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# Postdoctoral Personnel Awards for Women's Heart and/or Brain Health (WPA-PDF)

## 2027 Competition Guidelines

*(October 27, 2026)*

# TABLE OF CONTENTS

**A. GENERAL INFORMATION ..... 3**

*A.1 Purpose and Objectives ..... 3*
*A.2 Eligibility ..... 3*
*A.3 Funding Policies ..... 4*
A.3.1 Funding Availability ..... 4
A.3.2 Stipend and Allowances ..... 4
A.3.3 Tenure ..... 4
A.3.4 Multiple Submissions and Awards ..... 5
A.3.5 Disclosure of Other Awards ..... 5
*A.4 Review Process and Evaluation ..... 5*
A.4.1 Administrative Review ..... 5
A.4.2 Evaluation Criteria ..... 5
A.4.3 Peer Review Committee ..... 7
A.4.4 Lay Reviewers ..... 7
A.4.5 Triaging of Applications ..... 7
*A.5 Post Grant and Award Conditions ..... 7*
A.5.1 Transfer of Award ..... 7
A.5.2 Prolonged Absence ..... 7
A.5.3 Grant or Award Termination ..... 7
A.5.4 Reporting Requirements ..... 7

**B. HOW TO APPLY ..... 8**

*B.1 Registration ..... 8*
*B.2 Application Submission Deadline ..... 8*
*B.3 Applicant Profile ..... 8*
*B.4 Application ..... 8*
B.4.1 Eligible Research Pillars ..... 8
B.4.2 Submission Checklist ..... 9
B.4.3 Application Form ..... 9
B.4.4 Incomplete/Unacceptable Applications ..... 12
B.4.5 Competition Results ..... 12

**C. GENERAL INFORMATION ..... 13**

*C.1 Non-Employee Status ..... 13*
*C.2 Indirect Costs ..... 13*
*C.3 Financial Gain ..... 13*
*C.4 Research Integrity Policy ..... 13*
*C.5 Artificial Intelligence ..... 13*
*C.6 Heart & Stroke Research Security Compliance Statement ..... 14*
*C.7 Ethical Requirements ..... 14*
*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 ..... 15*
*C.9 Patent Rights ..... 16*
*C.10 Open Science and Open Access to Research Outputs Policy ..... 16*
*C.11 Communicating Research to the Public and Donors ..... 17*
*C.12 Acknowledging Publications ..... 17*
*C.13 Contact Information ..... 17*
*C.14 About the Funders ..... 17*

## 2027 POSTDOCTORAL PERSONNEL AWARDS FOR WOMEN'S HEART AND/OR BRAIN HEALTH

### A. GENERAL INFORMATION

| Overview Table - Postdoctoral Personnel Awards for Women's Heart and/or Brain Health | |
|---|---|
| Competition Launch Date | October 27, 2026 |
| Application Submission Deadline | January 26, 2027, 3:00 PM ET *(Registration closes at 12pm ET)* |
| Letters of Reference Deadline | January 26, 2027, 3:00 PM ET |
| Award Notification Date | May 2027 |
| Award Start Date | July 1, 2027 |
| Award Value | Up to $140,000 CAD for up to two (2) years ($70K/year)<br>*Funders will contribute a maximum of $70K ($35K/year for up to two (2) years) per Recipient, and the Host Institution will contribute at least the same amount per year per Recipient.* |
| Application Procedures | See section **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

As part of the commitment to transform women's heart and brain health, the Heart & Stroke Foundation of Canada ("**Heart & Stroke**") and Brain Canada Foundation ("**Brain Canada**") are supporting the 2027 Postdoctoral Personnel Awards for Women's Heart and/or Brain Health ("**WPA-PDF**") in committing up to a total of $280,000. The objective of this competition is to increase the number of researchers and clinician-scientists in Canadian universities and research institutions devoted specifically to women's heart and/or brain health and, in so doing, expand research initiatives in this field.

Women's health is conceptualized and understood in a variety of ways. For the purposes of the WPA-PDF 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 research that considers the experiences and needs of all people who identify as a woman, girl, intersex and/or under-represented gender.

In the context of this award, heart and/or brain health research encompasses research addressing conditions, including neurological, that affect the cardiovascular and/or cerebrovascular health of people living in Canada. This could include research focused on prevention, treatment, and/or recovery related to heart conditions, stroke, vascular cognitive impairment, and mental health in relation to these conditions.

The stipends awarded will be up to $140,000 CAD ($70,000 per year for up to two (2) years) enabling Postdoctoral Fellows and/or Clinical Fellows ("**Applicants**") to pursue their program of research and engage with mentors as part of their training.

##### Institutional Contribution Requirements

For all successful WPA-PDF applicants ("**Recipients**"), Heart & Stroke and/or Brain Canada will contribute a maximum of $70,000 ($35,000 per year for up to two (2) years), and the Applicant's institution ("**Host Institution**") will contribute at least the same amount ("**Institutional Contribution**"). The maximum amount contributed by the Host Institution will be determined by the institutional stipend policy for Postdoctoral Fellows and/or Clinical Fellows. Funds from the Host Institution must come from non-Heart & Stroke related sources of funding. At the time of submission, the Host Institution must provide two (2) independent signatures on the **Signature Form** committing to the annual Institutional Contribution should the Applicant be successful. (see section B.4.3)

#### A.2 Eligibility

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

a. Applicants must propose a research program that seeks to build knowledge on women's heart and/or brain health.
b. As of the application deadline date, Applicants must be Canadian citizens, permanent residents of Canada or Protected Persons under subsection 95(2) of the *Immigration and Refugee Protection Act* (Canada) (see section B.4.3 Applicant Information Section).

c. Applicants must hold or be completing either (i) a PhD or (ii) a regulated health professional degree.
d. At the time of submission, Applicants must either (i) have a position as a full-time Postdoctoral Fellow or Clinical Fellow at an eligible Canadian institution; or (ii) have applied for the position of full-time Postdoctoral Fellow or Clinical Fellow at an eligible Canadian institution with a start date of no later than December 31, 2027.
e. Clinical Fellows must be in a research stream.
f. Partial Postdoctoral Personnel Awards for less than one (1) year of funding are not available.
g. Applicants must have an identified research Supervisor based at an eligible Canadian institution where the research will be undertaken.
h. Applicants may not hold, or be on leave from an independent research position.
i. At the time of submission, no more than five (5) years or sixty (60) months may have passed since the completion date of either the Applicants (i) a PhD degree or (ii) a regulated health professional degree. Note that the eligibility period may be extended resulting from career interruption due to extenuating circumstances such as parental leave(s), illness etc. The period of eligibility will be extended by the equivalent duration of the eligible interruptions(s). (see section B.4.3 BioSketch)
j. At the time of submission, and for the duration of the Award, Applicants and/or their Supervisor(s) are ineligible if they hold or have already held funding, directly or indirectly, from the tobacco industry.

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

## A.3 Funding Policies

### *A.3.1 Funding Availability*

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

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

### *A.3.2 Stipend and Allowances*

a. Recipients may be awarded up to $70,000 CAD ($35,000 per year for up to two (2) years) from Heart & Stroke and/or Brain Canada and at least the same amount per year from the host institution. The maximum amount contributed by the institution will be determined by the institutional stipend policy for Postdoctoral or Clinical Fellows. (see section A.1 Institutional Contribution Requirements)
b. These multi-year stipends may be used **ONLY** for salary support for the recipient. No part of this stipend is to be used to support other direct or indirect costs associated with any research programs or operating grants.
c. Recipients may engage in and receive remuneration for departmental activities (e.g., undergraduate teaching) that contribute to their development as researchers. It is expected that these activities would not impinge upon the time dedicated to the proposed research training.
d. Recipients who hold internal non-peer-reviewed awards or scholarships from their own host institution, awarded based on merit or as part of the admission process rather than through a competitive selection, are permitted to retain those awards. This is subject to any specific policies or conditions outlined by the institution regarding such awards.
e. For Recipients who hold internal peer-reviewed awards from their own Host Institution through a competitive selection, same conditions for external awards in section A.3.5 apply.

### *A.3.3 Tenure*

a. The award start date is July 1, 2027, for a period of up to two (2) years. The term of the award will include reasonable holiday time according to the arrangement with the Recipient's Supervisor(s) and Host Institution.
b. The term of the award cannot be extended beyond the period originally specified and approved at the time of the award offer unless for reasons outlined in section A.5.2.

c. Recipients accepting the Award may request a one-time deferral of up to six (6) months (i.e. no later than January 1 of the following year) where the actual academic program (see section A.2) timeline differs from that provided at the time of the application. A deferral may be requested to align the Award start date with the revised academic program timeline, provided the Award begins within the permitted six (6) month deferral period. Any approved deferral must remain consistent with the Recipient's academic program timeline and ensure that all applicable Award eligibility requirements continue to be met unless otherwise permitted under section A.5.2. Deferral requests must be made at the time of the Award acceptance, supported by an official institutional confirmation of the academic program timeline and will be evaluated on a case-by-case basis. Deferrals to avoid funding overlap or beyond six (6) months are not permitted. Recipients who are unable to commence the Award within the permitted deferral period must submit a new application in a future competition.
d. Recipients must notify Heart & Stroke if their Postdoctoral or Clinical Fellow registration status changes (e.g., termination of studies, program change, etc.).
e. Recipients are expected to devote the majority of their time to the proposed research and training throughout the tenure of the award.

### *A.3.4 Multiple Submissions and Awards*

a. Multiple submissions from a single individual to a Heart & Stroke Postdoctoral Fellowship Award are not permitted.
b. An individual may not submit to more than one (1) Heart & Stroke funding opportunity for a Personnel Award in a given competition year.
c. Recipients cannot hold more than one (1) Heart & Stroke Personnel Award at one time.
d. Recipients of a Heart & Stroke Postdoctoral Award will not be eligible for another Postdoctoral Fellowship Award in future years.

### *A.3.5 Disclosure of Other Awards*

a. It is the responsibility of the Recipient and/or the Host Institution to inform Heart & Stroke if the Recipient receives any other external peer-reviewed stipend award(s) (i.e., NOT travel or poster awards) within 30 days of receiving another stipend award. Disclosure of alternate stipend awards must include the formal offer of the award(s), along with the terms and conditions.
b. Recipients may **NOT** hold another external peer-reviewed stipend award(s) valued at $70,000 per year for two (2) years or higher.
c. An external peer-reviewed stipend award that presents an overlap refers to a financial stipend or award, reviewed and awarded by an external funding agency or entity, where the objectives, funding period, or scope of the award overlaps with this personnel award and the project it is funding. This overlap may include duplications in the proposed research, financial salary support, or time commitment, potentially resulting in duplicated obligations between the awards.
d. Top-up funding is available under this funding opportunity in order for the Recipient to reach the same funding level should they receive another external peer-reviewed award for less than $70,000 per year for two (2) years.

## A.4 Review Process and Evaluation

### *A.4.1 Administrative Review*

Heart & Stroke will perform a review to identify that applicants meet the eligibility criteria, and that applications are in alignment with Heart & Stroke and Brain Canada objectives and the scope 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.

### *A.4.2 Evaluation Criteria*

The components noted below will be reviewed by the Peer Review Committee which will calculate an overall score for each applicant. The relative weight of each component is detailed below.

| *Review Criteria* | *Description* |
|---|---|
| *Personal Component (30%)* | Applicant Narrative Statement |
| | Letters of Reference |
| *Research Component (50%)* | Research Summary |
| | Mentorship & Training Plan |
| *Academic Component (20%)* | Applicant BioSketch (Heart & Stroke version only) |

## PERSONAL COMPONENT ASSESSMENT (30%)

This combined component, composed of the Applicant Narrative Statement and Letters of Reference, is intended to assess the Applicant's potential to pursue a career in research. Indicators of excellence include:

- well-rounded experience;
- a clear description of how relevant lived, academic, and/or community experience helped to shape current research interests and academic and career goals;
- demonstrated involvement in academic life and/or work experience;
- demonstrated leadership experience;
- demonstrated interest in heart and/or brain research; and
- demonstrated volunteer/community outreach experience.

## RESEARCH COMPONENT ASSESSMENT (50%)

This combined component, composed of the Research Summary and Mentorship & Training Plan, is intended to assess the quality of the proposed research as well as the mentorship and training plan.

Indicators of excellence include:

- significance of proposed research
- clear research question and/or hypothesis;
- well-defined goals and objectives;
- appropriate approaches and methodologies to answer the research questions;
- realistic timelines for completing the proposed research;
- high impact of proposed research to heart and brain-related knowledge, healthcare, health services or health outcomes;
- clear role of Applicant's advisory committee (Supervisor and/or Co-Supervisors) in mentoring the Applicant;
- a clear research plan with delineated milestones over the course of the Award;
- specific knowledge and skills that the Supervisor(s) expects the Applicant will acquire;
- alignment of academic training environment with the Applicant's proposed research; and
- appropriate resources, programs and technologies available for the Applicant's research and training.

## ACADEMIC COMPONENT ASSESSMENT (20%)

This combined component, composed of the Applicant's BioSketch, is intended to assess past academic results, awards and distinctions.

Indicators of academic excellence include:

- a strong academic record;
- a good quality program with relevant courses pursued;
- a high relative standing (if available);
- evidence of recognitions, scholarships and awards;
- evidence of research funding history;
- participation in activities (supervisory, mentoring, community and volunteer, knowledge and technology transfer, international collaboration); and
- evidence of contributions (presentations, interview and media relations, publications, intellectual property)

### Scoring Rubric

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

| **Overall Score** | |
|---|---|
| Outstanding | 4.5 - 4.9 |
| Excellent | 4.0 - 4.4 |
| Very good *(Threshold for funding is 3.5)* | 3.5 - 3.9 |
| Fair *(Not eligible for funding)* | 3.0 - 3.4 |
| Poor | 0.0 - 2.9 |

### *A.4.3 Peer Review Committee*

Heart & Stroke's peer review process engages national and international researchers and includes over 200 members of the Scientific Review Committee (SRC). The SRC comprises at least 13 separate panels that ensure in-depth knowledge and expertise in all areas of heart disease and stroke. Each panel consists of a Chair and Deputy Chair, and members approved by the SRC Executive Chair and Vice-Chair. Panel members are selected for their expertise related to the mandate of the review committee and their experience in reviewing and evaluating research funding applications. All review panels may meet in person or virtually at the discretion of the SRC and Heart & Stroke. The SRC Executives will oversee the SRC and the Lay Reviewers. All members must agree to respect the privacy, confidentiality and conflict of interest rules of the funders.

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

### *A.4.4 Lay Reviewers*

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

### *A.4.5 Triaging of Applications*

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

## A.5 Post Grant and Award Conditions

### *A.5.1 Transfer of Award*

Personnel Awards may not be assigned or transferred to another individual under any circumstances. Should the Recipient change Supervisor(s), programs or institutions, they must notify Heart & Stroke who will determine on a case-by-case basis whether the award can continue under the new parameters. The Host Institution to which the Recipient is moving will be required to supply the same supporting documentation as was required in the original application.

### *A.5.2 Prolonged Absence*

The Recipient or Host Institution will notify Heart & Stroke of any causes (parental leave, medical leave, personal leave, vacation time, etc.) necessitating absence from work exceeding thirty (30) successive days. Extension of the award duration may be considered, and continuation of the award will be evaluated on a case-by-case basis. Relevant institutional policies will also apply, and the end date of the award will be extended by the approved duration of the leave. For further details, Recipients are encouraged to review the Heart & Stroke Grant and Award Management Guidelines, under "Post grant and award administration."

### *A.5.3 Grant or Award Termination*

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

### *A.5.4 Reporting Requirements*

Recipients will need to submit annual reports via CIRCUlink for the tenure of the grant or award and will be sent annual email reminders with instructions. The **Annual Financial** and **Progress Reports** are to be received no later than 30 days after the end of each funding year. The Annual Financial Report must disclose the exact amount of the Institutional Contribution, including the source(s) of funding, to demonstrate that the minimum award value requirement has been met. A **Final Report** must also be submitted to Heart & Stroke no later than 30 days after completion/termination of the grant or award.

For further details, consult Heart & Stroke Grant and Award Management Guidelines.

## B. HOW TO APPLY

### B.1 Registration

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

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

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

### B.2 Application Submission Deadline

It is Applicants' responsibility to ensure that a completed application is submitted via CIRCUlink no later than **3:00 PM ET on Tuesday January 26, 2027.** CIRCUlink will **NOT** allow submissions after this deadline. Any applications attempted or submitted by email or mail after the deadline will **NOT** be accepted. There will be no appeal process for late submissions. **Letters of Reference must be received by email to research@heartandstroke.ca *by* 3:00 PM ET on Tuesday January 26, 2027**. *(see section* B.4.3 Application Form)

### B.3 Applicant Profile

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

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

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

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

### B.4 Application

#### *B.4.1 Eligible Research Pillars*

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

Theme 1. Biomedical Research
Research with the goal of understanding normal and abnormal human function, at the molecular, cellular, organ system and whole-body levels, including the development of tools and techniques to be applied for this purpose; developing new therapies or devices which improve health or the quality of life of individuals, up to the point where they are tested on human subjects. Biomedical research may also include studies on human subjects that do not have a diagnostic or therapeutic orientation.

Theme 2. Clinical Research
Research with the goal of improving the diagnosis and treatment (including rehabilitation and palliation) of disease and injury; improving the health and quality of life of individuals as they pass through normal life stages. Clinical research usually encompasses research on, or for the treatment of, patients.

Theme 3. Health Services Research
Research with the goal of improving the efficiency and effectiveness of health professionals and the health care system, through changes to practice and policy. Health services research is a multidisciplinary field of scientific investigation that studies how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviours affect access to health care, the quality and cost of health care, and ultimately Canadians' health and well-being.

Theme 4. Social, Cultural, Environmental and Population Health Research
Research with the goal of improving the health of the Canadian population, or of defined sub-populations, through a better understanding of the ways in which social, cultural, environmental, occupational, and economic factors determine health status.

### *B.4.2 Submission Checklist*

Applicants must complete and submit all application requirements listed below via CIRCUlink by the specified deadline date. Applicants may submit the application in English or French. Use the Application Checklist below to confirm that you have completed all application components required to be uploaded to CIRCUlink as part of this competition. Due to conflict of interest, letters of support from Heart & Stroke are not permitted as part of any application to any Heart & Stroke research competitions.

| Complete (✓ or ✗) | Application Checklist | Submission Method |
|---|---|---|
| | Registration and Profile Setup | *CIRCUlink – Fillable Fields* |
| | Application e.Form (all sections) | *CIRCUlink – Fillable Fields* |
| | Applicant BioSketch | *CIRCUlink – Mandatory Attachment* |
| | Supervisor Biosketch *(including Co-Supervisor, if applicable)* | *CIRCUlink – Mandatory Attachment* |
| | Mentorship & Training Plan | *CIRCUlink – Mandatory Attachment* |
| | Research Summary - References | *CIRCUlink – Mandatory Attachment* |
| | CIHR-Sex and Gender certificate | *CIRCUlink – Mandatory Attachment* |
| | Signature Page Form | *CIRCUlink – Mandatory Attachment* |
| | Proof of Canadian Citizenship | *CIRCUlink – Mandatory Attachment* |
| | Letter of Reference #1 | *Email from Referee – Mandatory* |
| | Letter of Reference #2 | *Email from Referee - Mandatory* |

### *B.4.3 Application Form*

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

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

**General Information Section**

**WPA Information:** Applicants are encouraged to read information in these sections to help them prepare, complete and submit an application. Applicants must complete required information fields.

**Financial Details Section**

**Budget Information:** This is an overview to Applicants showcasing the total Award Term and Value.

**Applicant Information Section**

**Trainee:** Applicants must complete required information fields.

**Proof of Citizenship:** Applicants will be required to securely upload their **valid proof of Canadian Citizenship, Permanent Resident or Protected Person document**. The document must be uploaded in PDF format (unprotected) and the total size cannot exceed 30 MB. The following are the acceptable forms of proof:

- Certificate of Canadian Citizenship;
- Birth certificate/copy of an act issued by the proper provincial government authority;
- Valid passport;
- Permanent Resident Card;
- Form IMM 1000;

- Form IMM 5292;
- Letter received indicating a positive decision from the Immigration and Refugee Board;
- Verification of Status (VOS) document with positive Pre-Removal Risk Assessment (PRRA) decision from IRCC; or
- Temporary Resident Permit if you are a Protected Temporary Resident.

**Supervisor:** Applicants should complete required information fields related to their Supervisor *(and Co-Supervisor, if applicable)*, who must be affiliated with an eligible Canadian institution.

**Biosketch:** A BioSketch form must be completed and uploaded for the Applicant (trainee) and Supervisor(s) named on the application via CIRCUlink. It is the responsibility of the Applicant to ensure those named on the application use the Heart & Stroke form to enter their information for all applicable categories. Please refer to the BioSketch Instructions, BioSketch Template and BioSketch Exemplars:

- Applicant Exemplar
- Supervisor Exemplar

**Mentorship & Training Plan:** In a co-signed letter, the Applicant and Supervisor(s) should develop a plan that includes: (a) the role of the Applicant's Supervisor, Co-Supervisor(s), and/or advisory committee in mentoring the Applicant in heart and/or brain health research; (b) the expected research milestones over the course of the award; (c) specific knowledge and skills, including specific competencies around SGBAR and heart and/or brain health research, that the Supervisor expects the Applicant will acquire; (d) an overview of the research and academic training environment for the Applicant; and (e) details on resources, programs, technologies, etc., which will be made available to the Applicant. **This letter cannot exceed 2 pages**, and must be in **unprotected** PDF form according to the following formatting guidelines:

- **Text** must be single-spaced using either **12-point Times New Roman** or **11-point Arial** font. **Condensed type or spacing is not acceptable**.
  **Margins** should be set at 2 cm (3/4 inch) all around the entire page.

**Applicant Narrative Statement**: Applicants should outline the relevant experiences (lived, academic and/or community) that have led up to their current career goals in heart and/or brain health. Include any leaves of absence *(limit: 10,000 characters – approx. two (2) pages)*.

**Project Information Section**

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

**Research Summary:** Applicants should detail the rationale, hypothesis, objective(s), methodological approach (including sex and gender considerations in the research design), analysis and reporting, timeline, Applicant's role, and the expected contributions (i.e. impacts and benefits) of the proposed research for heart and/or brain health *(limit: 10,000 characters – 2 pages)*.

**References**: Applicants must include a reference page (1 page max) to support their Research Summary.

**Lay Summary:** Applicants must provide a lay summary of the research proposal in non-scientific, everyday language at a reading level no greater than Grade 8. The use of analogies, simplifications, and generalizations is recommended rather than scientific and technical terms. Applicants will need to respond to the six (6) questions that form the comprehensive lay summary (*limit: 1250 characters - approx. ¼ page*). For more information on how to assess grade level, please refer to the Frequently Asked Questions.

Please note that lay reviewers are only provided with access to the lay summary (if applicable, also the Applicant Narrative Statement) of an application, and not an application in its entirety; as such, the structured lay summary should include all pertinent information related to the application. The structured lay summary should be written for a patient, caregiver, or community member audience so that it is easily understood by a non-technical audience; it should inspire and speak to relevance and meaningfulness of the work and to the desired outcomes.

To ensure that the requirement for readability is met, Applicants are strongly encouraged to use commercially available tools (see C.5 for guidance around disclosing use of generative AI tools, if applicable) to determine the readability level of your lay summary.

**SGBAR & EDI:** All applicants are required to complete one of CIHR's sex and gender GBA+ training modules through the CIHR Institute of Gender and Health and submit/upload a Certificate of Completion as part of the application.

Applicants should describe how sex (biological) and/or gender (socio-cultural) will be considered in their research design or explain why sex and/or gender is not applicable to their research design (*limit 2,500 characters – ½page each*).

Equity, diversity and inclusion (EDI) in research environments enhances excellence, innovation and creativity. Heart & Stroke is committed to excellence through equity and encourages Applicants from diverse and equity deserving groups to apply to our funding opportunities. Applicants should outline how EDI considerations have been integrated in the research design. Applicants are asked to explain why EDI considerations would not be relevant to the project. (*limit 2,500 characters – ½ pages each*)

**EDI considerations will not be explicitly included in the evaluation criteria in the 2027 competition.** Heart & Stroke anticipates further incorporating and formalizing evaluation of EDI considerations into Personnel Award review in subsequent competitions. (see section C.8)

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

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

**Personnel Support.** Applicants are asked to list any currently provincial/national salary award(s), and/or any previously received Postdoctoral awards (including Heart & Stroke), if applicable. Additionally, Applicants are asked to confirm if any applications have been made or will be made for personnel award support.

**Peer Review Details Section**

**Candidate Appraisal:** Applicants must identify at two (2) professors or instructors to whom appraisals have been requested from for this application.

**Letters of Reference:** The two (2) letters must be emailed separately to research@heartandstroke.ca, in PDF format, directly from the referees identified on application by January 26, 2027. Both letters must be from academics (e.g., professors, instructors, or academic supervisors) familiar with the Applicant's academic work and/or research. The letters must evaluate the Applicant's character and ability to pursue a career in research and should not exceed two (2) pages. Non-academic references (e.g., employers, colleagues, community leaders, or personal references) are not accepted. Due to conflict of interest, letters of support from Heart & Stroke employees are not permitted.

The letters must be in **PDF format**, with the file and email subject labeled as follows:

***Letter of Reference_LAST NAME, First Name of Applicant_Referee Initials_Date of Submission***.

***Letters of Reference must be no more than two (2) pages - additional pages will be removed. Any letters received after the deadline will be excluded (without appeal or notice to the applicant).***

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

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

**Administration Section**

**Ethics and Safety:** Applicants should provide the status of any required ethics approval form relating to their project. (see section C.7)

**Signatures:** Applicants must complete the signature page form, as found in CIRCUlink, and upload a completed form to their application as an attachment. The signature form requires all fields to be completed, including the mandatory two (2) institutional signatures. Institutional signatories must:

- not be involved in any other aspect of the application (e.g., as the Applicant, co-Applicant or Supervisor, as applicable);
- be authorized by the Host Institution to confirm the required information contained in the application; and
- have the authority to sign on behalf of the Host Institution in accordance with the institution's internal policies and procedures.

Heart & Stroke does not prescribe specific institutional titles for signatories. Examples of acceptable signatories may include a Department Head, Dean, Associate Dean, Research Services representative, or other institutional official authorized by the Host Institution to confirm the required information and sign on its behalf and assume institutional responsibility.

Heart & Stroke accepts a scanned copy of the original signature uploaded into CIRCUlink as well as electronic signatures. Applicants are not required to send original copies of the Signature Form to Heart & Stroke. Electronic signatures are considered equivalent to original signatures.

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

### *B.4.4 Incomplete/Unacceptable Applications*

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

Any **incomplete** applications, **applications without required signatures or letters of reference** and/or **applications that do not respect the stated page and character limits**, as noted in this guideline document, will **NOT** be admissible to the competition.

### *B.4.5 Competition Results*

Official decision letters will be sent to all Applicants by May 2027, and notices of conditional awards will be provided beforehand as an update on the status of applications, with a public announcement posted at a later date on the Heart & Stroke and Brain Canada Research websites.

***

## C. GENERAL INFORMATION

### C.1 Non-Employee Status

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

### C.2 Indirect Costs

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

### C.3 Financial Gain

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

### C.4 Research Integrity Policy

The primary objective of Heart & Stroke's Research Integrity Policy is to protect and defend the integrity of the research process and to deal with allegations of scientific misconduct in a timely and transparent fashion. Data related to research by and with 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 to include actions that are inconsistent with "integrity" as defined in the Tri-Agency Policy Framework for the Responsible Conduct of Research, and to include such actions as fabrication, falsification, destruction of research records, plagiarism, redundant publications or self-plagiarism, invalid authorship, inadequate acknowledgement, mismanagement of Conflict of Interest. Heart & Stroke will assess allegations of scientific misconduct in the following manner:

- Any allegation of scientific misconduct will be initially reviewed by Heart & Stroke to determine whether an investigation is warranted. If it is felt that an investigation is required, Heart & Stroke may request that this be conducted by the Host Institution of the individual considered to have performed the alleged misconduct. In allegations specifically relate to the peer review process, the investigation may be conducted jointly by the 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 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 institute as a result of the findings.
- Applicants must certify that all statements made (or answers provided) in the application are correct and complete. Any misrepresentation of these statements (or answers provided) may result in the cancellation of the grant or award or delivery of funds to the Recipient.
- In cases where misconduct is concluded to have occurred, Heart & Stroke may apply sanctions against the individual(s) implicated. These sanctions will range from a reprimand letter to a ban from applying for or holding Heart & Stroke funds for a set period of time.

### C.5 Artificial Intelligence

Heart & Stroke aims to provide clear guidance on using artificial intelligence (AI) in grant and award applications to assure a consistent, transparent, and responsible approach for Applicants and reviewers.

This is to ensure that funding decisions made by Heart & Stroke are based on accurate and reliable information, thus maintaining the quality, accuracy, and reliability of research funded.

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

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

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

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

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

### C.6 Heart & Stroke Research Security Compliance Statement

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

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

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

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

### C.7 Ethical Requirements

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

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

- Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.
- Good Clinical Practice (GCP)
- Good Laboratory Practice (GLP)

- Any research involving human pluripotent stem cells must adhere to the CIHR Guidelines for Human Pluripotent Stem Cell Research. The institution must notify Heart & Stroke as to the results of the review by the CIHR's Stem Cell Oversight Committee
- In the case of laboratory animal experimentation, the guiding principles and standards enunciated by the Canadian Council on Animal Care
- Guidelines and standards for biological and chemical hazards as outlined in the Public Health Agency/Canadian Food Inspection Agency's Canadian Biosafety Standards and Guidelines
- TCPS2 (2022) – Chapter 9: Research Involving the First Nations, Inuit, and Métis Peoples of Canada

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

### Sex and Gender-Based Analysis and Reporting (SGBAR)

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

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

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

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

### Equity, Diversity and Inclusion (EDI)

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

> **Equity** is defined as the removal of systemic barriers and biases, enabling all individuals to have equal opportunity to access and benefit from the research, with a focus on those bearing a disproportionate burden of disease which includes but is not limited to: women, Indigenous peoples, persons with disabilities, older adults, members of visible minorities/racialized groups, and members of 2SLGBTQIA+ communities.
>
> **Diversity** is defined as differences among people, such as in in race, colour, place of origin, religion, immigrant and newcomer status, ethnic origin, ability, sex, sexual orientation, gender identity, gender expression and age.
>
> **Inclusion** is defined as the practice ensuring that all individuals are valued and respected for their contributions and are equally supported to contribute.

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

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

> EDI in research design (EDI-RD) involves designing research so that it takes EDI into account through approaches that may include intersectionality, sex and gender-based analysis and reporting (SGBAR), anti-racism, and disaggregated data collection and analysis, among others.

These approaches necessitate consideration of diversity and identity factors such as, but not limited to: age, culture, disability, education, language, neurodiversity, parental status/responsibility, place of origin, religion, race, sexual orientation, and socio-economic status.

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

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, has 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

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

Compliance with the *Open Access to Research Outputs* policy is a condition of acceptance of all Heart & Stroke research funding.

### C.11 Communicating Research to the Public and Donors

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

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

### C.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 publications and presentations 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 which 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 address is only monitored **Monday to Friday** from **9:00am-5:00pm ET**.

### 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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