

**Thoracic Surgery Foundation for Research and Education (TSFRE)  
633 N. St. Clair Street, 23rd Floor  
Chicago, IL 60611  
312-202-5868  
www.tsfre.org**

**TSFRE/Edwards Lifesciences Foundation *Every Heartbeat Matters***

**Award Application**

**Application Guidelines:** This document serves as the official grant application for the TSFRE/Edwards Lifesciences Foundation *Every Heartbeat Matters* Award. Return this completed application, along with all supporting documents (as outlined below) to TSFRE Executive Director Priscilla Kennedy at [pkennedy@tsfre.org](mailto:pkennedy@tsfre.org). For any additional questions regarding this application, contact Priscilla at 312-202-5868.

**TSFRE/Edwards Lifesciences Foundation *Every Heartbeat Matters* Award Description:** TSFRE, through the generosity and philanthropy of the Edwards Lifesciences Foundation *Every Heartbeat Matters* Campaign, is offering support of up to $37,500 for qualified surgeons who will conduct charity work in underserved regions/populations. If the grant is funded, it is possible to receive funding for two additional years. However, the applicant will be required to submit subsequent grant applications on an annual basis. Successful progress reports, documenting progress in the underserved region/population, are required. This award is designed to provide support for:

1. Programs that educate, screen and/or treat underserved populations to reduce the global burden of heart valve disease and;
2. Other programs that advance health care and address underserved populations. This can include education and awareness campaigns, research, and/or direct care for underserved populations.

Projects that address the following will be sought:

1. Proposed screening strategies and translation to surgical interventions in underserved regions/populations.
2. Focus on heart valve disease recognition and treatment in undeserved regions/populations.
3. Specific statistics on the quantity of patients who will be screened.
4. Specific statistics on the nature and quantity of heart valve issues that will be detected.

Applicants who express intent to formally publish their accomplishments and/or results in medical journals or other publicly distributed materials will be favored.

**Evaluation:** Grant applications will be reviewed/initially evaluated by the STS Task Force on Charitable Outreach Initiatives, but awardees ultimately will be selected by the TSFRE Board of Directors. Award notifications will be distributed February 1, 2016, and charity work is expected to be completed by December 15, 2016. All TSFRE/Edwards Lifesciences Foundation *Every Heartbeat Matters* Award recipients will be required to submit a summary essay within 30 days of project completion or by December 21, 2016 documenting achievements with respect to the four measures listed above.

**Eligibility: Applicants must be ABTS (or equivalent) certified cardiothoracic surgeons.**

**Application and Supporting Documents:**

1. Applicant must complete and return this grant application by October 15, 2015;
2. Application must be accompanied by two (2) letters of recommendation:

a. Chair of the Department (or equivalent) at institution in which applicant currently practices.

b. Facility Sponsor at institution in underserved region where charity work will occur.

1. Application must be accompanied by applicant’s current Curriculum Vitae (CV).

**APPLICATION**

**1. Title of Charitable Work Project in Underserved Region/Population:**

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**2. Duration of Project:** 1 Years  2 Years  3 Years  4 Years or More

**3. Annual Funding Amount Requested:**

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**4. Funding Justification: (Budget or approximate breakdown of associated costs):**

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**5. Applicant Name/Surgeon Responsible for Project:**

**Name, Middle Initial, Last Name, Suffix**

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**6. Underserved Region/Population:**

**Country/Region Name**

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**7. Facility Name:**

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**8. Facility Type:**

Hospital  Private  Government Sponsored  Regional Sponsored  Other

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| Comment if Applicable: |

**9. Contact Name at Institution in Underserved Region:**

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**10. Your Role/Function at this Institution:**

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**11. Has memoranda of understanding been established between project site, the site's administration, and regional government?**  Yes  No

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| Comment if Applicable: |

**12. Does the project site encourage and accomplish local, regional, national outreach? (500 word maximum)**

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**13. Outline any barriers to growth of the project or the project site: (500 word maximum)**

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**14. Describe the program MODEL in algorithmic fashion: (500 word maximum)**

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**15. Describe the economic and governmental stability of the region: (500 word maximum)**

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**16. Personal Goals (500 word maximum)**

Logical future studies may be indicated, as well as the potential impact of this work on the underserved region/population and the applicant’s publishing plans.

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**17. Statement of Need/Background (500 word maximum)**

Provide a highly focused presentation of the background and rationale for this project, and statement of need.

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**18. Experience with other Charitable Efforts in Underserved Region/Population (500 word maximum)**

Provide any relevant experience relating to charitable cardiothoracic surgery efforts previously experienced or anticipated.

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**19. Proposed Team Composition:**  
 Please indicate the number of key participants of your team who will assist you in conducting charitable outreach work. Please provide names, positions, and email addresses of individuals if possible.

Total number on team:        
 Number of surgeons:         
 Number of cardiologists:

Number of perfusionists:

Number of nurses:

Number of intensivists:

Number of anesthesiologists:         
 Other, please specify:

Other, please specify:

Other, please specify:

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**20. Payee of Award -** List the individual or institution that will receive the award check. Check should be made payable to:

Attention (name):

Telephone Number:

E-mail Address:

Street Address:

City/State/Zip:

Country:

**21. Chair of the Department of Surgery (or equivalent) -** This person must be able to attest to applicant’s commitment to cardiothoracic surgery and/or charitable work.

Chair Name:

Chair E-mail:

Chair Phone Number:

-Attach Chair Letter of Support pdf with your completed application.

-Attach Chair CV pdf with your completed application.

**22. Additional Outside Funding** - Provide information in this section (and amount funded if applicable) if applicant is receiving additional funds to support this project from government, industry or any other third party. **(50 word maximum)**

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**23. Impact –** Provide information on how impact will be measured, such as description and use of metrics, and cases managed to date. **(500 word maximum)**

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**Miscellaneous** - Attach any other relevant information, such as statistics justifying statement of need in underserved region/population, additional letters of support, etc.

**Attachments Reminder -** Submit completed application with the following attachments to [pkennedy@tsfre.org](mailto:pkennedy@tsfre.org) by October 15, 2015:

* Your Curriculum Vitae (CV)
* Two Letters of Recommendation: 1.) Chair (or equivalent) 2.) Facility Sponsor
* Chair (or equivalent) CV

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