE OVERHEAD				
SUBTOTAL				
<b>TOTAL COSTS</b>				

Name of Applicant *(please type)*

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**OTHER FUNDS AVAILABLE**

4

20. Research Support including Training Grant(s) and funds available to Principal Investigator and Collaborating Investigator. (Failure to disclose full information requested here may result in application disqualification or award revocation.)				
Agency	Title of Project or Program <i>(Include name of Principal Investigator, Collaborating Investigator or Program Director)</i>	Amount Each Year	Total Amount of Award	Total Period of Support
a. <u>All Active or Approved:</u>  American Heart Association:          Other Agencies:				
b. <u>Pending or Planned:</u> <i>(Those Alternative * to this application MUST be so designated):</i>				
*Alternative: essentially the same project with a similar budget, pending or planned.				

Name of Applicant *(please type)*

**BUDGET JUSTIFICATION**

21. a. Is your work currently in progress on this research? Yes  No   
b. Is this request for renewal of support of current Foundation funding? Yes  No   
c. Have you received support for this or other projects from any source within the last 5 years? Yes  No   
*If you answer yes to B or C, you must attach copies of pertinent Progress Reports to this application.*

Are you a Co-Investigator on another project for Research Funding from another source? Yes  No

If yes, what project and with whom?

22. JUSTIFICATION OF BUDGET: Clarify all items in the various budget categories (*Page 3*).

23. RELATIONSHIP OF PROPOSED BUDGET TO OTHER SUPPORT: The relationship of your proposed budget (*page 3*) to other support listed on page 4 (*active, approved, pending or planned*) must be described:

**RESEARCH PROJECT ENVIRONMENT**

24. FACILITIES AVAILABLE: *Indicate the facilities available for the applicant's use and briefly indicate their capacities, relative proximity and extent of availability for applicant's use. Under the following headings, describe facilities available if applicable: laboratory space, major equipment pertinent to project, clinical, animal, computer, and office. Use "other" to describe the facilities at any alternate or secondary research sites or field study sites pertinent to the applicant's research.*

25. ADDITIONAL INFORMATION: *Provide any other information describing the environment for the project. Identify support services such as consultants, secretaries, machine and/or electronics shop, etc., that are pertinent to the applicant's research and their availability to the applicant.*

**CURRICULUM VITAE: PRINCIPAL INVESTIGATOR**

NAME: _____					
Last, First ,Middle		Degree(s)		Social Security Number	
CITIZENSHIP: U.S. _____ Other: _____ (Specify)			Visa: _____ (Type)		
EDUCATION: (Begin with entry into college)					
Name and Location of College or University	Dates Attended		Degree, if any	Date Conferred (Month/Year)	Field of Study
	From Month/Year	To: Month/Year			
POSITIONS HELD: (Start with first position held following baccalaureate and give consecutive record to date)					
Department	Rank	Institution	Supervisor	Full/Part Time	Dates From To
List academic and professional honors including all scholarship, traineeship or fellowship awards. (Indicate dates and source of awards, i.e., PHS, NSF, etc.)					
List current memberships in professional societies and related organizations including the American Heart Association and its Councils.					
Are you willing to make presentations to lay audiences concerning your research? Yes <input type="checkbox"/> No <input type="checkbox"/>					

\_\_\_\_\_  
Name of Applicant (please type)



**CURRICULUM VITAE: COLLABORATING INVESTIGATOR**

NAME: _____					
Last, First ,Middle		Degree(s)		Social Security Number	
CITIZENSHIP:			Visa:		
U.S. _____ Other: _____ (Specify)			_____ (Type)		
EDUCATION: (Begin with entry into college)					
Name and Location of College or University	Dates Attended		Degree, if any	Date Conferred (Month/Year)	Field of Study
	From Month/Year	To: Month/Year			
POSITIONS HELD: (Start with first position held following baccalaureate and give consecutive record to date)					
Department	Rank	Institution	Supervisor	Full/Part Time	Dates From To
List academic and professional honors including all scholarship, traineeship or fellowship awards. (Indicate dates and source of awards, i.e., PHS, NSF, etc.)					
List current memberships in professional societies and related organizations including the American Heart Association and its Councils.					
Are you willing to make presentations to lay audiences concerning your research? Yes <input type="checkbox"/> No <input type="checkbox"/>					

\_\_\_\_\_  
Name of Applicant (please type)

**BIBLIOGRAPHY**

*List in chronological order the titles and complete references to selected publications during the past five years and to any earlier publications you consider pertinent to this application. The total length of the Bibliography cannot exceed two (2) consecutively numbered pages. List under the following headings: published peer reviewed journal articles; peer reviewed journal articles accepted for publication; abstracts; invited papers.*

**BIBLIOGRAPHY CONTINUATION PAGE**

**PROPOSED RESEARCH PLAN**

**CONTINUATION PAGE**

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Name of Applicant *(please type)*