Heart&Stroke™

CIHR IRSC Institute of Circulatory and Respiratory Health / Institut de la santé circulatoire et respiratoire

Fondation Brain Canada Foundation

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Health Canada Santé Canada

Cardiac Arrest Research Team Grants (CA)

2026 Competition Guidelines

(October 16, 2025)

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Competition Launch Date	October 16, 2025
Registration Deadline	December 16, 2025 at 3:00 pm ET
Application Deadline	March 17, 2026 at 3:00 pm ET
Grant Notification Date	June 2026
Grant Start Date	July 1, 2026
Value	$5,000,000 CAD; $1,666,665 CAD/team ($333,333 CAD per year for 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**") is supporting the development of a National Action Plan for Cardiac Arrest to increase survival and optimize quality of life of those impacted (directly and indirectly) by cardiac arrest. As a key pillar of the action plan, Heart & Stroke together with the Canadian Institutes of Health Research Institute of Circulatory and Respiratory Health ("**CIHR-ICRH**") and Brain Canada Foundation ("**Brain Canada**") are collectively committing $5,000,000 CAD over five (5) years to fund the Cardiac Arrest Research Team Grants funding opportunity.

This funding opportunity is coordinated with the American Heart Association ("**AHA**") Cardiac Arrest funding opportunity to encourage collaboration and partnership of funded Cardiac Arrest Research Teams ("**Research Teams**") to leverage, amplify and coordinate research activities where appropriate.

Every year, approximately 60,000 people in Canada will experience an out-of-hospital cardiac arrest (OHCA). The survival rate for OHCA is around 10%. In other words, 9 out of 10 people who experience an OHCA will not survive. Data for in-hospital cardiac arrest (IHCA) is limited; however, it is believed that a similar number of individuals are affected annually and with marginally better survival rates (25%). Nevertheless, despite sustained efforts to improve cardiac arrest survival rates, the overall figures have predominantly remained unchanged for several decades.

The purpose of this funding opportunity is to address the most urgent and emergent questions as well as current evidence gaps in cardiac arrest with the aim of improving prediction and early detection of cardiac arrest, increase survival rates, and optimize survivor health outcomes and quality of life (QoL) outcomes for all affected.

To achieve this, the Research Teams will focus on one of three priority research areas:

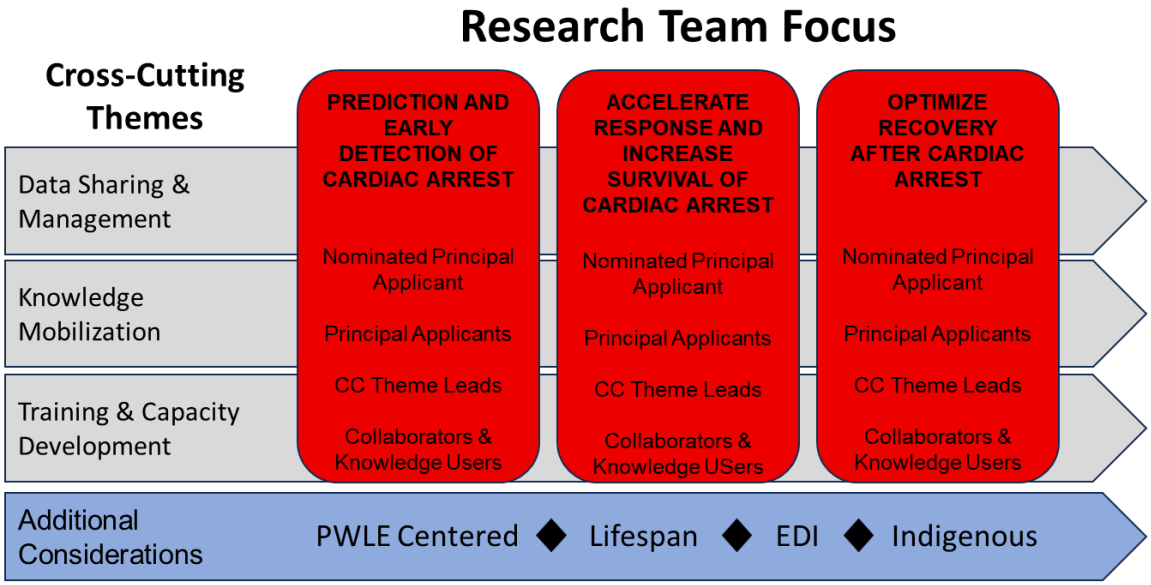
1. **Prediction and Early Detection of Cardiac Arrest**
2. **Accelerate Response and Increase Survival of Cardiac Arrest; or**
3. **Optimize Brain Recovery After Cardiac Arrest.**

The Research Teams are expected to bring together multi-institutional, multi-sectoral, and multi-disciplinary health research teams (e.g., researchers, clinicians, health care providers, people with lived experience (PWLE) including equity-deserving groups, Indigenous community members, Elders and/or Knowledge Keepers, government, policy makers, not-for-profit organizations, and industry) to create and mobilize knowledge that will improve survival and optimize recovery of individuals who experience a cardiac arrest, their families and caregivers. The specific objectives of this funding opportunity are to:

- Drive research and innovation to improve the prediction and detection of cardiac arrest.
- Develop sustainable and effective knowledge mobilization of current evidence and new research results into practice to improve cardiac arrest response and survival rates.
- Optimize rehabilitation and recovery of cardiac arrest survivors by prioritizing neurological, neurocognitive and/or mental health needs along with physical function using best and wise practices to bridge the gaps between research results, better health outcomes, and equitable access to care.
- Build, foster and strengthen an equitable, inclusive and diverse health research workforce focused on cardiac arrest through a high-quality, multidisciplinary training, experiential learning, career development and mentoring environments that actively engages trainees and researchers at all career stages and across ethnicities, including Indigenous scholars.

The funders recognize that minimizing systemic barriers and improving our understanding of cardiac arrest is essential. This ensures that all individuals have timely and equitable access to new advances in cardiac arrest prediction and detection, timely interventions, and long-term holistic care and rehabilitation. Meaningful engagement of PWLE, along with the inclusion of social determinants and broader contexts for those who experience a cardiac arrest, is expected to support more impactful research. This will optimize health outcomes and improve knowledge use, helping to reduce inequities in health, healthcare and rehabilitation for cardiac arrest survivors, as well as their family and caregivers.

A.2 Team Grant Structure



The Cardiac Arrest Research Team Grants funding opportunity is designed to fund three (3) Research Teams, each within one of the identified priority research areas: Prediction and Early Detection of Cardiac Arrest, Accelerated Response and Increase Survival of Cardiac Arrest, and Optimize Brain Recovery After Cardiac Arrest. The three (3) crossing-cutting themes ("**CC Themes**") link the Research Teams together to support collaboration and leveraging of resources. Each Research Team must be interdisciplinary and include a Nominated Principal Applicant ("**NPA**"), Principal Applicants ("**PAs**"), and a lead ("**Lead**") for each Cross-Cutting Theme. **Collaborators** and **Knowledge Users** are to be included on the Research Team, as appropriate. The three (3) CC Themes, each with a designated Lead, include: Data Sharing & Management; Knowledge Mobilization and Training & Capacity Development. Additional considerations for Research Teams to include are: PWLE centered approach, lifespan approach, equity, diversity and inclusion in the Research Team and research methods, and addressing Indigenous Peoples (First Nations, Inuit or Métis) health, as appropriate.

A.2.1 Value of Team Grants

This competition seeks to fund three (3) interdisciplinary team grants (one (1) in each of the identified priority research areas) with a total funding envelope of $5,000,000 CAD. The maximum amount per team grant ("**Team Grant**") is $333,333 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.

A.2.2 Priority Research Areas

Team Grant applications will have a primary focus on one of the following priority research areas ("**Research Areas**"):

1. **PREDICTION AND EARLY DETECTION OF CARDIAC ARREST:** To advance the ability to better predict and/or support early detection of cardiac arrest in the community or within a hospital setting through advancing our understanding of the underlying causes and/or biological mechanisms;
2. **ACCELERATE RESPONSE AND INCREASE SURVIVAL OF CARDIAC ARREST:** To accelerate response and increase survival through the development of sustainable approaches that address the know-do gap for evidence use as well as the incorporation of new evidence to inform effective out-of-hospital and in-hospital cardiac arrest response (including neuroprotection and care standards); or,

3. **OPTIMIZE BRAIN RECOVERY AFTER CARDIAC ARREST**: To develop and implement evidence-based, equitable approaches to care, rehabilitation and recovery for cardiac arrest survivors that specifically addresses neurological, neurocognitive, and/or mental health outcomes. This approach will prioritize brain recovery as a core component of survivorship, while also supporting whole-body rehabilitation. It will adopt a holistic model that includes the needs of survivors, families, caregivers, and communities to improve long-term health outcomes and quality of life after a cardiac arrest.

A.2.3 Cross-Cutting (CC) Themes

Three CC Themes have been identified in this funding opportunity to support collaboration and leveraging of resources among the funded Research Teams: (1) Data Sharing & Management; (2) Knowledge Mobilization; and (3) Training & Capacity Development. As part of the full application ("**Application**"), each Research Team will be expected to develop plans related to each CC Theme. The three funded Research Teams are expected to collaborate and leverage the developed resources related to each CC Theme.

Data Sharing & Management: Team Grant applicants ("**Applicants**") are required to develop a *Data Sharing and Management Plan* that coordinates the collection, standardization, use, sharing, linkage, and management of data within and across funded Research Teams. The 'Data Sharing and Management Plan' is to include standardized data collection methods for cardiac arrest and resuscitation (*e.g.* Utstein style definitions[1]) and leverage existing provincial, national and/or international data registries and platforms. The 'Data Sharing and Management 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), and/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.

Knowledge Mobilization (**KM**)**: Applicants** are required to develop a *KM Plan* detailing the proposed activities and including relevant involved groups and individuals (e.g., researchers, clinicians, health care providers, PWLE including equity-deserving groups, Indigenous community members, Elders and/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 care policies, practices, procedures, products and services for cardiac arrest survivors, their families and caregivers. **Applicants** are also encouraged to incorporate strategies to support knowledge sharing with the other funded Cardiac Arrest Research Teams. Applicants are encouraged to detail their use of evidence-based KM planning templates and tools in their Application.

Training & Capacity Development: Applicants are required to develop an interdisciplinary *Training & Capacity Development Plan* that includes cohesive training, mentoring, capacity building, and experiential learning opportunities. The plan must consider barriers and challenges faced by trainees and researchers across all career stages and diverse ethnicities, including Indigenous health researchers, as appropriate, and provide activities how to address them. The 'Training & Capacity Development Plan' must include opportunities for cross-cultural learning to enhance capacity to address health disparities in research and in health care, including investing in meaningful and culturally safe community engagement. Where appropriate, inclusion of cross-border internships and training opportunities with the AHA funded cardiac arrest research teams is encouraged.

A.2.4 Additional Considerations

PWLE Centered Approach: Applicants are expected to integrate a patient-centered approach recognizing that cardiac arrest survivors, their caregivers and families have needs that change over time and extend beyond healthcare to all other aspects of life including functional, emotional, cultural, spiritual, educational, vocational, environmental and support needs. Understanding these changing needs, and the values and goals of cardiac arrest survivors will be essential to improving overall outcomes and enhancing quality of life.

[1] *Bray et al* Circulation 150(9), 2024; *Grasner et al* Ressuscitation 201, 2024

Lifespan Approach: Applicants are encouraged to take a lifespan approach in the research design, methods, analysis and interpretation, and/or dissemination of findings where appropriate. As age, life stage, transitions and intergenerational factors have an impact on cardiac arrest survival and outcomes, the lifespan approach will be critical for addressing the wide variations of those affected by cardiac arrest and informing individualized care.

Equity, Diversity and Inclusion (EDI): Applicants are expected to clearly describe the Research Teams commitment to engaging members of diverse backgrounds, particularly related to how they will address EDI in the Research Team leadership, Research Team composition, recruitment, training, and mentorship. Applicants are also expected to incorporate EDI approaches in the research design, methods, analysis and interpretation. Efforts to increase meaningful participation by historically excluded groups are strongly encouraged. All proposals are expected to consider how sex and/or gender inform proposed research activities. Data should be disaggregated where possible, including, but not limited to, sex, gender, age, and ethnicity. Additional guidance on EDI and sex and gender-based reporting can be found in the Heart & Stroke Glossary of SGBAR and EDI Terminology, the Heart & Stroke List of SGBAR and EDI E-Learning and Resources for Researchers, and the Government of Canada Best Practices in EDI Research.

Indigenous Peoples: As appropriate, **Applicants** are encouraged to include Indigenous health researchers and/or collaborators, with a track record of meaningful and culturally safe engagement of Indigenous communities in the proposed research. When applicable, **Applicants** are also expected to include Indigenous people and communities in their proposed research in a good way that encompasses a holistic approach to work that aligns with cultural values and community well-being. Principles of Indigenous health should be integrated across research design and practice, as appropriate, to create and sustain Indigenous health equity in cardiac arrest research.

A.2.5 Research Teams, Roles and Responsibilities

Each Team Grant must be interdisciplinary and include a Nominated Principal Applicant (NPA), Principal Applicants (PAs), CC Theme Leads, and Collaborators, as appropriate. Their roles and responsibilities are detailed below.

The ***Nominated Principal Applicant (NPA)*** will provide oversight of the Research Team, research program, objectives and budget. The NPA is also responsible for:

- Leading completion of the scientific reports to the funders.
- Collaborating with the PAs and CC Theme Leads (roles defined below) to:
  - Allocate funding across Team Grant research activities;
  - Integrate CC Themes within the selected Team Grant and co-develop CC Theme plans; and
  - Leverage developed CC Theme resources across Team Grants once funded.
- Organizing the co-hosted meetings with the other funded Research Team NPAs (see *A.4.3*).
- Attend a 'Mid-Term Meeting' and an 'End-of-Grant Knowledge Mobilization Meeting' (see *A.4.3*).

The ***Principal Applicants (PAs)*** will provide leadership to undertake innovative and impactful research projects and knowledge exchange in collaboration with all relevant involved groups and individuals, and partners as described in the Application. The PAs are also responsible for:

- Collaborating with the CC Theme Leads in the development of CC Theme plans and resources.
- Allocating budget regarding the shared resources across their Research Team as described in the reviewed Application.
- Collaborating with the NPA to provide project-specific budgetary and scientific reporting to the funders.
- Establishing an inclusive, equitable and rich learning environment for all trainees and Research Team members, especially early career investigators, as appropriate.

The ***Cross-Cutting (CC) Theme Leads*** will lead the development of the CC Theme Plans (Data Sharing & Management; Knowledge Mobilization (KM); Training & Capacity Development). CC Theme Leads may be PAs, Collaborators or Knowledge Users. Each CC Theme must be led by a different Research Team member. The CC Theme Leads will also be responsible for:

- Collaborating with Research Team members to co-develop CC Theme plans and resources.
- Liaising with the NPA and PAs in their Research Team, and with other CC Theme Leads, to leverage CC Theme plans and resources developed by other Teams Grant recipients ("**Recipients**").

Collaborators and Knowledge Users: Research Teams must engage, as appropriate, a broad spectrum of Collaborators and Knowledge Users such as researchers, clinicians, PWLE, health care providers, Indigenous people, community, Elders and/or Knowledge Keepers, government representatives, policy makers, not-for-profit organizations, and industry.

- A Collaborator provides a specialized service (such as access to equipment, provision of specific reagents, training in a specialized technique, statistical analysis, access to a patient population), but is not involved in the overall intellectual direction of the research.
- A Knowledge User is defined as an individual who is likely to be able to use research results to make informed decisions about health policies, programs and/or practices.

Equity, diversity and inclusion (EDI) in research environments supports excellence, innovation and creativity. The funders are committed to supporting academic and clinical excellence through EDI and encourage NPAs and PAs to integrate EDI approaches in selection of members of the research team.

A.3. Eligibility Criteria

For an application to be eligible:

a. The NPA and PAs must be independent researchers[2] at eligible Canadian institutions. Applicants can be NPA for one Research Team only; however, an NPA may be involved in different capacities in other Research Teams.
b. The NPA may not change between the **Registration** and the **full Application**.
c. 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.
d. At the time of full Application Deadline, the NPA and PAs must have successfully completed and submitted a Certificate of Completion in **at least one** CIHR Sex and Gender Training Module. As appropriate, the NPAs, PAs and CC Theme Leads are also encouraged to complete the CIHR Training Module on Research Involving First Nations, Inuit, and Métis Peoples of Canada.
e. The host institution/University ("**Host Institution**") is the institution or organization that is responsible for receiving and administering the Team Grant on behalf of the 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 Team Grant funds, please consult the Tri-agency Financial Guide on Administration; 2. Use of Grant Funds.

a. Team Grant expenditures must:
   - be for the direct costs of research for which the funds were awarded, with benefits directly attributable to the Team 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 Team Grant including; costs associated with the general operation and maintenance of facilities (from laboratories to libraries); the management of the research process (from Team 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;

[2] 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.

- not be provided by the Host Institution to their research personnel; and
- not result in personal gain for members of the Research Team.

b. The NPI, PI(s) and CC Theme Leads may not receive salary support from the Team 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.
- Release Time Allowance: for Collaborators, Knowledge Users and PWLE 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 Team 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 Research 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 Team Grant 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 Investigators ("**NPI**")' and 'Principal Investigators ("**PIs**")', respectively.

a. Team 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. The NPI must consent to the use and disclosure of Application and nominative information to funders.

d. The NPI and PIs will be required to undertake the following activities (virtual and/or in-person), with associated costs to be **covered within the Team Grant budget**:

- Participate in occasional teleconferences organized by Heart & Stroke and funders as appropriate.
- Co-host with the other Research Team NPIs an annual engagement of all funded Research Teams, partners and other relevant involved groups and individuals to share and mobilize knowledge.
- Co-host with the other Research Team NPIs at least one cross-border symposium of all funded Research Teams with the AHA funded research teams.
- Participate in a virtual year 3 mid-point 'Reporting and Advisory Sessions' organized by Heart & Stroke and funders following the provision of the year 3 report. An external advisory panel may be established and comprised of international and national experts who will assess the progress of the Research Teams against the objectives of this funding opportunity and provide constructive written and verbal feedback in response to progress reports and presentations by the Research Team NPI and PIs during the session.

- All three Research Teams (at least four members, including the NPI) must attend an 'End-of-Grant Knowledge Mobilization Meeting' to be held during the last year of the Team Grant. Details on the 'End-of Grant Knowledge Mobilization Meeting' will be provided by the funders no later than 12 months prior to the Team Grant end date.

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 Team Grant funding period and can be filled in as the research progresses. All reports will be shared with funders supporting the Team Grant (see A.6.4 Reporting Requirements).

f. Recipients 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 Research Areas.

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 Research Areas of this funding opportunity, respectively. Applications that do not meet these criteria will be withdrawn from the competition. There will be no formal appeal process once decisions are made.

Applications will undergo peer review by a Cardiac Arrest Research Team Grant 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, PWLE, 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 the funders.

A.5.3 Evaluation Criteria

Team Grants will be adjudicated on the following evaluation criteria:

1. Vision and Approach: Research Activities and CC Themes

a. Extent to which the Research Team's proposed priorities, objectives, scope, vision and Cross-Cutting 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 novel applications of current technology/methodology.

c. Extent to which the proposed research integrates a lifespan approach, as appropriate, and PWLE centered approach, Indigenous health and wellness, as appropriate, and addresses health disparities to create and mobilize knowledge that will improve the health and wellness of cardiac arrest survivors, their families and caregivers.

d. Extent to which Sex and Gender Based Analysis and Reporting (SGBAR) is integrated into the research design. Any application that does not incorporate SGBAR must provide a rationale for why it would not be relevant to the research.

e. If appropriate to the research activities, the extent and approaches by which the Research Team engages with Indigenous Peoples. This includes addressing research 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. Appropriateness of the plan to engage/integrate patients/family/caregivers/communities within the Research Team.
f. Feasibility and appropriateness of the proposed activities to develop and implement the proposed research, and sustainability beyond the time frame of the Team Grant.

2. Team

a. Extent to which the NPA, PAs and CC Theme Leads demonstrate leadership capacity (e.g., experience, support) to execute the proposed research.
b. Extent to which the Research Teams are together multi-institutional, multi-sectoral, and multi-disciplinary, engaging with patients, caregivers, community, government, policy, healthcare providers, researchers, pediatric and adult clinicians, and/or industry.
c. Extent to which EDI is included in the training and career development strategy.
d. Extent to which the Research Teams have a comprehensive training and career development strategy that meets the needs for capacity development that is inclusive of trainees, researchers at all career stages, and across ethnicities including Indigenous health researchers.
e. Extent to which the leadership, membership and overall composition of the Research Team reflects EDI and a balance of career stage, diverse disciplines, sectors, research priorities and relevant involved groups and individuals, including researchers, clinicians, PWLE, 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 platforms (e.g., cohorts, data infrastructure supports, and biorepositories) relevant to cardiac arrest 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. As appropriate to the proposed research, the extent to which the Research 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 research plan demonstrates capacity to advance the field of cardiac arrest research in Canada that addresses the identified Research Area and achieve the objectives of this funding opportunity.
b. Extent to which the research projects and overall research plan lead to new scientific knowledge and lead to improved outcomes identified for this funding opportunity.
c. Appropriateness and adequacy of the proposed plan for knowledge mobilization.
d. Extent to which the proposed research leads to increased capacity, training and mentorship in the field of cardiac arrest.

A.5.4 Scoring Rubric

Team Grants eligible for funding will be ranked by the Review Panel. Each Team Grant will be scored on a scale from 0 to 4.9, and Team Grants 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

The top ranked Team Grant in each Research Area will be funded. If an application in a Research Area is not identified for funding, funds for that Research Area may be applied to the next highest overall ranked application peer reviewed for the competition. The successful Research Teams will be published on the Heart & Stroke, Brain Canada and CIHR-ICRH 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 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, Brain Canada and CIHR-ICRH 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 funder. 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 CIHR-ICRH and 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 December 16, 2025.** Required information includes NPA and PAs identification, CC Theme Leads, Research Proposal Title, priority Research Area selection, 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 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.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 March 17, 2026.** Note that all sections of the Application Form must be completed for the Application and attachments to progress to the peer 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 single combined **PDF** format (i.e., one (1) PDF) to their personalized *ShareFile* folder, as applicable. 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 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_March 17, 2026**)*

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

Provide a one (1) page summary that includes:

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

Relevance to Funding Opportunity *(maximum ½ page English or French)*

Provide a ½ page summary describing:

- Relevancy of the proposed research activities to the funding opportunity.

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 (SGBAR) 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 the rationale/context/gaps relevant to the selected Research Area and proposed research activities.

Research Activities

- Detail the project activities specific to the selected Research Area, including broad goals, specific objectives, methodology, anticipated outcomes, challenges and mitigations, and timelines.

Cross-Cutting (CC) Themes

- Describe plans for each of the CC Themes: Data Sharing & Management Plan; Knowledge Mobilization Plan; and Training & Capacity Building.

Research Team

- Describe the leadership capabilities, skills and expertise of all Research Team members, as well as the interdisciplinarity of the Research Team, and its ability to contribute to the proposed research and engage in knowledge mobilization.
- Describe how the Research Team reflects EDI and a balance of diverse disciplines, sectors, research priorities and relevant involved groups and individuals, including researchers, clinicians, PWLE, health care providers, Indigenous Elders or Knowledge Keepers, government, policy makers, and not-for-profit organizations.

Environment

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

Impact & Sustainability

- Describe the anticipated impact of the proposed research, and the plan to address continued activities beyond the 5-year period of the Team Grant.

Budget Table

- Complete the **Budget Table** in relation to the planned activities. Budget categories include salaries, equipment, materials and supplies, knowledge translation, and other, as well as cash contributions, if relevant. Please ensure both the excel template and PDF copy of the Budget Table are uploaded.

Budget Justification *(maximum 3 pages English, 4 pages French)*

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

BioSketch Requirements

- The 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, only for projects engaging or involving Indigenous Peoples, the NPA, PAs, and the CC Theme Lead 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 Research Team 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), and area(s) of expertise.

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 Team 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 Page.

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 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 eleven (11) 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. Participant Table
	x. Letters of Support (NPA's Host Institution, Dean and Department Heads for PAs, Collaborators and Knowledge Users, Release Time Allowance)
	xi. 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 **December 16, 2025** at **3:00 pm ET**, and the full Application uploaded to the personalized *ShareFile* folder no later than **March 17, 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 **June 2026**, with a public announcement posted at a later date on the Heart & Stroke, Brain Canada and CIHR 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 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 (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 Cardiac Arrest 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 (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.

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 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.

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 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.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.

CIHR Institute of Circulatory and Respiratory Health (ICRH)

The Institute of Circulatory and Respiratory Health (ICRH) supports research into the causes, mechanisms, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions associated with the heart, lung, brain (stroke), blood vessels, critical care, and sleep.

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.

C. 15 Partners

American Heart Association

The American Heart Association is a relentless force for a world of longer, healthier lives. Dedicated to ensuring equitable health in all communities, the organization has been a leading source of health information for more than one hundred years. Supported by more than 35 million volunteers globally, we fund groundbreaking research, advocate for the public's health, and provide critical resources to save and improve lives affected by cardiovascular disease and stroke. By driving breakthroughs and implementing proven solutions in science, policy, and care, we work tirelessly to advance health and transform lives every day.