

Frequently Asked Questions for GEAR 2.0-ADC

Round 3 Before Submitting Your Application

1. **When is the GEAR 2.0/EMF/WHI Pilot Grant application due?** The application deadline is **11:59PM ET, Friday, January 19, 2024.**
2. **Where can I find information about the submission process and needed documents?**
Information about submission process can be found at <https://gearnetwork.org/grants-and-funding-opportunities/> AND <https://www.emfoundation.org/grants/apply-for-a-grant/>
3. **Will there be an opportunity for me to ask questions of the GEAR 2.0 leadership team?**
Please feel free to watch the recordings from the office hours that were held. Any further questions can be directed to Gearnetwork1234@gmail.com.
4. **When is the pilot expected to be awarded?**
Successful applicants will be notified in May 2024. The expected start date for this award is July 2024.
5. **Where do we submit the application?**
Applications are submitted at <https://emfoundation.aibs-scores.org/>.
6. **How many awards will be funded?**
We will fund up to three one-year pilots grants, each worth \$150,000 in total costs
7. **Who is providing the funds for the pilot grants?**
There are four funding sources:
 - GEAR 2.0: \$105,000
 - EMF: \$15,000
 - Your Institution: \$30,000 (required minimum support demonstrated)

8. What is the allowed Institutional Overhead rate (indirect rate)?

On the funds provided by GEAR 2.0, the Institutional Overhead rate is 10%. EMF does not allow any (0%) Institutional Overhead to be charged to money it awards.

Preparing Your Application

1. Is there a budget template form available?

Yes, an Excel workbook can be found [here](#) and on the GEAR 2.0 RFP [webpage](#).

2. How many Co-PIs can be on my project?

There is no set limit on the number of PIs allowed on the Pilot Project Grant. At least one PI must have a primary faculty appointment in Emergency Medicine.

3. Are criteria weighted based on importance for Application Evaluations?

No, all six criteria will be considered together when grant applications are reviewed. Each application will be judged on the following criteria:

1. The relevance to research priorities established by the GEAR 2.0-ADC.
2. The transdisciplinary study team.
3. Significance of the project to emergency care of persons living with dementia (PLWD) and their care partners.
4. Innovation.
5. The soundness of the research approach.
6. The likelihood the project will be successfully completed and lead to further research funding.

A significant emphasis will be placed overall on how well the proposal addresses disparities and health equity as part of its proposal.

4. Where should I send grant questions?

Please send all grant application questions to both Cynthia Singh (csingh@acep.org) and (Gearnetwork1234@gmail.com)

5. I received a grant in a foreign country from the equivalent of the NIH of the United States to run a national trial of people with severe dementia visiting the ED. Do you think the GEAR 2.0 dementia focused grants would include in scope funding a US arm of such a trial?

If the US arm could be finished within a year and meet the research priorities declared by the GEAR 2.0 consensus process, then such an application

would be considered for funding.

6. What are the requirements to be a principal investigator (PI)? / Who can apply for this pilot funding?

The PI or co-PI must have a primary faculty appointment in Emergency Medicine. The PI's institution is organized for humanitarian purposes and is established as a non-profit organization.

7. Will the GEAR 2.0 team be available to vet ideas or have a dialogue to provide guidance towards submitting a strong application?

The GEAR Network web page, <https://gearnetwork.org/2022/08/17/2023-24-pilot-project-gear2-funding-opportunity/> has useful information about the pilot award. If someone has specific questions requiring more detail, questions can be sent to both Cynthia Singh (csingh@acep.org) and (Gearnetwork1234@gmail.com).

8. If an application is missing required components or has an error with its submission will the applicant receive a notification?

The submission platform does not have an electronic checking system to notify if there are errors with your application. It is the applicant's responsibility to complete the application correctly. If there is an administrative issue, depending on what it is, someone may reach out for clarification.

9. Would a trauma surgeon qualify as an Emergency Medicine faculty?

No, but it would be encouraged to be involved and, on the proposal, especially if the proposal is trauma related. Someone from Emergency Medicine should also be involved for their expertise in the acute case space.

10. If there are co-PIs, do both need to be early career?

The PI or co-PI must have a faculty appointment in Emergency Medicine. A priority for this funding is to bring support to early career investigators, but it is not a requirement. Not being an early career does NOT disqualify you from this funding opportunity. The content in the seminars may be more geared towards early career investigators but are beneficial to people throughout the scope of their career.

11. What qualifies as "institutional support"?

The support can range from time for the investigator(s), research staff, an enroller program that is utilized, staff within the department, support for a percent effort for a project manager, etc. This is flexible and can be creative. We want to see some level of institutional commitment for the applicant and is vested in their success and the pilot awardee is not covering everything on their own.

12. If my GEAR grant is funded, will I have access to the [MedRIC data](#), which is provided at no cost to NIA grantees?

Yes, grantees should have access to the MedRIC data free of charge, while there may be additional services that are fee based. For budgeting purposes some things investigators should consider are the project/staff related costs for onboarding with MedRIC, coordination of the legal/DUA agreements, proving the linking file, programmer/statistician, uploading study data to the MedRIC platform, etc. Use of PHI/PII will need to be included and/or considered for linkages to Medicare data, DUAs, and consent/IRB approvals. These items would all be the responsibility of the awardee, if awarded.

13. We can use PI and Co-I effort to match, is this accurate?

Yes, this is accurate. Providing any staff to help with the study would be a match.

14. Given some of the funding source is NIH and there is a salary cap in place, would the effort that is over the cap that we have to account for also be allowable as a match?

Yes, this is allowable. Demonstrating budgeted effort over the cap would be a match.

15. Is unrecovered F&A allowable as a match?

No, this does not meet the match requirements as this is disallowed by the funding announcement.

16. Could the institutional support cover my time and/or salary? Would a letter of promise from my institution be valid for recognizing this support?

Yes, a letter of promise from your institution would be acknowledged for covering your efforts. This could be the time equivalent or salary support under this grant.

17. Does interdisciplinary just mean across specialties or profession types? We interpret interdisciplinary as across disciplines. You could have EM and geriatrics professionals on your team, but your team could also be EM and a social worker. We encourage you to collaborate across disciplines and professions that make the most sense for your study.

18. To what extent does the grant have to focus specifically on PLWD and their care partners or can it be older adults with a subpopulation of PLWD?

The grant needs to be directly related to the papers published regarding the key research priorities. You need to demonstrate that your application's science

addresses one of those priorities. The community review group is passionate about dementia specifically, which is important to keep in mind.

19. Any thoughts or preference on including people with mild cognitive impairment (MCI) in addition to dementia?

You should do what is right for the science. From GEAR 2.0's perspective, MCI is on the dementia spectrum. There are many opportunities under GEAR 2.0's domains to address MCI.

20. The portion that comes from the NIA is lower than the federally negotiated rate for our organization. For organizations that already have a federally negotiated rate, is there any change to the 10% for indirects?

NIA has informed us that the federally negotiated rates are not applicable here, and NIA has approved our 10% indirect rate. This way, most of the money is coming to the study as we have a fixed amount of money to give regardless of the distribution between study activities and indirects. Of note, you cannot use the lack of indirects as evidence of institutional support. The portion covered by EMF does not allow for any indirects.

Applicable to VA researchers: Physicians and nurses who are clinically supported by the VA often cannot be funded on federal grants. Check with VA or your foundation on how this will be handled.

21. Would receiving this funding preclude me from applying for and receiving other EMF funding under a different category?

We are using the EMF process, but EMF is a small portion of this grant. From GEAR's standpoint, you are still eligible to submit and receive other EMF funding.

22. Would I be able to use this funding to decrease my effort on a K-award? Our understanding is that you can only drop your effort on a K-award for an R level grant. As this is a pilot, it would not meet those criteria, but you should check with your program officer. This grant, if funded, may meet criteria under scientific overlap. However, you must discuss this with your program officer.

23. There is only about a month until the deadline, do I feasibly have enough time to pull this grant together?

It depends on your comfort level, but we would encourage you to try. A team of people with a strong research background could help pull it together.

24. Do we need to submit proof of IRB approval with our grant application or is a full

draft of the IRB application sufficient?

You do not need IRB approval in advance. A draft of the IRB application is sufficient for this grant application.

After the Pilot Project Grant Is Awarded

1. The awardee of our pilot project is changing university affiliations, but the other principal investigators are still at the university for which the award was made to. Can the award funds be transferred to the Co-PIs?

No, all grant awards are awarded to the primary investigator of the GEAR 2.0 Pilot Project Grant Proposal as they are assuming the responsibility of leading the sponsored project. Distribution of these monies is handled by the university affiliated with the awardee at time of application submission. Thus, if the awardee leaves the university or ceases research, the award must be returned to the respective funding source.

2. Am I able to present my research findings at a non-emergency medicine conference that is taking place prior to ACEP?

Yes, if the conference is not emergency medicine specific (i.e., Alzheimer's Association International Conference) the grantee is allowed to present their findings. The grantee would still be required to abide by the presentation policies of the conference at which they are submitting.

3. What does the time commitment look like for webinars and core sessions if selected?

The curriculum is broken up into the different core seminars. These average about 4 hours per month of time. Additionally, each grantee will have 3 research in progress sessions per year, each scheduled for an hour. Sessions are intended to be high value for the grantees and are expected to be attended. Sessions are open to members of the research team and are not restricted to the PI.

4. Who would the award document originate from as the main sponsor? Each funding source will be set up as a subaward through New York University.