**Investing in Clinical Neurocritical Care Research (INCLINE) Grant**

**Request for Applications**

Deadline for Letter of Intent: **March 10, 2025**

Invitations for Full Applications: **March 21, 2025**

Deadline for Full application (if invited after letter of intent): **May 26, 2025**

Scientific Merit Review: Grants review sub-Committee of Neurocritical Care Research Central (NCRC)

Award date: Flexible per investigator, but must be between **1/1/2026-4/1/2026**

Earliest start Date: **1/1/2026**

Funding Period: 2 years

**Aim of INCLINE Grant**

The purpose of this year’s INCLINE grant is to support collaborative research teams conducting studies on disparities of care both within the U.S and internationally, in the field of Neurosciences Critical Care. This RFA aims to provide 2 years of funding to support pilot studies that will enable the awardees to successfully compete for federal funding such as from the NIH, Department of Defense, PCORI, Library of Congress, foundation or similar international government entity grants. Applications which involve multicenter collaboration are encouraged, but not mandatory.

# Eligibility Criteria:

The study should be designed to promote research, not quality improvement projects. More than one PI is acceptable. At least one PI must be an active NCS member in good standing. Members in all career stages are eligible to apply if the study requirements of this RFA are met. For purposes of career development, early career investigators and trainees are encouraged to apply for the NCS Research Fellowship Training Award. All healthcare professionals providing neurocritical care in different roles, including physicians, advanced practitioners, nurses, pharmacists, and PhD- scientists are encouraged to apply.

**Letter of Intent:** Applicants should submit a 1–2-page letter explaining interest in applying. Only PDF documents will be accepted. The letter should include:

1. The hypothesis or question to be investigated.
2. The general approach to addressing the question.
3. The center(s) that will be involved.
4. How testing the hypothesis will improve patient care or advance the science.
5. How the study addresses the problem of disparities of care in the ICU.

The letter should be addressed to the Grants Subcommittee of the NCRC and emailed to info@neurocriticalcare.org by midnight Central Time of the date listed at the top of the RFA. Late letters will disqualify the applicant from applying with a full proposal. Letters of Intent will be reviewed by the Grants Subcommittee chairs and invitations for full applications will be forwarded to the email of the letter writer.

# Instructions for full applications by request:

All documents should be generated using Word© processing software (or similar platform) and then converted to PDF. Only PDF documents will be accepted.

Applications must be submitted as a single file and containing ALL the sections indicated in the table below under page limits. ***INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED***.

Please submit your application electronically to info@neurocriticalcare.org with the email title

***“Full INCLINE proposal submission”*** (It is easiest to copy and paste this statement into the subject line of the email).

If human subjects are to be enrolled or animals used, the candidate must submit a copy of the IRB/IACUC letter of approval prior to receiving the funds. However, such letter is not required with the submission of the application.

# File Name

Save all files with descriptive file names with the format:

PI last name followed by the title of project.

For example, “Suarez Rhubarb Juice in Subarachnoid Hemorrhage.pdf “

# Font

Prepare the application using Arial or Helvetica typeface in black font color. Font size in each final PDF document must be 11 points or larger.

# Paper Size and Page Margins

Final PDF documents should be formatted to be no larger than standard U.S. letter paper size *(8*

*½" x 11)*.

The final PDF document should have at least one-half inch margins (top, bottom, left, and right) for all pages.

# Page Formatting

Please use only a standard, single-column format for the text.

# Figures, Graphs, Diagrams, and Tables

You may use a smaller type size but it must be in a black font color, readily legible, and follow the font typeface requirement. Color can be used in figures; however, all text must be in a black font color, clear and legible.

# General Grantsmanship Style

Use Standard American English and avoid jargon. Spell out all abbreviations at the first time they are used and note the appropriate abbreviation in parentheses.

# Page Limits

Page limits for each section of the grant application are listed below, excluding collaboration letters, biosketches, etc. **In the 6-page research proposal page limit must be included: Specific Aims and Research Strategy (including impact and innovation) [blue shaded area in table].** Order of sections is as follows:

|  |  |
| --- | --- |
| **Section of Grant Application** | **Strict Page Limit Requirements** |
| Cover Letter | 1 page |
| Specific Aims | 1 page |
| Research Strategy | 5 pages |
| Letters of Support from Collaborators, Contributors, and Consultants | As needed |
| Description of Institutional Environment | 1 page |
| Biographical Sketch (newest NIH Biosketch Format) | 5-page maximum format |
| Budget | 1 page |
| Budget Justification | 1-2 pages |

All pages should be numbered in sequential order starting with the Cover letter. Page numbers should appear at the bottom center part of the page.

**Specific Instructions**

# Research Strategy

A sound research strategy to achieve the specific aims of the project must be provided. The research description should specifically address the impact, innovation, and approach of how the candidates intend to answer the scientific questions proposed in the specific aims. The research idea will be judged on impact and innovation. The approach will be judged primarily on feasibility and the ability to address the proposed specific aims within the 2-year funding period.

# Research Objectives

The INCLINE grant is designed to promote creative and collaborative research to improve clinical outcomes in neuroscience critical care. In 2016, the leaders of the Neurocritical Care Research Central (NCRC) and the Neurocritical Care Research Network (NCRN) identified important gaps in our research portfolio and envisioned an approach to begin to work constructively on these gaps. One important gap pertains to disparities of care. In conjunction with the NCS HEARD initiative (Henderson Equity and Research on Disparities (HEARD) Center, the 2025 INCLINE grant will focus on disparities of care in neurologic critical illness. Disparities of care is writ large in this context and may involve various multiple facets including disparities based on race, gender, ethnicity, socioeconomic differences, limited resource settings, population distribution and geographical location such as rural areas, and other factors. Research into disparities of care remains limited, and collaborative networks to enhance understanding and generalizability are needed.

The INCLINE grant mechanism in 2025 will focus on providing support for innovative collaboratives that study the impact of disparities of care on patient outcomes. This INCLINE grant specifically aims to address disparities of care in the field of neuroscience critical care by providing two years of funding for studies that position awardees to compete for federal funding. The research is intended to use patient-level data to form or substantiate hypotheses regarding sources and solutions to disparities of care. Potential types of research involve novel analyses of existing databases using artificial intelligence, outcomes assessments in a single disease or clinical syndrome such as coma or stroke in heterogenous populations, developing new collaborative networks for data generation, evaluating causes and approaches to disparities in decision making processes in end-of-life decision making.

The INCLINE RFA has a distinct clinical focus; however, translational science with direct application to clinical care is also broadly within the scope. NCS wishes to foster longitudinally

meaningful scientific projects that will be competitive for future funding from NIH, DOD or similar; and which serve to create a pipeline of research and enhance one of more scientific lines of research. NCS desires to enhance collaborative research and team science and enhance the rigor and visibility of neuroscience intensive care among existing and future team science collaborations.

# Types of studies specifically addressing disparities of care include, but are not limited to:

* 1. Point prevalence studies, which describe a fundamental clinical care intervention and/or practice in the neuroscience intensive care unit
	2. Informatics/data analytics studies, which describe the fundamental aspects of data acquisition, monitoring, storage, analyses, or processing in the neuroscience intensive care unit.
	3. Pilot clinical trials which foster novel treatment for common diseases seen in the neuroscience intensive care unit using translational approach, with emphasis on proof of concept in a targeted patient population, conducted in a small multicenter study.
	4. Pilot observational studies, which determine feasibility of conducting a future observational or interventional study in the neuroscience intensive care unit.
	5. Multidisciplinary process-oriented research, which directly impact patient-centered care and outcomes
	6. Population health studies, which will directly enhance the care of neurocritical care critically ill patients.

# The following will not be considered:

* Quality improvement projects
* Implementation of health equity programs
* Educational initiatives
* Retrospective case series studies
* Focused self-reported surveys
* Mechanistic physiological studies in a laboratory setting
* Computational Algorithm development in an animal laboratory setting using preexisting data

# Collaboration Objectives that are desired for this application:

1. Create data formats, which can be used as models for national networks.
2. Enhance the opportunities for the NCRN to conduct early-phase studies.

# Letters of Support from Collaborators and Consultants (IMPORTANT)

Applications must contain signed letters on their letterhead from ALL individuals listed as collaborators or consultants confirming their participation in the project and describing their specific roles. Collaborators and consultants do not need to provide their biographical sketches, but information should be provided clearly documenting the appropriate expertise in the proposed areas of consulting/collaboration. Letters written and signed by collaborators and consultants are not included in page limits.

# Description of Institutional Environment

The institutional environment is extremely important in the success of a project. This section should outline the institutions’ commitment to the continued success of clinician researchers, including specific information about the facilities and resources that will be brought to bear for the candidate in the award period.

There must be clear documentation that the sponsoring institutions have a strong interest in the research candidate's area of interest, including a high-quality research environment. The application must include a clear description of the resources and facilities that will be available and how the institutional research environment is particularly suited for the candidate's proposed research.

# Budget Justification

The maximum award, including indirect costs up to 10%, will be $100,000. A single award will be issued for a 2-year award period. The award must be spent within period of the award notice, with a no-cost extension permissible with appropriate justification. In the case of multiple PIs from different institutions, one institution will be designated as the administrative center and all funds will be disbursed to that institution.

* Budget Constraints: The budget is constrained to the following: $15,000 maximum salary support for the PI
* Patient enrollment costs, including potential incentives for patients
* Max. $10,000 for equipment or computer software
* Max. $5,000 for travel to facilitate multi-center collaboration
* No limits are set for research staff support.

**Post award responsibilities**

Successful applicants will have reporting responsibilities after the awarding of the grant. At the end of the award period, the grant awardee group will fill out a questionnaire describing work output of the proposed work. No-cost extensions can be solicited with a letter of intent to the NCS emailed to info@neurocriticalcare.org prior to the end of the funding period. In addition, the Neurocritical Care Society may send subsequent questionnaires to determine more distant work output from the award.

The grant awardee is encouraged to publish papers that result from the grant in the journal Neurocritical Care (this is only solicitation of submission and does not constitute promise of publication). The applicant should notify the NCS of publications, presentations, and grants that derive from work output from this grant. In addition, the NCS may invite grant awardees to present their work at future NCS annual meetings.

For all questions related to this RFA, please email

info@neurocriticalcare.org

JavierProvencio@UVAHealth.org

weziai@jhmi.edu