Grant-in-Aid (GIA)

2027 Competition Guidelines

(June 30, 2026)

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2027 Grant-in-Aid

A. SPECIFIC PROGRAM INFORMATION

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Competition Launch Date	June 30, 2026
Application Submission Deadline	August 27, 2026 – 3:00pm ET *(Registration closes at 12:00pm ET)*
Official Notification Date	May 2027
Grant Start Date	July 1, 2027
Grant Value	Up to $400,000.00 CAD for up to four (4) years *($100K for 1-yr project / $200K for 2-yr project / $300K for 3-yr project)*
Application Procedures	See Section **B** for instructions on How-To-Apply
Contact	Email: research@heartandstroke.ca

! Applicants are expected to carefully read the instructions and comply with the requirements outlined in this guidelines' document.

A.1 Purpose and Objectives

The Heart and Stroke Foundation of Canada ("**Heart & Stroke**") Grant-in-Aid ("**GIA**") program provides operating funds to support important, pertinent, novel research in the areas of heart disease and/or stroke. GIA funding to successful applicants ("**Recipients**") promotes research discovery, exploration and innovation across all health research themes. Knowledge gained from scientific findings contributes to the cardiovascular and cerebrovascular health of Canadians through prevention, treatment, and recovery.

Heart & Stroke offers support for projects in cardiovascular or cerebrovascular research. This support may be provided to successful GIA Applicants ("**Applicants**") for a maximum of four (4) years. GIA funds may only be used to support research conducted in Canada. All grants become tenable July 1 following the announcement of the competition results.

! New this year: Heart & Stroke has added for the 2027 competition year an Indigenous Research Stream within the Grant-in-Aid (GIA) program. This stream has additional eligibility criteria and application requirements. Applicants must review the Indigenous Supplemental Guidelines prior to applying. Applications for this funding must be applied through the GIA-I funding opportunity in CIRCUlink

A.2 Eligibility

In order to be eligible to apply for the GIA competition, Applicants must meet the following criteria:

a. Principal Applicants ("PA") and Co-Principal Applicants ("**Co-PA**") must have a **full-time academic** or **faculty appointment** (i.e., at minimum, at the Assistant or Clinical Assistant Professor level) at an eligible Canadian institution at the time the application is submitted.
b. Applicants holding lecturer/clinical scholar of similar university appointments that are of lower tier than Assistant Professor appointments are not eligible to apply as PA and Co-PA.
c. **The date of first faculty appointment will be based on the date listed in the BioSketch under First Faculty Appointment**. Please ensure your BioSketch is updated and correctly identifies a valid appointment including that it is full-time under section B. Professional Experience, Leadership Activities, and Honors (**B.4.4 BioSketch**)**.**
d. For any application with a PA and Co-PA, should the PA be deemed ineligible, the entire application will be withdrawn from the competition. There will be no appeal process for applications deemed ineligible.
e. **Applicants holding adjunct appointments** at an academic institution **must** submit a letter from their dean/chair/division director to clarify that through their specific appointment they are accorded protected time for research. The letter is required to quantify the amount of protected time available, their access to research infrastructure and their access to other resources necessary to conduct the proposed research study. **Failure to include this explanatory letter with all required components will result in the withdrawal of the application (without appeal)**.
f. At the time of submission, and for the duration of the award, Recipients are **ineligible** if they hold or have already held funding, directly or indirectly, from the tobacco industry.

g. **Please Note:** Principal Applicants based in New Brunswick, or who will be as of the July 1 start date of the funding year, are required to contact the Heart and Stroke Foundation of New Brunswick at info@hsf.nb.ca prior to developing an application.

! Should any significant changes occur from the time of submission to official decision letter notification, Heart & Stroke reserves the right to withdraw that application from the competition. Misrepresentation of any content by Applicants may result in cancellation of the grant.

A.3 Funding Policies

A.3.1 Funding Availability

Financial contributions for this initiative are subject to availability of funds. Should the funders' funding levels not be available or decrease due to unforeseen circumstances, funders reserve the right to **reduce, defer or suspend financial contributions** to grants and awards received as a result of this funding opportunity.

Also, once funding decisions are finalized, Heart & Stroke may identify an unranked pool of fundable (but unfunded) applications for the competition. An application within this pool may receive funding should a donor(s) be identified to support the full grant or award. In order to facilitate such funding, application information such as project title, lay summary and/or research summary may be shared with the donor(s).

A.3.2 Tenure

a. The grant start date is July 1, 2027 for a maximum period of up to four (4) years.
b. Recipients must immediately notify Heart & Stroke should any significant changes in research activities occur during the tenure of this grant.
c. Recipients must immediately notify Heart & Stroke should their academic or faculty appointment change or if they relocate to another institution (including outside of Canada).
d. Heart & Stroke requires a copy of all **ethics and safety review board approval forms**. If the application is accepted for funding, funds will be encumbered pending receipt of all required forms. Forms included with the application need to clearly mention the duration and expiry date when uploaded to CIRCUlink and must be **valid at least 30 days beyond the start date of the grant**. Applicants must provide acceptable documentation for '*human'* and/or *'animal'* ethical approval, and '*biohazard and safety'* approval as outlined in the Heart & Stroke guidelines. Heart & Stroke reserves the right to periodically request additional approval forms during the term of the project.

A.3.3 Multiple Submissions / Funded Applications and Renewals

a. Applicants may submit only one (1) grant application (new or renewal) to the 2027 GIA competition as either PA and/or Co-PA.
b. Applicants may hold up to two (2) Heart & Stroke funded GIA as PA and/or Co-PA at any time.
c. If an Applicant holds more than one (1) ongoing GIA funding as PA and/or Co-PA continuing into the 2027 funding year (01 July 2027 to 30 June 2028), **no new application can be submitted**.
d. Recipients wishing to renew an active grant typically makes an application for renewal during the final year of the active grant. **If a Recipient applies for renewal earlier than this, the Recipient immediately forfeits all remaining years of the active grant, except the current year.**

A.3.4 Partnered Funding

Applicants are required to declare all secured and proposed (i.e., submitted in the same funding cycle) partnered funding at the time of submission. There can be no overlap/duplication in expenses or activities with partnered funding.

For proposed partnered funding (i.e., submitted in the same funding cycle), Heart & Stroke's peer review committee will provide Heart & Stroke with an opinion as to whether the Heart & Stroke portion of the project could proceed independently of the partnered funding, if needed. If recommended by Heart & Stroke's peer review committee, Heart & Stroke-approved projects with partnered funding would be encumbered pending confirmation of sufficient funding to complete the project, to be provided by Applicants during the encumbrance resolution phase.

Proposed partnered funding must be secured by 01 July 2027; otherwise, the Heart & Stroke funds will be released to the next highest-ranking application **(i.e., no deferrals or extensions to accept a GIA offer will be permitted)**.

A.3.5 Top-up Funding

Heart & Stroke does not allow top-up funding for applications that have had their budgets reduced by another funding agency.

A.3.6 Duplication of Funding

Heart & Stroke will not fund a GIA that is similar or comparable to another operating grant from another funding agency.

A.3.7 Overlap of Funding

Heart & Stroke does not provide any funding if there is partial or proportional budgetary overlap with another funding agency or grant. Heart & Stroke will have reviewed and adjudicated each application in its entirety. Therefore, no budget amendment/alteration by Applicants is permitted after application submission. All committee decisions will be final. If an application has overlap with another project, then the Applicant will have to accept one offer or the other. If the PA wishes to make changes to resolve the overlap portion of the application (this is not permitted), they are encouraged to re-submit an application for the next competition.

A.4 Review Process and Evaluation

A.4.1 Administrative Review

Heart & Stoke will perform an eligibility and relevance review to identify that Applicants meet the eligibility criteria, and that applications are in alignment with Heart & Stroke objectives and strategy of this funding opportunity, respectively. Applications that do not meet these criteria will be withdrawn from the competition. There will be no appeal process once decisions are made.

A.4.2 Evaluation Criteria

Scoring Rubric

Grants will be allocated in a top-down rank, according to the following grading scheme. Only applications whose overall score is ranked from **Outstanding** *(4.5 - 4.9),* **Excellent** *(4.0 – 4.4),* to **Very Good** *(3.5 - 3.9)* are within the accepted fundable range. **Overall scores of less than 3.5 are not eligible for funding**.

Sex- and Gender-Based Analysis and Reporting (SGBAR) and Equity, Diversity and Inclusion (EDI)

Applicants are required to integrate SGBAR into their research design. SGBAR focuses specifically on biological and/or sociocultural roles as they relate to sex and gender.

Sex and Gender-Based Analysis and Reporting considerations will be explicitly included in the evaluation criteria in the 2027 competition.

Applicants are also required to describe how EDI considerations have been integrated into their research design **(EDI-RD),** as appropriate. For example, Applicants may elect to provide a description of why specific diversity or identity factors were selected for inclusion and analysis in their research (e.g., race, immigration or newcomer status), describe the process of developing and maintaining a respectful relationship with the intended study population, or discuss why they do or do not intend to collect, analyze and report disaggregated data.

Only EDI-RD considerations, as appropriate, will be included in the evaluation criteria in the 2027 competition.

A.4.3 Peer Review Committee

Heart & Stroke's peer review process engages national and international researchers and includes over 200 members of the Scientific Review Committee (SRC). The SRC comprises up to 13 separate panels that ensure in-depth knowledge and expertise in all areas of heart disease and stroke.

Each panel consists of a Chair and Deputy Chair, and members approved by the SRC Executive Chair and Vice-Chair. Panel members are selected for their expertise related to the mandate of the review committee and their experience in reviewing and evaluating research funding applications. All review panels may meet in person or virtually at the discretion of the SRC and Heart & Stroke. The SRC Executives will oversee the SRC and the Lay Reviewers. All members must agree to respect the privacy, confidentiality and conflict of interest rules of the funders.

A pre-relevancy check will be conducted by the SRC Executive to ensure that applications submitted fit squarely into the Heart & Stroke mission, as presented in the GIA program mandate and SRC sub-panels (see below). **If an application is deemed not directly relevant, Heart & Stroke will exclude it from further review, without appeal**. Therefore, it is important that all Applicants clearly justify the direct relevance of their proposed research in the lay summary and application.

By applying to this competition, Applicants acknowledge and confirm that Heart & Stroke, at its discretion, may utilize AI-based tools to support the preparation of Scientific Officer notes arising from the scientific review committee discussion of applications.

A.4.4 Budget Review Committee (BRC)

Applications which are eligible for funding will be ranked by fixed percentile within each research committee by the SRC. These rankings will drive which applications are put forth to the Budget Review Committee (BRC); a sub-panel of the SRC which works alongside other SRC sub-panels in appraising GIA applications. The BRC consists of a Chair and Deputy Chair, and members approved by the SRC Executive Chair and Vice-Chair. Budget peer reviewers are selected for their expertise related to the mandate of the review committee and their experience in reviewing and evaluating research funding applications. As with membership on all SRC panels, the BRC balances geographical representation and ensures that each committee has the capacity to review applications submitted in English or French.

A.4.5 GIA Scientific Review Committees

SRC Panels and Sub-Panels may include:

I. **Clinical cardiovascular and cerebrovascular research.** Mechanistic studies and clinical trials/health services research. Areas and expertise include: Mechanistic studies focusing on human studies, clinical trials (therapeutic and surgical), health services, and health care delivery.
II. **Integrative studies: Genetic manipulations/imaging/bioengineering.** Areas and expertise include: Integrative studies in animal models, diagnostic and imaging technology development in animals and humans, and novel therapeutic strategy and device development in animals, including regenerative approaches.
III. **Basic science stroke/neurophysiology/neuroregulation.** Areas and expertise include: Stroke, neurophysiology and neural cell biology, and neuroregulation.
IV. **Cellular biochemistry, pharmacology, and electrophysiology.** Areas and expertise include: Cardiovascular physiology and pathophysiology, cell biology, cell signalling, cellular biochemistry, pharmacology, and electrophysiology. Specifically, the three sub-panels are:
    a. Molecular, biochemical and cellular physiological approaches to cardiovascular health and disease, vascular disorders.
    b. Cardiac arrhythmias, cardiac mechanics, electrophysiological approaches to cardiovascular health and disease, ischemia related disorders.
    c. Cardiovascular complications associated with obesity/diabetes, metabolism, and cardiac development/remodelling.
V. **Molecular basis of cardiac and vascular function.** Areas and expertise include: Inflammation, immunology, transplantation, and vascular pathology.
VI. **Thrombosis/lipid and lipoproteins/fundamental nutrition research.** Areas and expertise include: Coagulation, bleeding disorders, thromboembolism, lipid and lipoprotein metabolism, atherogenesis, atheroma, and its degenerative consequences, and nutritional contribution to atherogenesis, thrombophilia or bleeding disorders.
VII. **Behavioural research/health psychology/rehabilitation/population health.**
    a. **Health services and Public Health.** Areas and expertise include research that examines the influence, delivery and management of health care services, evaluates and assesses outcomes of health care services, and health services policy and regulation. Research examining influences, predictors, trends, socio-cultural influences on public health and population level health, including health services provision and targets, health equity, access to services and policies affecting public health and population health interventions.
    b. **Health behaviour; health psychology.** Areas and expertise include research that examines influences and precursors, including social and environmental influences, on behaviours and on the relationships of behaviours to health outcomes including social, environmental and health psychological factors predicting health status, health behaviours, health outcomes, and the relationships among them. Interventions targeted at specific individuals or sub-populations based on behavioural or psychological manipulations.

The final decision in regard to the sub panels and the placement of the applications within a panel or sub panel rests with the SRC.

A.4.6 Lay Reviewers

Lay Reviewers, are also incorporated in the SRC in order to increase accountability and transparency of the Heart & Stroke review process and ensure that the proposed research is aligned with the objectives of this funding competition. Heart & Stroke places a high priority on ensuring appropriate lay summaries are submitted as part of each application. If Lay Reviewers identify that the lay summary is unsatisfactory, funds will be encumbered pending receipt of a satisfactory lay summary. For more information on the lay summary, please see the related section on the Application electronic form (e.Form) on CIRCUlink.

Please note that lay reviewers are only provided with access to the lay summary of an application, and not an application in its entirety; as such, the structured lay summary should include all pertinent information

related to the application. The structured lay summary should be written for a patient, caregiver, or community member audience so that it is easily understood by a non-technical audience; it should inspire and speak to relevance and meaningfulness of the work and to the desired outcomes. To ensure that the requirement for readability is met, Applicants are strongly encouraged to use commercially available tools to determine the readability level of the lay summary.

A.4.7 Triaging of Applications

Heart & Stroke implements a triage system for applications that have been rated in the "Fair" category or below. Should an application be rated in this range by the scientific reviewers, the application may be triaged without discussion. In this case, Applicants should refer to the specific comments of the reviewers.

A.5 Post Grant and Award Conditions

A.5.1 Transfer of Grant

If a Principal Investigator's (PI) formal affiliation with their Host Institution terminates, Heart & Stroke funding will be suspended until documented permission from Heart & Stroke is obtained. For all research grants, the PI and Host Institution may request that the project transfers and continues under one of the circumstances outlined in the Heart & Stroke Grant and Award Management Guidelines available on the Hear & Stroke website under the "Post grant and award administration".

A.5.2 Prolonged Absence and No-Cost-Extension (NCE)

The PI will notify Heart & Stroke of any causes (parental leave, medical leave, personal leave, sabbatical leave, etc.) necessitating absence from work exceeding 30 successive days. Extension of the grant duration may be considered, and continuation of the grant will be evaluated on a case-by-case basis. Relevant institutional policies will also apply, and the end date of the grant will be extended by the approved duration of the leave.

At end of grant term, the PI may request to carry-forward of unspent funds for one (1) additional year beyond the approved term of the grant. The PI must request permission in writing from Heart & Stroke 30 days prior to end of the final year grant term. If the No-Cost Extension request is approved, written permission will be given by Heart & Stroke to carry forward unspent funds remaining to the subsequent grant year. For further details, consult the Heart & Stroke Grant and Award Management Guidelines available on the Heart & Stroke website under the "Post grant and award administration".

A.5.3 Grant or Award Termination

When work under a grant or award is complete, or if for any reason the work cannot be continued, the grant or award will be closed. The Recipient must notify Heart & Stroke immediately, and any remaining funds will be frozen and cannot be reallocated to other uses. The Host Institution will prepare the Financial Report and return outstanding funds to the funder. Further details are described in the Heart & Stroke Grant and Award Management Guidelines available on the Heart & Stroke website under the "Post grant and award administration".

A.5.4 Reporting Requirements

Recipients will need to submit annual reports via CIRCUlink for the tenure of the grant or award and will be sent annual email reminders with instructions. The **Annual Financial** and **Progress Reports** are to be received no later than 30 days after the end of each funding year. A **Final Report** must also be submitted to Heart & Stroke no later than one (1) month after completion/termination of the grant or award. A **Closeout Report** must also be submitted to Heart & Stroke no later than one (1) year after completion/termination of the grant. For further details, consult Heart & Stroke Grant and Award Management Guidelines available on the Heart & Stroke website under the "Post grant and award administration".

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B. HOW TO APPLY

B.1 Registration

Applicants must complete a registration for the funding opportunity using the Heart & Stroke's electronic grant and award management system CIRCUlink before accessing and submitting the application. Note that **registration for the competition closes three (3) hours prior to the submission deadline**. Heart & Stroke strongly encourage Applicants to **begin the registration process as early as possible**, and well in advance of the application submission deadline to ensure timely completion.

Applications will be completed online using Heart & Stroke's online portal, CIRCUlink. A detailed CIRCUlink User-Guide to assist in navigating the system is available, and all Applicants are **strongly encouraged to review it in advance of starting an application** to optimize user experience.

By submitting an application, Applicants understand that the information provided may be shared with funding partners for the purpose of eligibility, relevance, peer review and/or funding decisions.

B.2 Application Submission Deadline

It is the Applicant's responsibility to ensure that a completed application is submitted via CIRCUlink no later than **August 27, 2026 - 3:00pm ET**. CIRCUlink will **NOT** allow submissions after this deadline. Any applications attempted or submitted by email or mail after the deadline will **NOT** be accepted. There will be no appeal process for late submissions.

B.3 Applicant Profile

Applicants are required to create an Applicant profile ("**Profile**") as a part of the registration process in CIRCUlink when applying for funding. If Applicants already have a Profile, they can use it for the current competition without creating a new one. However, it is essential to update the Profile before starting the application process. For detailed instructions on updating or creating profiles, please refer to section **B.1**.

Please note that all Applicants are required to complete a Self-Identification section as a part of the Profile in CIRCUlink; however, Applicants may select "I prefer not to answer" for any or all of the questions. Additionally, the following tutorials have been created to assist Applicants in the creation/updating of an Applicant profile in CIRCUlink:

- **Profile Creation Tutorial**
- **Profile Update Tutorial**

The Applicant's Profile will be used for statistical purposes only and will NOT be shared with Lay Reviewers or members of the SRC peer review committee in an identifiable form. Self-identification statistics will only be presented in aggregate form to ensure confidentiality.

B.4 Application

B.4.1 Eligible Research Areas

Applicants must estimate the proportion of the proposed research that falls under the four (4) health research themes as defined by the Canadian Institutes of Health Research (CIHR):

Theme 1. Biomedical Research

Research with the goal of understanding normal and abnormal human function, at the molecular, cellular, organ system and whole-body levels, including the development of tools and techniques to be applied for this purpose; developing new therapies or devices which improve health or the quality of life of individuals, up to the point where they are tested on human subjects. Biomedical research may also include studies on human subjects that do not have a diagnostic or therapeutic orientation.

Theme 2. Clinical Research

Research with the goal of improving the diagnosis and treatment (including rehabilitation and palliation) of disease and injury; improving the health and quality of life of individuals as they pass through normal life stages. Clinical research usually encompasses research on, or for the treatment of, patients.

Theme 3. Health Services Research

Research with the goal of improving the efficiency and effectiveness of health professionals and the health care system, through changes to practice and policy. Health services research is a multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of health care, and ultimately Canadians' health and well-being.

Theme 4. Social, Cultural, Environmental and Population Health Research

Research with the goal of improving the health of the Canadian population, or of defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational, and economic factors determine health status.

B.4.2 Clinical Trials

Heart & Stroke regards clinical trials as prospective controlled observations on an incompletely tested new diagnostic or therapeutic technique or device, often in comparison with an accepted one.

a. Randomized interventions and those with clinical endpoints would qualify. Applications will be examined for excellence in clinical questions and the appropriateness of the methodology. All clinical trial applications will be reviewed by the appropriate peer review committee.
b. For applications including clinical studies with patients that seek to refine current characterizations of disease processes (or health) or to explore unresolved questions in human biology by controlled observations or manipulations (or both) of patients or volunteers and their environments (e.g., extrinsic factors such as diet, exercise, stress); these will be reviewed by the appropriate peer review committee using similar criteria used for the evaluation of other applications.
c. If surrogate outcomes are used in the trial, Applicants must be fully prepared to support their use.
d. The requested budget must conform to the funding restrictions as outlined in the guidelines.
e. Applicants are requested to indicate if their application is a clinical trial.

As part of the post-grant administration process, clinical trials funded by Heart & Stroke may be monitored on an on-going basis.

B.4.3 Submission Checklist

Applicants must complete and submit all application requirements listed below via CIRCUlink by the specified deadline date. Applicants may submit the application in English or French. Use the Application Checklist below to confirm that you have completed all application components required to be uploaded to CIRCUlink as part of this competition.

Due to conflict of interest, letters of support from Heart & Stroke are not permitted as part of any application to any Heart & Stroke research competitions.

Application Checklist	Submission Method
Registration and Profile Setup	*CIRCUlink – Fillable Fields*
Application e.Form (all sections)	*CIRCUlink – Fillable Fields*
Research Proposal	*CIRCUlink – Mandatory Attachment*
Budget Justification	*CIRCUlink – Mandatory Attachment*
CIHR-Sex and Gender certificate, PA (including Co-PA, if applicable)	*CIRCUlink – Mandatory Attachment*
Principal Applicant's BioSketch (including Co-Principal Applicant, if applicable)	*CIRCUlink – Mandatory Attachment*
Co-Applicant(s) BioSketch, if applicable	*CIRCUlink – Attachment*
Letter(s) of Collaboration, if applicable	*CIRCUlink – Attachment*
Signatures Page Form	*CIRCUlink – Mandatory Attachment*

B.4.4 Application Form

This section is to help guide Applicants through the Application e.Form components on CIRCUlink. Applicants are strongly encouraged to review each section requirement to ensure accurate completion of application prior to submitting.

! All application components listed below are required for a submission to be considered complete. Incomplete submissions will result in the application being withdrawn from the competition, without appeal.

General Information Section

GIA Information. Applicants are encouraged to read information in these sections to help them prepare, complete and submit an application.

Applicant Details. Applicants are required to confirm specific details related to their submitted application *(type, requested funding years, province or territory, submissions to other agencies, patent, multi-centres)*.

Multi-Centre/Site Application. Where a research project involves multiple centres/sites by reason of location of activity and/or investigators, Multi-Centre/Site GIA applications must demonstrate benefit to all centres/sites involved. It is the responsibility of Applicants to ensure that Multi-Centre/Site GIA applications demonstrate the following:

- A high probability of informing policies, practice, programs and/or science.
- Significant "value-added" to perform a particular project across centres/sites.
- A research design reflecting work done in each centre/site.
- Roles and responsibilities of each team member located in each site/centre.
- These projects cannot exceed the maximum allowable requested budget of $400K with a maximum duration of four (4) years.

Applicant Information Section

Principal Applicant. The PA is responsible for the intellectual direction of the proposed research and assumes administrative and financial responsibility for the grant. Applicants must complete required information fields, confirm their career stage and indicate if there is a Co-Principal Applicant, Co-Applicant(s) and/or Collaborator(s).

Co-Principal Applicant. A Co-PA shares the responsibilities for the intellectual direction of the proposed research with the PA, however administrative and financial responsibility for the grant lies with the PA. For applications involving Co-PA's, Applicants must complete required information fields related to the Co-PA.

Co-Applicant(s). A Co-Applicant is a researcher who contributes substantially to the intellectual content of the research. *Only if applicable*, Applicants must complete required information related to all Co-Applicants.

! BioSketch: A BioSketch form must be completed and uploaded for the PA, Co-PA and all Co-Applicants named on the application via CIRCUlink. It is the responsibility of the PA to ensure those named on the application use the Heart & Stroke form to enter their information for all applicable categories. Please refer to the BioSketch Instructions, BioSketch Template and BioSketch Exemplar.

Collaborator(s). A Collaborator provides a special service (such as access to equipment, provision of specific reagents, training in a specialized technique, statistical analysis, access to a patient population, etc.) but is not involved in the overall intellectual direction of the research. *Only if applicable*, Applicants must complete required information fields related to all Collaborators.

It is required to provide Letter(s) of Collaboration from all Collaborators listed on the application. Each letter is required to be no more than two (2) pages; any additional pages will be removed.

Project Information Section

Research Proposal. Applicants are required to attach a detailed research proposal. The research proposal must include the following:

- Hypothesis to be tested;
- Knowledge to date;
- Methods to be used;
- Anticipated results and conclusions;
- Possible problems; and
- Pertinent references.

Sex- and Gender-Based Analysis and Reporting. Applicants are required to integrate sex and gender-based analysis and reporting (SGBAR) in their research design and analysis by incorporating these considerations fully in the research proposal. For further details, see Section **C.8**.

Equity, diversity and inclusion considerations. Applicants are required to describe how EDI considerations have been integrated into their research design EDI-RD, as appropriate. Applicants are asked to provide a description of why specific diversity or identity factors were selected for inclusion and analysis in their research (e.g race, immigration or newcomer status), describe the process of developing and maintaining a respectful relationship with the intended study population, or discuss why they do or do not intend to collect, analyze and report disaggregated data. For further details, see Section **C.8**.

The research proposal must be in **unprotected** PDF form according to the following formatting guidelines:

- **Text** must be single-spaced, **12-point Times New Roman** or **11-point Arial** (including labels and descriptions, as well as items such as figures, tables, charts, photographs).
- **Margin** of 2 cm (3/4 inch) all around the entire page.
- **Header**
  - "Research Proposal" *(left corner)*
  - Applicant Name *(right corner)*
- **Footer**
  - Number pages consecutively
  - Page numbers must be centered
- **Condensed type or spacing is not acceptable.** No photo-reduction except for figures.

! Applications that do not adhere to the required fonts and formatting will be removed from the competition (without appeal).

The research proposal must be organized as per the following:

- Predominantly text and is limited to **ten (10) pages**
- **The number of pages should reflect the size and scope of the proposed research**
- Within the allotted **ten (10) page limit** Applicants may submit figures, charts, tables and photographs. These portions of the submission count towards the ten (10) page limit
- References should be placed at the end of the research proposal and will not count toward the ten (10) page limit.

! Applications that do not respect the ten (10) page limit will be removed from the competition (without appeal).

Additional supporting documentation such as questionnaires, more detailed explanations of RCT methods, and consent forms may be attached as a separate document (there is no page restriction, and these will not count towards the 10-page limit; the reviewers are not required to review these materials, and contents will not influence the scoring of the grant).

! Applications failing to adhere to the Research Proposal guidelines will be deemed unacceptable and will be removed from the competition. There will be no appeal for this removal.

Representative/Relevant Publications. Applicants have the opportunity to provide up to three (3) publications/abstracts that are considered representative and relevant to the research proposal. Manuscripts **may not** be attached unless they have been submitted and accepted to a pre-print server or submitted or accepted for publication in a peer-reviewed journal. Any manuscript included with an application must be accompanied by documentation confirming its status. **Only updates to the three (3) representative publications attached as part of the proposal will be accepted.** Heart & Stroke will not accept letters indicating confirmation of acceptance for publication of a paper after December 1, 2026.

Research Institution. Applicants are asked to complete information related to the primary institution and department where the proposed research will be carried out.

Project Summary. Applicants should detail the rationale, objective(s), methodological approach, timeline and significance/impact of their proposed research *(limit: 5,000 characters – approx.1 page)*.

Lay Summary. Applicants must provide a lay summary of the research proposal in non-scientific, everyday language at a level no greater than Grade 8. The use of analogies, simplifications, and generalizations is recommended rather than scientific and technical terms. Applicants will need to respond to the six (6) questions that form the comprehensive lay summary (*limit: 1250 characters - approx. 1/4 pages each*).

For more information on how to assess grade level, please refer to the Frequently Asked Questions.

SGBAR and EDI. All applicants are required to complete one of CIHR's sex and gender GBA+ training modules through the CIHR Institute of Gender and Health. The PA and Co-PA (if applicable) can choose the module that is most applicable to their research project and must submit/upload a Certificate of Completion as part of their application.

Any application that does not incorporate SGBAR must provide a clear rationale for why analysis of sex and/or gender would not be relevant to the project. Similarly, any application that does not incorporate EDI considerations must provide a rationale why EDI-RD considerations would not be relevant to the project.

Research Classification and Lay Descriptors. Applicants are asked to identify their research area focus, descriptors, risk factors, keywords and other pillars that are most relevant to their research.

Progress Report. Applicants may use this section to summarize previous work that is relevant to the proposed research or summarize progress under a current Heart & Stroke grant, if applicable.

Previous Reviews. Applicants may use this section to respond to reviews on a previous grant application, if applicable.

Overlap. Scientific, Methodological or Budgetary Overlap: Current Funding and Pending or Contemplated Grant Submissions. For each currently funded grant (including CIHR Project schemes), grant under submission or in preparation, attach the necessary information to the GIA application that describes

whether/how there is any scientific, methodological, or budgetary overlap with the current application (i.e., registration copy from CIHR for Project grant applications). A percentage for the degree of overlap must be provided on the application, where requested, under each of the three (3) categories.

Financial Details Section

Budget Information. The Budget Review Committee (BRC) is Heart & Stroke's mechanism for ensuring informed budget review of all potentially funded GIA projects. The BRC provides support and advice on budgetary items during the budget review process and for the duration of Heart & Stroke funding (as necessary).

Budget Request. Heart & Stroke will not approve total budgets exceeding $400K for a 4-year term, $300K for a 3-year term, $200k for a 2-year term or $100K for a 1-year term. For requested terms of greater than 1 year, there is no annual cap on requests. However, please be advised that budget request, including terms, must be fully justified or reductions may be applied in the final allocation of the grant.

Budget Justification. Justification of proposed spending needs to be provided and will be rigorously reviewed by Heart & Stroke. Rigorous justification of the budget requires a rationale that explains how budget item is required to complete the science proposed in the grant. Budget reviewers require sufficient documentation to assess whether the resources requested are appropriate. Failure to provide detailed information and appropriate justification **may result in reduction of the budget allocated for the project relative to the request.** Please provide rationale for the quantities, attributes and requirements for the personnel (e.g., name, role) and items requested.

i. Salaries and Benefits

Heart & Stroke will only provide benefits up to a maximum of 30%.

Heart & Stroke will not cover any future salary increases of more than 2% annually.
Provide names (if known), categories of employment and proposed salaries (including non-discretionary benefits) of all personnel identified in the budget. **Attach a copy of the institutional guidelines relating to requested benefit levels.** Briefly describe the responsibilities of each position for which support is requested and **attach a brief CV** as an appendix for those positions for which an individual has been identified.

Salaries for unnamed research assistants, technicians and research associates should also conform to the salary scale of the institution where the research is being conducted, subject to the approval of Heart & Stroke.

If a PA, Co-PA or Co-Applicant possesses the necessary expertise, no request for salary or benefits can be made for the same/similar expertise without proper justification for such a request. Researchers identified on the grant in the roles of PA, Co-PA, Co-Applicant cannot receive salary support through GIA.

ii. Summer Students/Graduate Students/Fellows

Heart & Stroke encourages junior trainees (particularly doctoral students) to be included in the proposed research with a defined and clearly described role within the project submitted and in the budget justification if a stipend is requested. Stipend levels cannot exceed the maximum stipend levels from the chart below.
Please ensure that all students identified within the application have their specific role spelled out, including identifying how their role contributes to the advancement of the current research proposal and is justified in the budget justification section of the application.

Heart & Stroke does not provide additional support for benefits towards summer students, undergraduate students, graduate students, and/or post-doctoral fellows beyond what is outlined in the table below.

Position	Max Annual rate (inclusive of benefits)
Master's Student	$27,000
Doctoral Student	$40,000
Post-Doc Fellow, PhD	$70,000
Post-Doc Fellow, MD	$70,000
Summer Studentships	$5,000 (summer)

iii. Research Equipment *(including maintenance and facility)*

Research equipment is defined as any item (or interrelated collection of items comprising a system) that meets all three (3) of these conditions:

- Non-expendable tangible property;
- Useful life of more than one (1) year; and
- A cost of $2,000 or more.

For example: A laptop computer that costs less than $2,000 would be considered as materials or supplies even though it is a non-expendable tangible item with a useful life of more than one year.

For a requested equipment item or service contract greater than $5,000 at least one (1) cost quotation must be provided. For a requested equipment item or service contract greater than $10,000, two (2) competitive quotations or justification of single source selection must be provided.

The budget justification for equipment and/or service contracts should include: itemized breakdown, details of models, manufacturers, prices, applicable taxes and maintenance and facility fees***** as required. Please indicate:

- The availability and status of similar equipment.
- The anticipated extent of utilization.
- The reasons for preference or sole source selection of specific type, model or service contract, in relation to alternatives.

***Maintenance and facility** refer to costs associated with purchasing new equipment. Examples would include small renovations such as installation of shelving to facilitate new equipment, plugs required for new computers, and installation contracts. Please explain why these costs are direct costs of conducting the research.*

For items costing more than $10,000, attach a letter from the Department Head(s) and/or Research Institute Director(s), that confirm the need for the equipment and availability of alternatives.

If documentation is not provided for equipment and/or service contracts greater than $5000, a reduction to the budget request may be applied.

Provincial and federal regulations and institutional requirements for procurement of equipment and service contracts must be adhered to.

iv. Experimental Animals

Include species to be used and sample size justification along with calculations, if applicable.

Provide a breakdown for procurement of animals, and services including, but not limited to, breeding, boarding, feeding and wherever possible include a copy of the institution's standardized costs for these tasks as they vary from institution to institution.

A cost quotation must be provided for the procurement of animals where the total cost exceeds $10,000. Two quotes are required for animals where the total cost exceeds $25,000 or justification of a single source selection must be provided.

A cost quotation or itemized breakdown of animal services such as breeding, feeding, boarding or surgery must be provided if the total expense for all exceeds $15,000.

v. Materials and Supplies

Provide details and justify / explain major items. Do not simply list items.

A cost quotation must be provided for any item(s) greater than $10,000 or which total greater than $10,000. Two (2) competitive quotes are required for item(s) costing more than $25,000 or which total greater than $25,000. Quotations for materials and supplies must be sufficiently detailed to allow for the appropriate review of the proposed expense(s). If documentation is not provided as instructed, a reduction to the budget request may be applied.

vi. Payments to Study Subjects

Heart & Stroke allows well justified and reasonable reimbursements for required travel, parking, childcare, honoraria, or other items that would reduce barriers to participation.

vii. Publications

Heart & Stroke will only provide support up to $1,000 annually ($4,000 for 4-year projects, $3,000 for 3-year projects, $2,000 for 2-year projects, $1,000 for 1-year projects) for the duration of the grant, of any application recommended for funding. Proper justification and a brief explanation are required.

All publication costs must be included within the allowable budget of the application.

viii. Other

Provide justification / explanation for each item listed.

A cost quotation must be provided for any item(s) greater than $10,000 or which total greater than $10,000. Two (2) competitive quotes are required for item(s) costing more than $25,000 or which total greater than $25,000. Quotations for items must be sufficiently detailed to allow for the appropriate review of the proposed expense(s). If documentation is not provided as instructed, a reduction to the budget request may be applied.

ix. Service Contracts

Provide justification / explanation for each item listed.

A fully detailed contract and quotation for services proposed must be included with the application. The service contract is to include:

- Explanation of the type of work to be completed (including term of the contract)
- Timelines for the work (broken down by each piece and the deliverables)
- Obligations of each party
- Expenses provided in detail (e.g., including type of work performed, hourly rate of pay/salary FTE, number of hours of work)

Any contracts for work to be done outside of Canada or by a non-Canadian company must fully detail (including a cost quotation) and explain why that organization was chosen and why that work could not be performed by a Canadian alternative.

Applicants requesting funds for services (over $10K), where Applicants appear to have the expertise to provide such services themselves, must justify why an outside provider is necessary.

x. Travel

For the purpose of attending or presenting their research at a meeting, conference and or symposia that align with the proposed research:

- Heart & Stroke will only provide support up to $1,000 annually ($4,000 for 4-year projects, $3,000 for 3-year projects, $2,000 for 2-year projects, $1,000 for 1-year projects) for the duration of the grant, of any application recommended for funding. Proper justification and a brief explanation of how each activity relates to the proposed research are required. The purpose and estimated cost of such travel must be given.
- Travel for this purpose is limited to one individual who is associated with this project but who does not receive remuneration from this project (ideally the PA).

For the purpose of advancing work related to the completion of the project:

- Heart & Stroke will provide travel support that is essential for the facilitation of work proposed, during the grant, of any application recommended for funding.
- Proper and rigorous justification and a brief explanation of how each activity relates to the proposed research are required.

All travel requests must be included within the allowable budget of the application.

Financial Contributions from Other Sources (if applicable)

Provide a brief explanation of any financial (not in-kind) contribution from other sources, if applicable. Please see section **A.3.4**.

NEW **Please refer to the below Checklist intended to provide applicants with a clear, easy-to-use resource as they prepare their budgets, with the goal of encouraging more thorough justifications and ensuring that all required supporting documentation is included.**

Budget Quick Reference Checklist	
Overall Budget	☐ Within maximum limits (1yr $100K / 2yr $200K / 3yr $300K / 4yr $400K) ☐ Budget and term fully justified
Budget Justification	☐ All items clearly justified and necessary ☐ Sufficient detail provided (not just lists)
Personnel	☐ Roles, responsibilities, and salaries included ☐ Benefits ≤30% and increases ≤2% annually ☐ Institutional guidelines + CVs attached (if named) ☐ No duplicate expertise without justification
Trainees	☐ Roles clearly described ☐ Within stipend limits (Masters 27K / PhD 40K / Postdoc 70K / Summer 5K)
Equipment	☐ Justification and item details included ☐ Required quotes attached (>5K:1 quote, >10K:2 quotes) ☐ Dept./Institute letter included if >10K
Materials & Supplies	☐ Major items explained and justified ☐ Required quotes attached (>10K:1 quote, >25K:2 quotes)
Animals (if applicable)	☐ Species, sample size, and cost breakdown provided ☐ Required quotes included
Travel & Publications	☐ Within $1,000/year limits (where applicable) ☐ Clearly justified and linked to research
Service Contracts	☐ Full contract included (scope, timelines, roles, costs) ☐ Justification for outsourcing or non-Canadian providers provided
Other & Final Checks	☐ All additional costs justified ☐ All required documentation included ☐ Indirect costs of research (e.g., overhead or facility costs) are not included in the requested budget ☐ Budget aligns with guidelines and policies

Peer Review Details Section

Review Committees. Applicants should select up to three (3) Committees (in order of preference) which best correspond to their application from the SRC Committees listed in this section.

Suggested Reviewers. Applicants may list up to three (3) reviewers (preferably in Canada) considered appropriate to review their application.

Exclude Reviewers. Applicants may list up to two (2) individuals to whom they would prefer that their application NOT be sent for review, if necessary.

Administration Section

Ethics and Safety. In CIRCUlink, please indicate the status of all **ethics and safety review board approval forms** *(e.g., **"Included", "Form to be Sent", "Not applicable")*** as they apply to the proposed research. For more information, refer to **C.7**.

Signatures. Applicants must complete the signature page form, as found in CIRCUlink, and upload a completed form to their CIRCUlink application as an attachment. The signature form requires all fields to be completed, including the mandatory two institutional signatures.

! Signatures are required from two (2) institutional representatives as indicated on the form and no other individual may sign on behalf of the individuals named on the Signature Form.

Heart & Stroke accepts a scanned copy of the original signature uploaded into CIRCUlink as well as electronic signatures. Applicants need not send an original copy of the signature page to Heart & Stroke. The expectation is that an electronic signature will hold the same weight as an original (wet) signature.

B.4.5 Incomplete/Unacceptable Applications

To maintain the principle of fairness to all Applicants, regulations *must* be adhered to in the preparation of the application. *Any* infraction of the rules will lead to the truncation or immediate rejection, **without appeal,** of the application. All submissions are considered final. No alterations or changes will be accepted.

Any **incomplete** applications, **applications without required signatures or required supporting letters** and/or **applications that do not respect the set-page limitations**, as noted in this guideline document, will **NOT** be admissible to the competition.

B.4.6 Competition Results

Early notification regarding the likelihood of funding, including statuses such as 'not likely to be funded,' 'may or may not be funded,' or 'most likely to be funded' **may** be sent to Applicants **in early 2027**. The release of early notifications is dependent on funding availability, and on the timing of peer review. Applicants will be advised of any changes to program milestones via email.

Official decision letters will be sent to all Applicants by May 2027, or an update on the status of notifications will be provided to Applicants via email before that date, with a public announcement posted at a later date on the Heart & Stroke research website (see C.13).

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C. GENERAL INFORMATION

C.1 Non-Employee Status

The funding of a grant or award is deemed to establish neither an employer-employee relationship nor a partnership between Heart & Stroke and the Recipient(s).

C.2 Indirect Costs

Heart & Stroke and funding partners, if applicable, support only the direct costs of research. No funding is to be used for indirect costs of research. The definition of indirect costs of research for the purposes of this policy is costs which cannot be directly associated with a particular research program or operating grant including; costs associated with the general operation and maintenance of facilities (from laboratories to libraries); the management of the research process (from grant management to commercialization); and regulation and safety compliance (including human ethics, animal care and environmental assessment); and generic institutional/departmental taxes/tithes related to services.

C.3 Financial Gain

Heart & Stroke and funding partners, if applicable, will not fund an application which results in any form of direct financial profit to Recipients or individuals related to that funded research project (e.g., related to commercial interests, or the development of commercial products as an output of the research).

C.4 Research Integrity Policy

The primary objective of Heart & Stroke's Research Integrity Policy is to protect and defend the integrity of the research process and to deal with allegations of scientific misconduct in a timely and transparent fashion. Data related to research by and with First Nations, Inuit, Métis or Urban Indigenous communities whose traditional and ancestral territories are in Canada must be managed in accordance with data management principles developed and approved by those communities, and on the basis of free, prior and informed consent. This includes, but is not limited to, considerations of Indigenous data sovereignty, as well as data collection, ownership, protection, use, and sharing.

Responsibilities of researchers, institutions and Heart & Stroke with respect to research integrity are outlined in the Heart & Stroke Framework: Responsible Conduct of Research. All Recipients agree to comply with the Principles and Responsibilities set out in this policy, and the research misconduct provisions below. Heart & Stroke defines research misconduct to include actions that are inconsistent with "integrity" as defined in the Tri-Agency Policy Framework for the Responsible Conduct of Research, and to include such actions as fabrication, falsification, destruction of research records, plagiarism, redundant publications or self-plagiarism, invalid authorship, inadequate acknowledgement, mismanagement of Conflict of Interest. Heart & Stroke will assess allegations of scientific misconduct in the following manner:

- Any allegation of scientific misconduct will be initially reviewed by Heart & Stroke to determine whether an investigation is warranted. If it is felt that an investigation is required, Heart & Stroke may request that this be conducted by the host institution of the individual considered to have

performed the alleged misconduct. In allegations specifically relate to the peer review process, the investigation may be conducted jointly by the institution and Heart & Stroke.

- Heart & Stroke will not act on verbal allegations of misconduct. All allegations must be submitted in writing. Although the confidentiality of persons who submit an allegation of scientific misconduct will be protected as much as possible, it must be recognized that due process will often result in the identity of this person being released to the investigating institution.
- The institution will be required to submit a written report upon conclusion of the investigation. This report will summarize the findings of the investigation and any future actions that will be undertaken by the institute as a result of the findings.
- Applicants must certify that all statements made (or answers provided) in the application are correct and complete. Any misrepresentation of these statements (or answers provided) may result in the cancellation of the grant or award or delivery of funds to the Recipient.
- In cases where misconduct is concluded to have occurred, Heart & Stroke may apply sanctions against the individual(s) implicated. These sanctions will range from a reprimand letter to a ban from applying for or holding Heart & Stroke funds for a set period of time.

C.5 Artificial Intelligence

Heart & Stroke aims to provide clear guidance on using artificial intelligence (AI) in grant and award applications to assure a consistent, transparent, and responsible approach for Applicants and reviewers. This is to ensure that funding decisions made by Heart & Stroke are based on accurate and reliable information, thus maintaining the quality, accuracy, and reliability of research funded.

In accordance with existing Heart & Stroke: Responsible Conduct of Research policies, Applicants are responsible for ensuring that their grant and award applications are accurate, complete, and that all sources are properly acknowledged and referenced.

Heart & Stroke is now extending specific disclosure mechanisms related to the use of generative AI, where Applicants must clearly state if and where material has been generated by AI within their proposals and/or application materials. AI-generated material includes content created using AI technologies such as large language models, machine learning models, and algorithms. This can encompass the use for the generation of text, images, audio, video, and other forms of media.

Please note that non-generative AI tools like “Grammarly” or similar platforms that review and correct content for appearance, clarity or presentation do not require disclosure as AI-generated material.

When submitting applications with AI-generated content, Applicants must disclose the use of AI by appropriately referencing the AI generated material. This disclosure must fit within the application parameters set out in the Program Guidelines for the relevant sections. Applicants should be aware that using AI may lead to presenting information without proper recognition of authorship.

In addition, Applicants acknowledge that Heart & Stroke may use AI-based tools to support the preparation of Scientific Officer notes that summarize the scientific review committee discussions of applications. The use of AI in this context is intended to enhance the efficiency and accuracy of Scientific Officer notes, while continuing to uphold the integrity and confidentiality of the peer review process.

C.6 Heart & Stroke Research Security Compliance Statement

Heart & Stroke acknowledges and supports the Government of Canada's directives on research security as outlined in the *National Security Guidelines for Research Partnerships* and the *Policy on Sensitive Technology Research and Affiliations of Concern* (STRAC Policy).

Heart & Stroke requires that all application submissions be compliant with both the National Security Guidelines for Research Partnerships and the STRAC Policy, together referred to as Policies. These complementary Policies provide guidance for implementing consistent, transparent, risk-targeted, and science-appropriate research security measures. Applicants must ensure that all parties involved in the submission of a Heart & Stroke application comply with the Government of Canada's guidance and policies. Where applicable, it is the Applicant’s responsibility to inform Heart & Stroke of any outstanding or in process documentation required for compliance in relation to these Polices as part of the application. Further, by providing Applicant and institutional signatures to this application, Applicants are confirming to the Heart & Stroke that the proposed research will not be undertaken until it has been endorsed to meet the aforementioned Policies – initially and throughout the term of the project, as needed – by the appropriate review body(ies).

In accordance with the STRAC Policy, grant and/or award applications submitted by a university or affiliated research host institution to Heart & Stroke that aim to advance a Sensitive Technology Research Area will not be funded if any of the researchers involved are currently affiliated with, or in receipt of funding or in-kind support from a Named Research Organization.

For more information on how the Applicant and submission institution are accountable, consult the Tri-agency guidance on the STRAC Policy. Should you have any questions regarding compliance with the Government of Canada's policies, please contact: research@heartandstroke.ca.

C.7 Ethical Requirements

By signing and applying to this competition, Applicants and their Host Institutions are confirming to Heart & Stroke that the proposed research will not be undertaken until it has been endorsed as ethical and safe – initially and throughout the term of the project, as needed – by the appropriate review body(ies).

Applicants undertake the responsibility to ensure any experimentation will be acceptable to the Host Institution on ethical grounds and comply with the following guidelines and Host Institution research policies, as applicable:

- Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.
- Good Clinical Practice (GCP)
- Good Laboratory Practice (GLP)
- Any research involving human pluripotent stem cells must adhere to the CIHR Guidelines for Human Pluripotent Stem Cell Research. The institution must notify Heart & Stroke as to the results of the review by the CIHR's Stem Cell Oversight Committee.
- In the case of laboratory animal experimentation, the guiding principles and standards enunciated by the Canadian Council on Animal Care.
- Guidelines and standards for biological and chemical hazards as outlined in the Public Health Agency/Canadian Food Inspection Agency's Canadian Biosafety Standards and Guidelines.
- TCPS2 (2022) – Chapter 9: Research Involving the First Nations, Inuit, and Métis Peoples of Canada.
- The Host Institution must ensure that the research does not involve human embryos that are created solely for research purposes or the derivation of stem cells from cloned human embryos that are created solely for research purposes as Heart & Stroke does not condone these practices.

C.8 Sex- and Gender-Based Analysis and Reporting (SGBAR), Equity, Diversity and Inclusion (EDI), and Ethical Conduct of Research Involving Indigenous Peoples of Canada

Sex and Gender-Based Analysis and Reporting (SGBAR)

Heart & Stroke is committed to advancing sex and gender-based analysis and reporting (SGBAR) and improving health for all.

There is significant evidence (CIHR's Methods' series and Science factsheets examples) to demonstrate that biological (sex) and socio-cultural (gender and other identity factors) differences between women and men contribute to differences in health risks, health services use, health system interaction and health outcomes. Heart & Stroke is committed to funding science of the highest standards through rigorous and reproducible research, which includes systematic integration of SGBAR. For additional information on sex, gender and health research, Applicants are encouraged to review the "How to integrate sex and gender in research" section on the CIHR website.

Applicants engaging in clinical trial-based research are also strongly encouraged to complete Women's College Hospital's Sex -Specific Analyses and Reporting in Clinical Trials online training module.

Please see resource documents: Glossary of SGBAR & EDI Terminology and List of SGBAR and EDI e-Learning and Resources for Researchers for a glossary of key terminology and additional learning resources, as found on our website.

Equity, Diversity and Inclusion (EDI)

Heart & Stroke is committed to advancing equity, diversity and inclusion (EDI) and improving health for all. EDI considers a broad range of identity dimensions beyond that of sex and gender, although EDI may also include sex and gender considerations. This commitment applies across our organization, including to our research investment and our desire to strengthen the quality and impact of the research we fund and, ultimately, improve health outcomes for all people in Canada.

Equity is defined as the removal of systemic barriers and biases, enabling all individuals to have equal opportunity to access and benefit from the research, with a focus on those bearing a disproportionate burden of disease which includes but is not limited to: women, Indigenous peoples, persons with disabilities, older adults, members of visible minorities/racialized groups, and members of 2SLGBTQIA+ communities.

Diversity is defined as differences among people, such as in in race, colour, place of origin, religion, immigrant and newcomer status, ethnic origin, ability, sex, sexual orientation, gender identity, gender expression and age.

Inclusion is defined as the practice ensuring that all individuals are valued and respected for their contributions and are equally supported to contribute.

To ensure funded research applies to all people living in Canada and that the research is specific, representative, rigorous and transparent, Heart & Stroke requires the appropriate consideration and inclusion of EDI approaches as part of the research design.

As part of a larger body of EDI resources being developed across the Tri-Agencies, the Social Sciences Research Council (SSHRC) has developed a robust guideline to support the integration of EDI principles into research. They provide distinct descriptions of what this means in terms of both research practice (EDI-RP) and research design (EDI-RD). Specifically in relation to a Grant-in-Aid application Heart & Stroke is seeking the incorporation of EDI consideration in the research design (EDI-RD).

EDI in research design (EDI-RD) involves designing research so that it takes EDI into account through approaches that may include intersectionality, sex and gender-based analysis and reporting (SGBAR), anti-racism, and disaggregated data collection and analysis, among others. These approaches necessitate consideration of diversity and identity factors such as, but not limited to: age, culture, disability, education, language, neurodiversity, parental status/responsibility, place of origin, religion, race, sexual orientation, and socio-economic status.

Applicants are strongly encouraged to complete Women's College Hospital's Intersectionality as a Research Lens Training Module and CIHR's Excellence in Peer and Merit Review.

Please see the resource documents Glossary of SGBAR & EDI Terminology and List of SGBAR and EDI E-Learning and Resources for Researchers for a glossary of key terminology and additional learning resources, as found on the Heart & Stroke website.

Indigenous Research

Heart and Stroke aims to build respectful and meaningful relationships with First Nations, Inuit and Métis Peoples through the establishment of research environments that are culturally, socially, spiritually, emotionally and physically safe. Indigenous Research can be defined as any field or discipline related to health and/or wellness that is conducted by, grounded in, or engaged with, First Nations, Inuit or Métis communities, societies or individuals and their wisdom, cultures, experiences or knowledge systems, as expressed in their dynamic forms, past and present. This must be done with a commitment to respectful relationships with Indigenous Peoples and communities.

All research involving Indigenous peoples must be undertaken in accordance with the second edition of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, and, in particular, Chapter 9:(TCPS 2 2022) Research Involving the First Nations, Inuit and Métis Peoples of Canada. See List of SGBAR and EDI E-Learning and Resources for Researchers for relevant resources.

Patent Rights

Heart & Stroke and funding partners, if applicable, have no intellectual property (IP) claims on the outputs of the funded research. However, Host Institutions of funded Recipients, are expected to have appropriate policies in place to protect the intellectual property of the outputs that arise from the funded research.

C.9 Open Science and Open Access to Research Outputs Policy

Recipients are required to make their research outputs and findings publicly available as soon as possible but no later than twelve (12) months after project completion or final publication. To meet this requirement, Applicants should become familiar with the guiding principles that enable sharing data, information, tools and resources, and that respect Indigenous data governance and sovereignty.

- Open Science is the practice of making scientific inputs, outputs and processes freely available to all with minimal restrictions. Open Science is enabled by people, technology, and infrastructure. It is practiced in full respect of privacy, security, ethical considerations, and appropriate intellectual

property protection. To learn more about Open Science, Applicants are encouraged to review the Federal Government's Roadmap for Open Science.

- FAIR: Findable, Accessible, Interoperable, and Reusable are guiding principles to inform data management and stewardship of digital assets.
- CARE (Collective benefit, Authority to control, Responsibility and Ethics) are guiding principles for Indigenous Data Governance.
- First Nations Principles of OCAP® (Ownership, Control, Access and Possession) guide how First Nations' data should be collected, protected, used and shared.
- ClinicalTrials.gov is a database of privately and publicly-funded clinical trials around the world.
- PROSPERO is an international prospective register of protocols related to COVID-19.

Research outputs may include peer-reviewed journal publications, research data, and the results of clinical trials that will not be published in peer-reviewed journals. Research findings may be shared in ways that are culturally relevant and in formats that are functional, useful and practical to distinct needs of Indigenous (First Nations, Inuit and Métis) communities.

Indigenous Peoples share common histories and concepts; however, each community has specific methods for knowledge synthesis, translation, and exchange. For Indigenous knowledge mobilization to be successful, meaningful and culturally safe, engagement with Indigenous communities is encouraged as Indigenous communities are best positioned to guide researchers towards the co-development knowledge mobilization practices that work best for their communities.

Heart & Stroke requires that all Recipients supported in whole or in part through Heart & Stroke make their research inputs, processes, and outputs publicly available as soon as possible but no later than twelve (12) months after the final publication or availability of results. In this policy, Heart & Stroke defines research outputs as peer-reviewed journal publications, positive and negative research data, and the results of clinical trials that will not be published in peer-reviewed journals. Compliance with the *Open Access to Research Outputs* policy is a condition of acceptance of all Heart & Stroke research funding. Please see Heart & Stroke's Open Access to Research Outputs.

C.10 Communicating Research to the Public and Donors

Recipients need to be aware that the title of their project and the lay summary could be placed into the public domain or included in the funder(s) publications without notification. Applicants are cautioned not to disclose information that could endanger a proprietary position in these sections.

Raising funds to support research is difficult and more than ever funders need to let donors and the public know that their donations are being used to support world class research. As Recipients are well-positioned to explain the role of research in increasing heart and brain health and reducing the burden of heart disease and stroke, they may be asked by Heart & Stroke and funding partners, if applicable, to communicate the importance of research to donors and the public, through various means, such as interviews and meetings with donors.

C.11 Acknowledging Publications

Heart & Stroke must be notified in advance of the publication date of any major publications arising from the funded research by email at: research@heartandstroke.ca. Recipients must acknowledge the support of Heart & Stroke and funding partners, if applicable, in all scientific publications and presentations related to their grant or award; further details will be provided to all Recipients.

C.12 Contact Information

For any questions or concerns, the preferred form of communication is email. Your email will go to a research email inbox which is accessed by multiple research team members and is the best way to get a timely response.

Heart & Stroke can provide general guidance but cannot confirm eligibility and/or relevance of your research topic during the application process. Final determination on eligibility and/or relevance can only be made on receipt of the full application and after the application deadline.

Research and Science Department
Email: research@heartandstroke.ca
Website: https://www.heartandstroke.ca/what-we-do/research/for-researchers

! Please note this EMAIL ACCOUNT is only monitored from 9am-5pm ET, Monday to Friday.

C.13 About the Funder

Heart and Stroke Foundation of Canada

Life. We don't want you to miss it. That's why Heart & Stroke leads the fight against heart disease and stroke. We must generate the next medical breakthroughs so people in Canada don't miss out on precious moments. Together, we are working to promote health, save lives and enhance recovery through research, health promotion and public policy.