Heart&Stroke™

Fondation Brain Canada Foundation

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Research Network of Excellence in Women's Heart and/or Brain Health (RNoE)

2026 Competition Guidelines

(November 06, 2025)

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A. SPECIFIC PROGRAM INFORMATION

Overview Table – Research Network of Excellence in Women's Heart and/or Brain Health	
Competition Launch Date	November 06, 2025
Registration Deadline	January 15, 2026 at 3:00 PM ET
Application Deadline	April 09, 2026 at 3:00 PM ET
Grant Notification Date	July 2026
Grant Start Date	September 01, 2026
Value	$5,000,000 CAD total for one (1) Research Network of Excellence; for a maximum of five (5) years
Application Procedures	See B. 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"**) and Brain Canada Foundation ("**Brain Canada**") are collectively launching a third network grant as part of the Research Network of Excellence in Women's Heart and/or Brain Health program, committing $5,000,000 CAD over five (5) years.

The purpose of this new funding opportunity is to enable cutting-edge, interdisciplinary research that addresses urgent research questions and significant gaps in rehabilitation and recovery for women with heart-brain health conditions (i.e. stroke, heart conditions, vascular cognitive impairment, and/or mental health in relation to these conditions). This includes research that addresses neurological or cerebrovascular conditions that impact cardiovascular health, or heart conditions impacting brain health.

The 2026 Research Network of Excellence in Women's Heart and/or Brain Health (**"Network"**) will focus on **Rehabilitation and Recovery** related to women's heart-brain health conditions. The Network is expected to build on pre-existing areas of research where there is a proven track record among the Network members of demonstrated leadership and research excellence in rehabilitation and recovery as it relates to women's heart-brain health. This funding opportunity aims to support research that expands upon, utilizes, or explores new directions related to women's heart-brain health, rather than duplicating the two (2) existing Research Networks of Excellence in Women's Heart and/or Brain Health grants funded in 2024 activities that focus on Risk Factors and Diagnosis & Treatment, respectively.

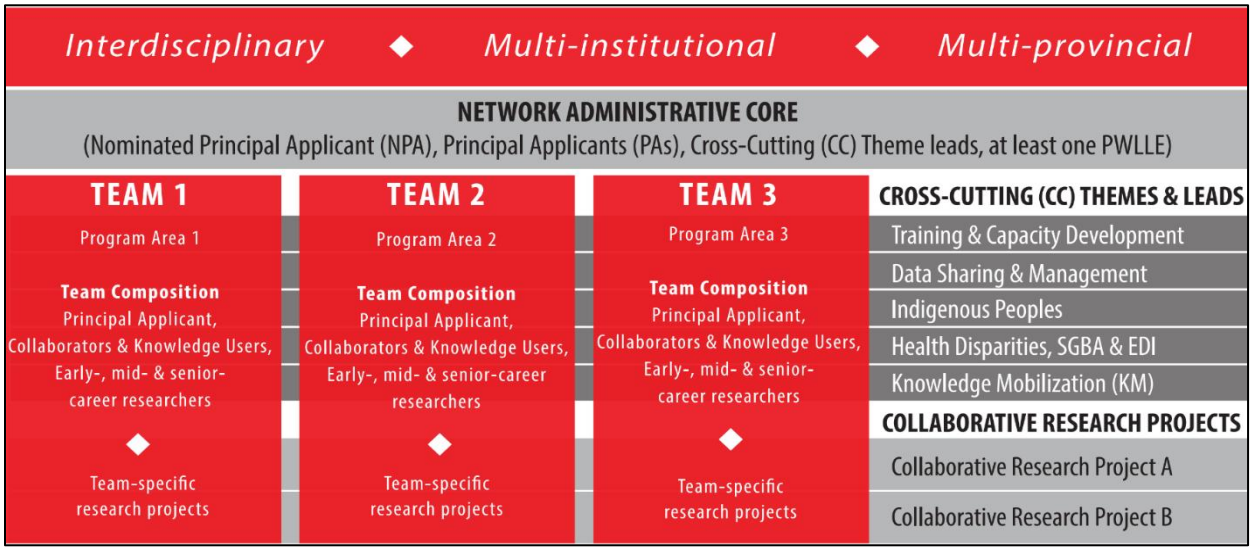
The Network is expected to bring together interdisciplinary, multi-institutional and multi-provincial health research teams and collaborators (e.g., researchers, clinicians, people with lived and living experience (PWLLE) navigating women's heart-brain health, health care providers, Indigenous Elders and/or Knowledge Keepers, government, policy makers, not-for-profit organizations, and industry) to create and mobilize knowledge that improves the health and wellness of women living with heart-brain health conditions, as well as their families and caregivers. Interdisciplinary research involving multiple and complementary areas of expertise (e.g. rehabilitation sciences, psychiatry, engineering, health economics, data science) will be essential to drive innovation and improve recovery outcomes for women across Canada. The specific objectives of this funding opportunity are to:

- Drive innovation in research to ensure that new knowledge and data address the critical gaps related to the rehabilitation and recovery of women who are living with heart-brain conditions;
- Build research capacity across Canada devoted to women's heart-brain health research by facilitating a network of researchers, clinicians, collaborators and knowledge users across the country, and supporting research, knowledge mobilization (KM), training and mentorship; and
- Accelerate KM and translation of sex- and gender- specific research into clinical practice, policies and programs for all women across Canada living with heart-brain health conditions.

The funders recognize that addressing systemic barriers and improving our understanding of women's heart-brain health conditions are essential for all women to have timely and equitable access to rehabilitation and recovery care and support. Network applicants ("**Applicants**") applying to this funding opportunity are expected to consider how sex and/or gender and other intersectional identity factors might shape research in women's rehabilitation and recovery from heart-brain health conditions. Meaningful engagement of PWLLE into the Network, and research designs that include sex, gender and their intersections with other social determinants of health will drive more impactful research, improve KM, and optimize health outcomes to help reduce inequities and improve the health and wellness of women living with heart-brain health conditions as well as their family and caregivers.

Women's health is conceptualized and understood in a variety of ways. For the purposes of the Research Network of Excellence in Women's Heart and/or Brain Health program, and to be consistent with the National Women's Health Research Initiative, the use of the term 'women's health' reflects an evolving concept, broadly including the multidimensional concepts of sex and gender. It refers to physical, biological, reproductive, psychological, emotional, cultural, and spiritual health and wellness across the lifespan in the context of the unique intersecting concerns related to bodies, roles, social locations, and identities. This initiative goes beyond sex and gender binaries and welcomes the experiences and needs of all people who identify as a woman, girl, intersex and/or under-represented gender identity, including but not limited to Two-Spirit, trans, non-binary, gender fluid and agender people.

A.2 Network Structure



The Network must include an administrative core ("**Administrative Core**"), and a minimum of three (3) research teams ("**Teams**"). All Teams will be expected to undertake team-specific research projects ("**Team Projects**") within a distinct program area ("**Program Area**")[1] as it relates to the overall Network Priority Research Area, and integrate the five (5) cross-cutting themes ("**CC Themes**"), in addition to engaging and contributing to the required minimum of two (2) Network-wide collaborative research projects ("**Collaborative Projects**"), as illustrated in the Figure above. The Network will be led by a Nominated Principal Applicant ("**NPA**"). The Team Projects and Collaborative Projects are collectively referred to as "**Research Projects**". Each research Team will be led by a Principal Applicant (**"PAs"**). The Network will also include CC Theme leads ("**Leads**"), one for each of the five (5) cross-cutting themes: Training and Capacity Development; Data Sharing & Management; Indigenous Peoples; Health Disparities, SGBA+ & EDI; and Knowledge Mobilization), Collaborators and Knowledge Users, as well as early-career and mid-career researchers. To ensure the Network is well positioned to co-create and mobilize knowledge in a timely fashion, it must include appropriate and diverse collaborators and knowledge users, such as researchers, clinicians, allied health professionals, PWLLE, health care providers, Indigenous Elders or Knowledge Keepers, government representatives, community partners, policy makers, not-for-profit organizations, and industry.

[1] The term "Program Area" refers to the focus of the team-specific research projects they wish to advance that align with the overarching Network Priority Research Area.

A.2.1 Value of Network Grant

This competition will fund one (1) Network, with a total funding envelope of $5,000,000 CAD. The maximum amount is $1,000,000 CAD per year for a maximum of five (5) years. The funding envelope may increase if additional funding becomes available through current or new partnerships. Matching funds are not required, but applicants are encouraged to seek contributions (cash or in-kind) from participating institutions and partners.

A.2.2 Priority Research Area

This funding opportunity has a focus on the following research area ("**Priority Research Area**") as it relates to women's heart-brain conditions:

REHABILITATION & RECOVERY for women following acute heart-brain health events: Women recovering from heart-brain-related health events often face unique challenges that are shaped by biological, psychological, social, and structural factors. Women tend to experience delayed access to neurological and cardiac rehabilitation, receive lower referral rates, and, when referred, participate in recovery programs at lower rates compared to men.[2,3,4,5,6,7] These disparities are compounded by intersecting determinants of health such as income, geography, Indigeneity, race, ethnicity, disability, and caregiving responsibilities, which can limit access to critical, culturally safe, and/or gender-responsive care.[8,9]

This funding opportunity prioritizes heart-brain recovery as a core component of rehabilitation and recovery, while also supporting integrated rehabilitative care that adopts a whole-person approach (i.e., the biological, psychological, emotional, social, and environmental needs of a woman).

Relevant research topics that address heart-brain rehabilitation and recovery for women may include, but are not limited to:

- Research related to rehabilitation interventions, programs and services, including but not limited to:
  - Developing and testing interventions, or tailoring existing interventions, that aim to improve recovery and rehabilitation outcomes for women by addressing sex and gender differences and/or structural, social, or economic barriers;
  - Improving access to programs or services and/or reducing barriers for women in rural, remote, and/or underserved communities (e.g. telemedicine, internet access, infrastructure);
  - Understanding and addressing structural and/or economic barriers for access to rehabilitation and recovery services and/or novel mitigation strategies (e.g. sex- and gender-stratified outcomes, implementation of direct referral);
  - Understanding and addressing structural and/or economic barriers to participation of women in rehabilitation and recovery programs and/or research (e.g. recruitment, retention).
- Research related to effective models of care, including but not limited to:
  - Identifying, improving, and/or scaling collaborative models of care for women's rehabilitation and recovery needs (i.e. patient centered, interdisciplinary, accessible);
  - Investigating methods of integrating rehabilitative services across continuums of care (i.e. maintaining care as women transition between care settings, such as from hospital to community and/or home);
  - Identifying means of optimizing service delivery (e.g. patient-centered, virtual and hybrid models, staffing models, team-based vs. physician-led, equity-focused).

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[2] Oosenbrug E, Marinho RP, Zhang J, et al. Sex Differences in Cardiac Rehabilitation Adherence: A Meta-analysis. *Can J Cardiol*. 2016;32(11):1316-1324. doi:10.1016/j.cjca.2016.01.036

[3] Samayoa L, Grace SL, Gravely S, Scott LB, Marzolini S, Colella TJF. Sex differences in cardiac rehabilitation enrollment: a meta-analysis. *Can J Cardiol*. 2014;30(7):793-800. doi:10.1016/j.cjca.2013.11.007

[4] Colella TJF, Gravely S, Marzolini S, et al. Sex bias in referral of women to outpatient cardiac rehabilitation? A meta-analysis. *Eur J Prev Cardiol*. 2015;22(4):423-441. doi:10.1177/2047487314520783

[5] Colbert JD, Martin BJ, Haykowsky MJ, et al. Cardiac rehabilitation referral, attendance and mortality in women. *Eur J Prev Cardiol*. 2015;22(8):979-986. doi:10.1177/2047487314545279

[6] MacDonald SL, Linkewich E, Bayley M, et al. Males Receive More Intense Inpatient Stroke Rehabilitation Than Females in Ontario, Canada. *Can J Neurol Sci*. Published online November 21, 2024:1-3. doi:10.1017/cjn.2024.349

[7] Tanlaka E, King-Shier K, Green T, Seneviratne C, Dukelow S. Sex Differences in Stroke Rehabilitation Care in Alberta. *Can J Neurol Sci*. 2020;47(4):494-503. doi:10.1017/cjn.2020.53

[8] Resurrección DM, Motrico E, Rubio-Valera M, Mora-Pardo JA, Moreno-Peral P. Reasons for dropout from cardiac rehabilitation programs in women: A qualitative study. *PloS One*. 2018;13(7):e0200636. doi:10.1371/journal.pone.0200636

[9] Bushnell CD, Kapral MK. Stroke Rehabilitation and Recovery in Women. *Stroke*. 2025;56(5):1295-1297. doi:10.1161/STROKEAHA.125.049844

- Research related to system-level decision making and the scalable implementation of effective rehabilitation and recovery programs, including but not limited to:
    - Understanding and addressing critical gaps in the availability of and/or use of rehabilitation-related patient data and/or systems data to improve health outcomes;
    - Understanding and addressing barriers to collection and standardization of rehabilitation data and outcome measures (e.g. out-of-hospital service utilization, standardization or validation of outcome measures);
    - Exploring how existing or improved data can be used to inform policy, funding decisions, and program replication at scale (e.g. knowledge mobilization, barriers to implementation).

A.2.3 Network Administrative Core

It is expected that the Network will develop an Administrative Core to be led at a minimum by the NPA, the Teams' PAs, all CC Theme Leads, and one (1) PWLLE. The Administrative Core will be responsible for the governance, coordination and oversight of all aspects of the Network program, including the defined Network Collaborative Projects. In addition, the Administrative Core is expected to coordinate the CC Themes, within the teams and across the Network.

A.2.4. Network Research Teams

The Network must be interdisciplinary, multi-institutional and have representation from at least three (3) different provinces across Canada. The Network must have a minimum of three (3) Teams but may include more. Each Team must collaborate on a different Program Area and include Team Projects which may vary in size, complexity and cost. The Teams will bring their own lab/program, equipment, and areas of expertise; labs/programs may or may not be in the same physical building. The Teams are expected to meaningfully integrate Indigenous health, as well as sex and gender into the research and design of the Team Projects. Team members must have a track record of collaboration.

A.2.5. Collaborative Research Projects

Applications must outline two (2) Collaborative Projects that the Network will undertake as a whole. The Collaborative Projects should relate to more than one Program Area and integrate sex and gender into the research design. These Projects should also include CC Themes as appropriate.

A.2.6. Crossing-Cutting Themes (CC Themes)

The following five (5) CC Themes are to be integrated across the Network (i.e., across Program Areas and Research Projects as appropriate). As part of the full application ("**Application**"), each Team will be expected to develop plans related to each CC Theme.

Each CC Theme is to be led by a different CC Theme Lead:

Training & Capacity Development: The Network is expected to develop an 'Interdisciplinary Training and Career Development Plan' that includes cohesive training, mentoring, capacity building, and experiential learning opportunities. The plan must include trainees and researchers across all career stages and include opportunities for cross-cultural learning to enhance capacity to address health disparities in research and in health care, including developing capacity for meaningful and culturally safe engagement with Indigenous and racialized communities that are under-represented in women's heart-brain research but who may be disproportionately affected by heart-brain health issues.

Data Sharing & Management: The Network is required to develop a 'Data Sharing and Management Plan' that coordinates the collection, standardization, use, sharing, linkage, and management of data across Program Areas and Research Projects. The plan should use the FAIR principles (Findable, Accessible, Interoperable, Reusable), and as appropriate, incorporate the CARE principles (Collective benefit, Authority to control, Responsibility and Ethics) for Indigenous Data Governance, the First Nations Principles of OCAP® (Ownership, Control, Access and Possession), or other relevant Indigenous data governance principles that reflect and respect Indigenous data governance and data sovereignty. See the Tri-Agency Research Data Management Policy for more information.

Indigenous Peoples: The Network is expected to include Indigenous health researchers or collaborators, with a track record of meaningful and culturally safe engagement of Indigenous communities, in the proposed research. As appropriate to the proposed Research Projects, must consider FAIR, CARE and OCAP principles for Indigenous data governance and data sovereignty. (See TCPS2 (2022) – Chapter 9: Research Involving the First Nations, Inuit, and Métis Peoples of Canada).

Health Disparities, Sex and Gender Based Analysis (SGBA+), & Equity Diversity and Inclusion (EDI): The Network is expected to clearly describe the commitment to engaging a diversity of members, particularly related to how they will address EDI in the team leadership, composition, recruitment, training, mentorship, research design, methods, analysis, interpretation, dissemination, and KM. Efforts to increase meaningful participation by groups historically and persistently excluded from science are strongly encouraged. The Network is expected to consider how sex (as a biological variable) and/or gender (as a socio-cultural factor) as well as any other intersecting factors might shape research in women's rehabilitation and recovery from heart-brain health issues. Data should be disaggregated where possible, including, but not limited to, sex, gender base, age, and race.

Knowledge Mobilization (KM): The Network is expected to use an integrated approach to KM where health system leaders & decision-makers, health care providers, and hospital leadership are included to ensure research is relevant to their needs and therefore more applicable for uptake and sustainability. The Network is required to develop a 'KM Plan' detailing the proposed activities and including relevant collaborators (e.g., researchers, clinicians, PWLLE, health care providers, Indigenous Elders or Knowledge Keepers, government, policy makers, not-for-profit organizations, industry). KM activities should aim to mobilize existing knowledge and co-create new knowledge into better rehabilitation and recovery policies, practices, procedures, products and services for women at risk of or living with heart-brain conditions, their families and caregivers.

Sex- and Gender-Based Analysis Plus (SGBA+) is an analytical tool used to assess the potential impacts of policies, programs, services, and other initiatives on diverse groups of people, taking into account sex, gender and other intersecting aspects of diversity (such as age, culture, language, education, sexual orientation, ability, faith, etc.). Additional guidance for how to integrate sex and gender considerations in health research can be found in the Heart & Stroke Learning Resources for Researchers, the CIHR Sex and Gender in Health Research, and the Government of Canada Best Practices in EDI Research.

A.2.7. Research Teams, Roles and Responsibilities

Equity, diversity and inclusion (EDI) in research environments supports excellence, innovation and creativity. The funders are committed to excellence through equity and encourage NPAs and PAs to meaningfully integrate EDI best practices into team recruitment, training and mentorship, and ECR inclusion.

The roles and responsibilities of the NPA, PAs, CC Theme Leads, Collaborators, and PWLLE will include, but not be limited to, the following:

***Nominated Principal Applicant (NPA)**:* The NPA will have overall leadership and responsibility for the Network and may also be a PA leading a Program Area. The NPA is also responsible for:

- Submitting the Network application in its entirety.
- Being a member of one or more Program Areas.
- Collaborating with the PAs and CC Theme Leads to allocate and distribute funding across the Program Areas and Research Projects.
- Integrating CC Themes within the selected Program Areas and co-developing CC Theme plans; and leveraging developed CC Theme resources across Program Areas and Research Projects.
- Contributing to mentorship and career development for trainees and knowledge sharing and skills development for the wider research community.
- Leading completion of all the required scientific reports to the funders (see *A.4.3*).

- Attending required meetings: Planning Workshop within 6 months of the official start date; Mid-Term Meeting in Year 3; and the End-of-Grant Knowledge Mobilization (KM) Meeting during last year of grant.

Principal Applicants (PAs): PAs are Team leads and are responsible for the intellectual direction of the proposed research and assume administrative and financial responsibility for the research Program Areas. The PAs are also responsible for:

- Collaborating with the CC Theme Leads to integrate the CC Themes across the Network and co-develop the CC Theme Plans and resources.
- Collaborating with the NPA to provide program-specific budgetary and scientific reporting to the funders.
- Establishing an inclusive and diverse learning environment for all trainees and team members, especially early career investigators, as appropriate.
- Contributing to mentorship and career development for trainees and knowledge sharing and skills development for the wider research community.
- Attending required meetings: Planning Workshop within 6 months of the official start date; Mid-Term Meeting in Year 3; and End-of-Grant Knowledge Mobilization (KM) Meeting during last year of grant.

Cross-Cutting (CC) Theme Leads: CC Theme Leads must have the institutional support and resourcing required to take on such a position. CC Theme Leads may be PAs[10], Collaborators or Knowledge Users. Each CC Theme must be led by a different Network member. The CC Theme Leads will be responsible for:

- Collaborating with team members to integrate the CC Themes across the Network and co-develop CC Theme Plans and resources.
- Liaising with the NPA and PAs, and with other CC Theme Leads to leverage CC Theme resources.
- Attending the Planning Workshop within 6 months of the official start date.
- Contributing to mentorship and career development for trainees and knowledge sharing and skills development for the wider research community.
- The Indigenous Peoples CC Theme Lead must self-identify as Indigenous (or provide evidence of meaningful and culturally safe engagement with Indigenous communities).

Collaborators and Knowledge Users: The Network must include a broad spectrum of collaborators and knowledge users such as researchers, clinicians, allied health professionals, PWLLE, health care providers, Indigenous Elders or Knowledge Keepers, government representatives, community partners, policy makers, not-for-profit organizations, and industry. Collaborators and Knowledge Users are not involved in the overall intellectual direction of the research.

- Collaborators provide a specialized service to the Network, such as access to equipment, provision of specific reagents, training in a specialized technique, statistical analysis, access to a patient population.
- Knowledge Users are individuals who are likely to use the research results to make informed decisions about health policies, programs and/or practices in women's heart-brain health.

People with Lived or Living Experience (PWLLE): PWLLE may be included as the NPA, PAs, CC Theme Leads, Collaborators, or Knowledge Users. In such cases, the roles and responsibilities of the PWLLE must align with the specific role described in the section above, and also meet the eligibility criteria as outlined in A.3, where applicable.

A.3 Eligibility Criteria

The following criteria must be met for an application to be eligible:

a. The Network must be interdisciplinary, multi-institutional and have representation from at least three (3) different provinces across Canada
b. The NPA and PAs must be independent researchers[11] at eligible Canadian institutions.

[10] If a PA is also the NPA, they cannot assume the role of CC Theme Lead.
[11] Independent Researchers 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.

c. Applicants can be the NPA for only one Network[12], however, they may be involved in different capacities in other Network applications. The NPA may also be a PA on one of the other currently funded Research Networks of Excellence.
d. The NPA and PAs may NOT change between the **Registration** and the **full Application**.
e. The NPA, PAs, and CC Theme Leads must collectively represent at least two (2) Eligible Research Pillars (basic science, clinical science, health systems, population health), and multiple disciplines, as outlined in B.1.1.
f. The PAs leading the Program Areas within the Network must be from different institutions. Only Team Leads may be named as PAs, while additional Network members must be identified by their specific titles (e.g., CC Theme Lead, Collaborator, etc.).
g. The Indigenous Peoples CC Theme Lead must self-identify as Indigenous (First Nations, Inuit or Métis) or provide evidence of meaningful and culturally safe engagement with Indigenous communities.
h. The PAs must include early and mid-career researchers. An 'early-career researcher' ("ECR") is within the first five (5) years of their first faculty appointment at the Assistant or Clinical Assistant Professor level, or equivalent, at the time of submission. A mid-career researcher is between 5 and 15 years since their first faculty appointment at the Assistant or Clinical Assistant Professor level, or equivalent, at the time of submission.
i. At the time of the full Application deadline, the NPA, PAs, and CC Theme Leads must have successfully completed and submitted a Certificate of Completion in **at least one** CIHR Sex and Gender Training Module. For Applications involving Indigenous Peoples of Canada, the NPA, PAs and CC Theme leads are required to complete the CIHR Training Module on Research Involving First Nations, Inuit, and Métis Peoples of Canada.
j. The host institution/University ("**Host Institution**") is the institution or organization that is responsible for receiving and administering the Network funds on behalf of the grant recipient ("**Recipient**"). It will be the home institution of the NPA. Documentation of support for the NPA and the Application by the Host Institution shall be required as part of the full Application process.

! 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. Changes to a research topic will need to be justified. Changes that impact eligibility status or evidence of falsifying identity, will result in application withdrawal. Misrepresentation of any content by Applicants may result in cancellation of the grant or award.

A.4 Funding Policies

A.4.1 Allowable Costs

For information on the use of grant funds, please consult the Tri-agency Financial Guide on Administration; 2. Use of Grant Funds.

a. Network expenditures must:
   - be for the direct costs of research for which the funds were awarded, with benefits directly attributable to the Network grant;
   - not be used for indirect costs of research; these are defined as costs that 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); regulation and safety compliance (including human ethics, animal care and environmental assessment); and generic institutional/departmental taxes/tithes related to services;
   - not be provided by the Host Institution to their research personnel; and
   - not result in personal gain for members of the Network.
b. The NPI, PI and CC Theme Leads may not receive salary support from the Network grant.
c. Additionally, the following expenses will be considered eligible for funding received through this funding opportunity:
   - Activities related to the oversight of the research program and CC Themes.

[12] The NPA for this Network cannot be one of the NPIs from the two (2) current Research Networks of Excellence in Women's Heart and/or Brain Health grants funded in 2024, which focus on risk factors and diagnosis & treatment, respectively.

- Project coordination support directly attributable to managing the Network activities (to a maximum of 10% of the total Network grant funding received).
- Release Time Allowance for Collaborators, Knowledge Users and PWLLE who are not otherwise receiving salary support (up to $50,000 CAD per year up to a maximum of $250,000 CAD over the five (5) year Network grant period).
- Costs related to compensation for patient partners. See CIHR guideline on Considerations When Paying Patient Partners in Research.
- Costs related to annual meetings of the funded teams.
- The *Tri-Council Policy Statement 2* (TCPS 2 (2022) - Chapter 9 Research Involving the First Nations, Inuit and Métis Peoples of Canada) recognizes the importance of respecting the culture and traditions of Indigenous Peoples and acknowledges the necessity to incur expenditures in that regard in the conduct of research. As such, the funders consider these expenditures eligible for payment from the Network holder's funds (with appropriate backup documentation):
    - Costs related to community mobilization and engagement, including culturally relevant promotional items such as, tobacco, cloth, feasting and gift giving for honoring ceremonies, and cash reimbursements (in a method acceptable to the individual or community being reimbursed) to compensate community participation; and
    - Contracts and/or consultant fees for knowledge translation and communication activities for Indigenous Elders, community members, and Indigenous Knowledge Keepers involved in activities related to the Indigenous community.

A.4.2 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 received as a result of this funding opportunity.

A.4.3 Conditions of Funding

Note that once funded, the NPA and PAs are termed 'Nominated Principal Investigator ("**NPI**")' and 'Principal Investigators ("**PI**'s), respectively.

a. Network grants are not renewable.
b. All the available funds will be dedicated to conduct research (See A.4.1 Allowable Costs). Funds used to support research activities should principally be conducted in Canada. Justification will be required to allow for specialized service contracts at non-Canadian institution(s) who provide access to leading expertise, facilities, technologies, unique populations, and environments, research training and/or knowledge translation that is not otherwise available in Canada.
c. Administrative costs must be committed in a letter of support as an in-kind contribution by the Host Institution of the NPA, alone or in conjunction with the institutions of the PAs. The NPI and PIs must consent to the use and disclosure of full Application and nominative information to the funders.
d. The NPIs and PIs will be required to undertake the following activities (virtual and/or in-person), with associated costs to be **covered within the Network budget:**
    - Organize and host the Planning Workshop, Mid-Term Meeting and End-of-Grant (KM) Meeting.
    - Select at least four (4) Network members, including the NPI, to attend i) the Planning Workshop within 6 months of the official start date; ii) the Mid-Term Meeting to be held in Year 3; and iii) the End-of-Grant Knowledge Mobilization (KM) Meeting to be held during the last year of the grant. Virtual meetings are acceptable.
    - Invite the funders (at their own cost) to attend the Planning Workshop, Mid-Term Meeting and End-of-Grant KM Meeting.
e. Submit annual scientific progress reports ("**Progress Report**"), annual consolidated financial reports ("**Financial Report**"), a final scientific report ("**Final Report**"), and a post grant scientific report ("**Closeout Report**") to Heart & Stroke. Report templates will be made available to the NPI at the beginning of the Network funding period and can be filled in as the research progresses. All reports will be shared with funders supporting the Network (see A.6.4 Reporting Requirements).

f. As the Recipients are well-positioned to explain the role of research in increasing women's heart-brain health, they are expected to contribute to the monitoring, review and evaluation of the funders' programs, policies and processes by participating in evaluation studies, surveys, workshops, audits, and by providing data or reports as required for the purpose of collecting information to assess progress and results.

A.5 Review Process and Evaluation

Note: Only applicants who submit a Registration package will be eligible to submit a full Application.

A.5.1 Registration Review

During the Registration stage, NPAs are required to submit a Registration Form. The funders will perform an administrative review to assess the eligibility of the Applicants and the relevance of their submissions to the competition's purpose, objectives, and Priority Research Area.

Registrations that do not align with the competition guidelines will be withdrawn from the competition. Please note that there will be no formal appeal process once decisions are made.

A.5.2 Full Application Eligibility, Relevance and Review Process

At the Full Application stage, the funders will perform an administrative and a relevance review to identify applications that meet the eligibility criteria and are in alignment with the objectives and Priority Research Area of this funding opportunity. Applications that do not meet these criteria will be withdrawn from the competition. There will be no appeal process once decisions are made.

Applications will undergo peer review by a Research Network of Excellence Review Panel ("**Review Panel**"), convened and overseen by the Heart & Stroke Scientific Review Committee (SRC) and supported by the funders and partners.

The Review Panel may include expert reviewers, PWLLE, and Knowledge Users. Expert reviewers may include international members as well as reviewers from Canada. External reviews may be obtained to bring additional expertise to support the review process. The Review Panel may meet in person or virtually at the discretion of the SRC, Heart & Stroke and Brain Canada.

A.5.3 Evaluation Criteria

Applications will be adjudicated on the following evaluation criteria:

1. Vision and Approach: Research Activities and CC Themes

a. Extent to which the proposed priorities, objectives, scope and vision for the Network and CC Themes are focused, clear, appropriate and aligned with this funding opportunity.
b. Originality of the proposed research, in terms of the hypotheses/research questions addressed, novel technology/methodology, and/or anticipated novel applications of current technology/methodology.
c. Extent to which SGBA+ is integrated into the research design; any application that does not incorporate SGBA+ must provide a rationale for why it would not be relevant to the proposed research.
d. Extent to which the proposed research addresses health disparities to create and mobilize knowledge that will improve the health and wellness of women at risk of, or living with heart-brain conditions, their families and caregivers.
e. Extent to which the team engages with Indigenous communities, to address research conducted by, grounded in, or engaged with First Nations, Inuit or Métis communities, societies or individuals and Indigenous ways of knowing, wisdom, cultures, experiences or knowledge systems, as expressed in their dynamic forms, past and present.
f. Appropriateness of the proposed research to engage and integrate patients, family, caregivers, and communities within the research team.
g. Feasibility and appropriateness of the proposed activities to develop, implement and sustain the proposed research.

2. Network

a. Extent to which the NPA, PAs and CC Theme Leads demonstrate scientific leadership, experience, expertise and management capacity to support and execute the proposed research.
b. Extent to which the Teams are interdisciplinary, multi-institutional, multi-provincial, networked, and engage with patients, caregivers, community, government, policy, health care providers, researchers, pediatric and adult clinicians, and/or industry.
c. Extent to which the Teams' comprehensive *Interdisciplinary Training and Career Development Plan* meets the needs for capacity development and that is inclusive of trainees, researchers at all career stages, and across ethnicities, including Indigenous health researchers.
d. Extent to which the leadership, membership and overall composition of the Teams reflects EDI and a balance of diverse disciplines, sectors, research priorities and relevant involved groups and individuals, including researchers, clinicians, PWLLE, health care providers, Indigenous Elders or Knowledge Keepers, government, policy makers, and/or not-for-profit organizations.

3. Environment

a. Availability and accessibility of personnel, facilities and infrastructure required to conduct the research.
b. Suitability of the environment to conduct the proposed activities.
c. Suitability of the environment (milieu, project and mentors) for the training of personnel.
d. The degree to which the proposed activities leverage and amplify existing national and international cohorts, data infrastructure supports, biorepositories etc., relevant to women's heart-brain research.
e. Availability and accessibility to existing biological samples, patient cohorts and registries including information about the size of the cohort, type of variables, type of software, privacy standards and consent, and governance (where appropriate).
f. Extent to which the Teams will address and respect Indigenous data governance, by applying the First Nations Principles of OCAP® (Ownership, Control, Access and Possession), the CARE Principles (Collective Benefit, Authority to Control, Responsibility, Ethics), and/or other principles of Indigenous data governance as appropriate.

4. Impact of the Research

a. Extent to which the proposed Network will lead to innovations in rehabilitation and recovery for women's heart-brain health.
b. Extent to which the proposed Network will lead to training and capacity development.
c. Extent to which a plan is in place for the collection, standardization, use, sharing, linkage, and management of data across Program Areas and Research Projects.
d. Extent to which the proposed Network will lead to KM.
e. Extent to which the proposed Network involves Indigenous communities.
f. Extent to which the proposed Network integrates EDI and addresses health disparities.

A.5.4 Scoring Rubric

Network applications eligible for funding will be ranked by the Review Panel. Each Network application will be scored on a scale from 0 to 4.9, and applications will be ranked in a top-down order, according to the following grading scheme. The fundable range is 3.5 to 4.9.

Descriptor	Range	Outcome
Outstanding	4.5 – 4.9	May be funded – Will be discussed by the Review Panel.
Excellent	4.0 – 4.4	
Very Good	3.5 – 3.9	
Fair	3.0 – 3.4	Not fundable – May or may not be discussed by the Review Panel.
Poor	0.0 – 2.9	

A.5.5 Funding Decision

Based on the ranking outcomes, the top ranked Network will be funded. If there is a tie, the Review Panel will make funding recommendations for the peer reviewed applications in question to the funders. The successful Network will be published on Heart & Stroke and Brain Canada websites.

A.5.6 Partner and Internal Collaborator Participation

The opportunity to add new funding partners and internal collaborators to this funding opportunity may arise after publication. These partners and internal collaborators may not be listed; however, the principles that govern relevance review, including consent to share information and funding decisions, will still apply.

A.6 Post Grant and Award Conditions

A.6.1 Transfer of Grant

If a NPI's 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 NPI 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.

A.6.2 Prolonged Absence and No-Cost-Extension (NCE)

The NPI will notify Heart & Stroke of any causes (parental leave, medical leave, personal leave, sabbatical leave, etc.) necessitating absence from work exceeding thirty (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 NPI may request to carry-forward of unspent funds for one (1) additional year beyond the approved term of the grant. The NPI must request permission in writing from Heart & Stroke 30 days prior to end of the final year grant term. If the No-Cost Extension (NCE) request is approved, written permission will be given by Heart & Stroke and Brain Canada to carry forward unspent funds remaining to the subsequent grant year. For further details, consult the Heart & Stroke Grant and Award Management Guidelines.

A.6.3 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 funders. Further details are described in the Heart & Stroke Grant and Award Management Guidelines.

A.6.4 Reporting Requirements

Recipients will need to submit annual reports to Heart & Stroke 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 thirty (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 the Heart & Stroke Grant and Award Management Guidelines. Heart & Stroke will share all reports with Brain Canada.

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B. HOW TO APPLY

The application process involves two (2) steps: **Registration** and **Full Application**.

B.1 Registration

The Registration Form is available in both English and French. The NPA must complete and submit a Registration Form via *SurveyMonkey* by **3:00 pm ET on January 15, 2026.** Required information includes NPA and PAs identification, CC Theme Leads, Network Title, keywords, and a one-page summary. Registration Forms submitted after the Deadline will not be accepted. There will be no appeal process for late submissions.

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.1.1 Eligible Research Pillars

The proposed research should fall under the four (4) health research themes as defined by the Canadian Institutes of Health Research:

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 rehabilitation and recovery from 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.2 Full Application

Following the administrative review of the submitted Registration Form, applicants who are deemed eligible will receive a personalized, confidential link to a secure online *ShareFile* folder into which the NPA will upload the Application and all attachments. A complete Application will include an Application Form and Application Attachments.

B.2.1 Application Form

The Application Form is a fillable Word document available in both English and French. The NPA must complete and upload the Application Form to their personalized *ShareFile* folder by **3:00 pm ET on April 9, 2026.** Note that all sections of the Application Form must be completed for the Application and Attachments to progress to the review stage. Application Forms submitted after the deadline will not be accepted. There will be no appeal process for late submissions. Corresponding links to the *Application Form* and relevant attachments such as the *Budget Table*, *Participant Table*, *Signature Page* and *Self-Identification Form* will be shared at the Full Application stage.

B.2.2 Application Attachments

Applicants must complete and upload all required Application Attachments in a combined **PDF** format (i.e., one (1) PDF) to their personalized file share folder. All attachments, including a PDF copy of the Budget Table, must be combined into a single PDF are described in section B.2.3 Submission Process and Checklist. The Budget Table is to also be submitted as a separate Excel attachment within the same personalized *ShareFile* folder. Applicants may submit the Application Attachments in English or French.

All attachments must be single-spaced using either 12-point Times New Roman or 11-point Arial font. Condensed type or spacing is not acceptable and will result in the removal of the application from the competition. Margins must be set at 1.87 cm (3/4 inch) all around. Applicants should use the following style for labelling their PDF file:

LAST NAME, First Name of NPA_Date of Submission *(example: **DOE, Jane_April 9, 2026**)*

Summary of Research Proposal *(maximum 1 page English; 1.25 pages French)*

Provide a one (1) page summary that includes:

- Goal(s) and specific objectives;
- Brief methodological approach of the proposed research;
- Expertise to execute research activities; and
- Expected outcomes

Relevance to Funding Opportunity *(maximum 1 page English; 1.25 pages French)*

Provide a one (1) page summary describing:

- Relevancy of the proposed research activities to the funding opportunity and to women following acute heart-brain health events.

Research Proposal *(maximum 15 pages English; 18 pages French)*

Include the following sections in the Research Proposal. The page limits are inclusive of charts, tables, figures and photographs, but NOT references. Please refer to A.5.3 Evaluation Criteria when completing this section.

Applicants are required to integrate sex and gender-based analysis and reporting (SGBA+) in their research design and analysis by incorporating these considerations fully in the research proposal. Applicants are also required to describe how EDI considerations have been integrated into their research design (EDI-RD) and research practice (EDI-RP), 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. EDI-RD and EDI-RP considerations are to be included within the fifteen (15) page proposal. For further details, see Section C.8.

Background/Overview

- Provide an overview of the rationale as it relates to rehabilitation and recovery for women following acute heart-brain health events, the proposed Program Areas and Research Projects for each Team.

Research Activities

- Describe the Program Areas, including the broad vision, goals (long-, medium- and short-term), specific objectives, methodology, anticipated outcomes, challenges and mitigations, and timelines.

Cross-Cutting (CC) Themes

- Outline the qualifications of each CC Theme Lead as it relates to their respective theme area.
- Describe how each CC Theme is integrated across the Network (within Program Areas and Research Projects as appropriate).

- Describe the five (5) CC Theme Plans: Interdisciplinary Training and Career Development; Data Sharing & Management Plan; Indigenous Peoples; Health Disparities, SGBA+ & EDI; Knowledge Mobilization (KM).

Network Research Teams

- Describe the leadership capabilities, skills and expertise of all teams' members, as well as the interdisciplinarity of each team, and their ability to contribute to the proposed research and engage in KM.
- Describe how each team considers Indigenous Peoples' health, health disparities and reflects EDI and a balance of diverse disciplines, sectors, research priorities and relevant involved groups and individuals, including researchers, clinicians, PWLLE, health care providers, Indigenous Elders or Knowledge Keepers, government, policy makers, and not-for-profit organizations.
- Describe the Administrative Core (roles and expertise of members) and the plan for monitoring outcomes (short, medium and long term) and course correcting.
- Describe any data management considerations, including how the data will be collected, documented, protected and stored

Environment

- Describe the suitability of the environment (personnel, facilities, infrastructure, resources) to conduct the proposed research and training activities.

Impact & Sustainability

- Describe the anticipated impacts of the proposed research, and the plan to address continued activities beyond the 5-year period of the grant.

Budget Table

- Complete the **Budget Table** in relation to the Research Projects and planned activities. Budget categories include salaries, equipment, materials and supplies, knowledge translation, and other, as well as cash contributions, if relevant. Note that a minimum of three (3) research teams are required per Network; therefore, in the budget table, NPA must complete a budget page for all Teams. The Budget Table must be submitted as an Excel document and as a PDF copy attached to the Full Application.

Budget Justification *(maximum 5 pages English, 6 pages French)*

- Provide detailed budget justification in relation to the Research Projects and planned activities and clearly justify all budget items (including cash contributions from other sources, if relevant).

BioSketch Requirements

- NPA and PAs, and CC Theme Leads, must provide a Heart & Stroke BioSketch, available as a downloadable template. Please see the Heart & Stroke BioSketch Instructions guide for tips on completing the BioSketch sections.
- Collaborators and Knowledge Users are NOT required to submit a BioSketch.

Certificate of Completion in Sex and Gender Training Modules

- At the full Application Deadline, the NPA and PA(s) must have completed and submitted the Certificate of Completion of at least one CIHR-ICRH Sex and Gender Training Module.

Certification of Completion of Research Involving First Nations, Inuit, & Métis Peoples of Canada

- At the full Application stage, the NPA, PAs, and the CC Theme Lead for Indigenous Peoples must have completed and submitted the Certificate of Completion for CIHR Training Module on Research Involving First Nations, Inuit, and Métis Peoples of Canada.

Participant Table

- Using the **Participant Table** template, list all Network members, including Collaborators & Knowledge Users. Include their name, title, affiliation, region, role on the application (NPA, PA, CC Theme Lead, Collaborator, Knowledge User, Indigenous Member – such as Knowledge Keeper, Elder, Community Member, as applicable), career stage (Early, Mid, or Senior Career Investigator, or Trainee), area(s) of expertise, and Research Pillars as applicable (see Section A.3.d).

Letters of Support *(maximum 2 pages each, English or French)*

- Letter of Support from the Vice President Research or institutional equivalents from the Host Institution confirming the institutional commitment from the NPA and adherence to the eligibility requirements.
- Letters of Support from the Dean and Department Heads **for all PAs** confirming institutional commitment and adherence to the eligibility requirements.
- Letters of Support from all Collaborators and Knowledge Users confirming their contributions to the proposed team grant. Private sector or industry partners may be included in the proposal, but are not required, and their involvement will not be factored into the review of the application. Any private sector or industry involvement must be free of conflict of interest.
- Letters of Support for Release Time Allowance requests from the recipient's organization certifying that the individual for whom the release time allowance is requested:
    - is a knowledge-user on the grant whose primary responsibilities do not include an expectation to engage in research (i.e., as part of their regular employment);
    - has their organization's approval for the research time on the project that would justify the allowance; and,
    - is engaged in the activities for which funds are being disbursed.

Signature Page

- The **Signature Page** must be completed by the Host Institution, NPA, PAs, and CC Theme Leads.

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

Self-Identification Form

- The NPA, PAs, and CC Theme Leads must submit an anonymous Self-Identification Form via *SurveyMonkey*, when applying for funding. However, applicants may select "I prefer not to answer" for any or all of the questions, without consequences to the Application. This self-identification information will be anonymous and used by the funders for statistical purposes only and will NOT be shared with members of the Network Review Panel in an identifiable form.

B.2.3 Submission Process and Checklist

Use the **Application Checklist** below to confirm that all components have been completed. The Application Form and the Application Attachments must be uploaded unprotected, in the described format, to the personalized *ShareFile* folder by the submission Deadline. The combined PDF for Required Item #1 must include bookmarks that clearly identify all twelve (12) sections. All submissions will be confirmed.

Complete (✓ or ✗)	Application Checklist
	Required Item #1 – One Single Combined PDF:
	i. Application Form
	ii Summary of Research Proposal
	iii. Relevance to Funding Opportunity
	iv. Research Proposal
	v. Copy of Budget Table
	vi. Budget Justification
	vii. Heart & Stroke BioSketch for NPAs, PAs, and CC Theme Leads
	viii. Certificate of Completion of at least one CIHR Sex and Gender Training Module *(NPAs and PAs)*

	ix. Certificate of Completion for CIHR Training Module on Research Involving First Nations, Inuit, and Métis Peoples of Canada (NPAs, PAs, CC Theme Lead: Indigenous Peoples; where research on Indigenous Peoples is proposed)
	x. Participant Table
	xi. Letters of Support: (1) Administering Institution; (2) Dean and Department Heads for PA; (3) Collaborators and Knowledge Users; (4) Recipient's organization for Release Time Allowance
	xii. Signature Page
	Required Item #2 – Excel File:
	Budget Table
	Required Item #3 – Survey Link:
	Self-Identification Forms *(NPAs PAs, and CC Theme Leads)*

B.3 Application Submission Deadline

It is the Applicants responsibility to ensure that the Registration Form is submitted via *SurveyMonkey* no later than **January 15, 2026** at **3:00 pm ET**, and the Full Application uploaded to the personalized *ShareFile* folder no later than **April 09, 2026** at **3:00 pm ET**. Any applications attempted or submitted after the Deadline will NOT be accepted. There will be no appeal process for late submissions.

B.4 Incomplete/Unacceptable Submissions

All submissions are considered final. No alterations or changes will be accepted. Any incomplete applications, as noted in this guideline document, will not be admissible to the competition.

B.5 Competition Results

Official decision letters will be sent to all applicants in **July 2026,** with a public announcement posted at a later date on the Heart & Stroke Research and Brain Canada websites.

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C. GENERAL INFORMATION

C.1 Non-Employee Status

The awarding 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 investigators 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 the Heart & Stroke 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 Indigenous Peoples (First Nations, Inuit, Métis), 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, Host 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 as actions that are inconsistent with "integrity" as defined in the Tri-Agency Policy Framework for the Responsible Conduct of Research, and that include breaches such as fabrication, falsification, destruction of research records, plagiarism, redundant publications or self-plagiarism, invalid authorship, inadequate acknowledgement, and 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 related to the peer review process, the investigation may be conducted jointly by the Host 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 Host Institution.
- The Host 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 Host Institution 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.
- 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 ensure 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 Competition Guidelines for the relevant sections. Applicants should be aware that using AI may lead to presenting information without proper recognition of authorship.

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 Host 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 submitting applications to this competition, Applicants and their Host Institutions confirm 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 Host 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.

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

Sex and Gender-Based Analysis and Reporting (SGBA+)

Heart & Stroke is committed to advancing sex and gender-based analysis and reporting (SGBA+) 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 SGBA+. 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 SGBA+ & EDI Terminology and List of SGBA+ 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 Network grant application, Heart & Stroke is seeking the incorporation of EDI consideration in both the research practice (EDI-RP) and 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 (SGBA+), 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.

EDI in research practice (EDI-RP) involves promoting diversity in team composition and trainee recruitment; fostering an equitable, inclusive and accessible research work environment for team members and trainees; and highlighting diversity and equity in mentoring, training and access to development opportunities.

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

Please see the resource documents Glossary of SGBA+ & EDI Terminology and List of SGBA+ 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 & 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 SGBA+ and EDI E-Learning and Resources for Researchers for relevant resources.

C.9 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.10 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, 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 and findings 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 also 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 some 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 they are best positioned to guide researchers towards the co-development of 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.11 Communicating Research to the Public and Donors

Recipients need to be aware that the title of their research program 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 improving 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.12 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 communications and press releases related to their grant or award; further details will be provided to all Recipients.

C.13 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.14 About the Funders

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.

Brain Canada
Brain Canada Foundation is a national non-profit organization that develops and supports collaborative, multidisciplinary, multi-institutional research across the neurosciences. Through partnering with the public, private and voluntary sectors, Brain Canada connects the knowledge and resources available in this area to accelerate neuroscience research and funding and maximize the output of Canada's world-class scientists and researchers.

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