News & Events

CIHR Project is just around the corner!

Project 19-09 REGISTRATION is due on ResearchNet (RNet) by 8:00 pm EST on Wednesday, August 14, 2019. Remember: NO CV is required to Register, and your SUMMARY is vital in assigning review panel members.

Once you have completed/submitted your registration on RNet, you can immediately start your Application on RNet. Be sure to choose Institution Paid as McMaster University in Application Details section so that you are updated on any INTERNAL deadline requirements from McMaster.

The McMaster mandatory INTERNAL Application review deadline is Tuesday September 3 by 12:00 noon on RNet. The early internal deadline is August 19; choosing an early deadline will inform a more robust review.

CIHR Observer Program for Early Career Researchers (ECRs)

CIHR is once again offering the Observer program for early career researchers (ECRs) to participate in the peer review process for the Project Grant: Fall 2019 competition. To be eligible to participate in this Observer program, the ECR must be within 60 months of their first independent appointment, as of the application deadline of the Project Grant competition, September 11, 2019. This program is designed as an opportunity for ECRs to observe face-to-face peer review committee meetings and gain valuable insights on the review process. This is a terrific opportunity to get involved with peer review at CIHR and see what goes on behind the scenes.

Please note: ECRs who previously participated in the Observer program for a Project Grant competition are not eligible to participate. All ECRs who have submitted applications to past CIHR Observer programs are required to re-submit an application to be considered in Fall 2019. If there are more than two candidates for a single committee, a lottery approach will be used to select the final candidates. All those McMaster ECR who have previously participated have indicated that they have benefited. This is a very popular program, and by application only; submit by the deadline of Aug 21, 2019.

The full details are available on CIHR’s website.

CRC Tier 2 Positions in the Faculty of Health Sciences

McMaster University is located on the traditional territories of the Haudenosaunee and Mississauga Nations and within the lands protected by the “Dish With One Spoon” wampum agreement. In keeping with its Statement on Building an Inclusive Community with a Shared Purpose, McMaster University has a vision to achieve creativity, innovation and excellence in teaching, research and service by engaging a diverse and highly talented educational community and embodying the values of integrity, respect and collaboration.

Position Description:

The Faculty of Health Sciences invites applications for an open competition for two Tier 2 CRCs in all fields of study within the faculty. Nominees for Tier 2 Chair positions should, at a minimum, be assistant or associate professors, or possess the necessary qualifications to be appointed to these levels and must hold a full-time faculty appointment at McMaster University within the Faculty of Health Sciences. Individuals who have a firm offer of employment in one of these categories to the University that takes effect by January 1, 2020, are also eligible.
Tier 2 Chairs, tenable for five years and renewable once, are intended for exceptional emerging researchers (i.e., candidates must have been an active researcher in their field for fewer than 10 years at the time of nomination) and acknowledged by their peers as having the potential to lead in their field. Tier 2 nominees must:

- be excellent emerging world-class researchers who have demonstrated particular research creativity;
- have demonstrated the potential to achieve international recognition in their fields in the next five to ten years;
- as chairholders, have the potential to attract, develop and retain excellent trainees, students and future researchers; and
- be proposing an original, innovative research program of high quality.

Candidates who are more than 10 years from having earned their highest degree and who have had career breaks, such as maternity, parental, or extended sick leave, clinical training, etc., may have their eligibility for a Tier 2 Chair assessed through the program’s Tier 2 justification process. Please contact Tracy Arabski at arabski@mcmaster.ca for more information. Full program information, including further details on eligibility criteria, can be found at the Canada Research Chairs website at http://www.chairs-chaires.gc.ca/program-programme/nomination-mise_en_candidature-eng.aspx. All nominations for CRCs are subject to review and final approval by the CRC Secretariat.

Commitment to Inclusive Excellence: Equity, Diversity and Inclusion Statement:

The diversity of our community and our workforce is integral to and at the core of our innovation and creativity and strengthens our research, teaching and service excellence, as well as our broader learning environment. To achieve this vision for inclusive excellence, McMaster is committed to principles of equity and inclusion. McMaster invites applications from all qualified candidates and particularly welcomes applications from self-identified Indigenous (First Nations, Métis and Inuit) peoples, members of racialized communities (“visible minorities”), persons with disabilities, women and LGBTQ+ persons of marginalized sexual orientation and gender identities.

All qualified candidates are encouraged to apply; however, in accordance with Canadian Immigration requirements, Canadian citizens and permanent residents of Canada will be given priority.

How to apply:

The application and review process requires interested applicants to complete the “Application to be nominated for a Canada Research Chair” which reflects all criteria and indicators of success and include a most recent CV. The deadline for submission for this competition is September 30th, 2019. The Dean will have final approval of all recommendations regarding CRC allocations. A CRC review panel will review applications and successful applicants will be invited to complete a full application to CRC. Applicants will be notified of their success and the successful applicant will be asked to submit their CRC application based on the time of the expiry of the CRC as outlined below.

<table>
<thead>
<tr>
<th>Tier 2 CRCs</th>
<th>Date of Internal Application to be nominated for a Tier 2 Canada Research Chair</th>
<th>Anticipated Date of Approval FHS Committee</th>
<th>Date of Application to CRC</th>
<th>Anticipated Date of Decision from CRC</th>
<th>Commencement of New Position</th>
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<tr>
<td>Two Tier 2 CRCs</td>
<td>September 30th, 2019</td>
<td>November 30th, 2019</td>
<td>April 20th, 2020</td>
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McMaster University recognizes the potential impact that career interruptions and personal circumstances (e.g., pregnancy, early childcare, eldercare, illness, etc.) can have on an applicant’s record of research achievement. We encourage applicants to explain in their applications the impact that career interruptions, or other issues may have had as described under “Career Interruptions” at CRC’s Requirements for recruiting and nominating Canada Research Chairs at http://www.chairs-chaires.gc.ca/program-programme/equity-equite/recruitment-recrutement-eng.aspx. Further detail may be found under Guidelines for Assessing the Productivity of Nominees at http://www.chairs-chaires.gc.ca/peer_reviewers-evaluateurs/productivity-productivite-eng.aspx#career.
Applicants should submit the application to be nominated for a CRC chair, cv, and a statement describing any contributions that the applicant may have made to advancing equity, diversity and inclusion in teaching, learning, research or service within post-secondary, community-based and other professional settings (2 pages maximum).

All applicants must also complete a brief Diversity Survey as part of the application process. This survey can be found at https://surveys.mcmaster.ca/limesurvey/index.php/77732?lang=en and will take approximately two minutes to complete. The questions are voluntary. All information collected is confidential and will be used to support efforts to broaden the diversity of the applicant pool and to promote a fair, equitable and inclusive talent acquisition process.

Job applicants requiring accommodation to participate in the hiring process should contact the Human Resources Service Centre at 905-525-9140 ext. 222-HR (22247) to communicate accommodation needs.

Queries should be addressed to Tracy Arabski, Director, Health Research Services at arabski@mcmaster.ca or ext. 22515.

New Frontiers in Research Fund

The New Frontiers in Research Fund programs will soon be launching two new competitions: (1) Exploration stream and (2) Transformation stream. Here is an overview of the two competitions. A full announcement will follow.

1. Exploration stream

The 2019 Exploration Competition of the New Frontiers in Research Fund (NFRF) will be launched July 3. All competition documents will be available on the program website on that day, and the Convergence Portal will be open. New this year, researchers at all career stages are invited to apply to the program. The objective of the Exploration stream is to generate opportunities for to conduct high-risk, high-reward and interdisciplinary research not available through funding opportunities currently offered by the three agencies.

Application Deadlines:
This competition has 3 stages. Applications at each stage will be submitted by the RGO (HRS/ROADS depending on PI’s primary departmental affiliation):
- Notification of Intent to Apply (NOI) stage with a deadline of August 7th, 2019 (at 8:00 PM eastern),
- FHS NOI INTERNAL deadline is 12:00 noon on August 7th, 2019
- Letter of Intent to Apply (LOI) stage with a deadline of September 4th, 2019 (at 8:00 PM eastern), and
- Application stage with a deadline of December 10th, 2019 (at 8:00 PM eastern).

2. Transformation stream

To be launched in October, this competition stream will support large-scale, Canadian-led interdisciplinary research projects that have the potential to bring about real and lasting change. The Canada Research Coordinating Committee (CRCC) has established the parameters of the Transformation stream, including the objectives, selection criteria and review process.

The 2019 competition that will take place following community consultations will see an investment of $144 million over six years, with individual awards of up to $4 million per year. More details to follow.

Introducing NSERC's New Research Partnership Program now called Alliance Grants

NSERC has announced the launch of the new research partnerships program, now called Alliance Grants. This program will replace the CRD, Engage (and Engage Plus), IRC, Strategic Partnership (Projects and Networks), Experience and Connect grants.

Please note the following:
- NSERC will begin accepting new applications for Option 1 of this program (NSERC funds 50-66% of the project depending on the size of the partner) as of May 21st, 2019
- Option 2 (NSERC funds 90-100% of the project) will be phased in gradually
- All currently awarded projects will have no changes
If you have any questions regarding NSERC’s new Alliance grant, please contact:
Amber Metham
Associate Director, Research Contracts
McMaster Industry Liaison Office
metham@mcmaster.ca, ext. 26878

MILO will be preparing documents to assist researchers with applications to the new program and will be circulating those in the near future.

2020-2021 Fulbright Canadian Research Chair Program

Accepting applications from academics and professionals through November 15th, 2019.
Fulbright Scholars are selected for their academic merit, leadership potential and interest in engaging with international scholars and communities. These grants support research with colleagues at institutions across the US.
For a full list of Fulbright opportunities see the link here: https://www.fulbright.ca/programs/canadian-scholars/visiting-chairs-program

Eligibility for these awards, require the candidate to meet the minimum requirements mentioned below:

- Have Canadian citizenship (Permanent residence is not sufficient).
- Hold a PhD or equivalent professional/terminal degree as appropriate.
- Be proficient in English.
- Applications accepted until November 15, 2019
- For a more comprehensive overview of the application process, please access this link.

Fulbright Canada Research Chair in Public Health- Johns Hopkins University- US$25,000 for 4 months.

Funding opportunities for southern Ontario organizations

On February 27, 2019, over $1 billion was announced for FedDev Ontario to continue driving innovation and growth in the region over the next six years. Recognizing the vital role smaller and rural communities play in the region’s economy, as well as their unique needs and opportunities, FedDev Ontario is dedicating $100 million of this new funding to support projects in rural southern Ontario.

FedDev Ontario is now accepting applications under three simplified funding streams that are easy to navigate, and have been designed to meet the needs of our innovators, job creators and communities.

FedDev Ontario is looking for innovative projects in southern Ontario that will:

- Increase the number of high-growth firms.
- Strengthen key clusters and build on areas of regional innovation strength.
- Increase the commercialization of new and innovative technologies, products or processes.
- Increase business investments in the adoption/adaptation of leading-edge technologies.
- Create and maintain highly skilled jobs.
- Increase the value of exports.
- Promote inclusive growth and participation of traditionally underrepresented groups such as women, Indigenous and young entrepreneurs.
- Strengthen opportunities and networks to drive growth, and support the attraction and retention of businesses and talent to southern Ontario’s smaller communities and rural areas.

Applications can be submitted for:

- Non-repayable contributions from $250,000 up to $5 million per project for not-for-profit organizations.
- No interest, repayable contributions from $250,000 up to $5 million per project for incorporated businesses, including
Indigenous businesses.
Explore our funding opportunities by clicking [here](#) and choosing one of three funding streams.

**MITACS – leveraging partner funds to source funds for trainees**

While the MITACS program has been around a long time, it has undergone some significant changes to both programs and structure, and it is an underutilized source for funding trainee experiences. Consider leverage your existing partnered funding to apply for added funds for trainee management, travel and collaborative programs. Ongoing applications, simplified submission procedures, and high success rates!

- Eligible partners include companies *(anywhere in the world!)* and not-for-profits *(Canada)*
- Get funding for projects big or small *(4 months to 4 years or longer)*
- Funding includes both stipends and research expenses

Connect with MITACS specialist Ryan Caldwell, [rcaldwell@mitacs.ca](mailto:rcaldwell@mitacs.ca) located at McMaster Industry Liaison Office (MILO). [https://www.mitacs.ca/en/programs](https://www.mitacs.ca/en/programs)

**MIRA 2019 Funding**

**TRAINEE FUNDING**

**MIRA Graduate Student Travel Awards**

**Deadlines to apply: September 6**

**Funding available: Up to 10 awards of $500**

Graduate students travelling to collect data or to present research at an academic conference are eligible for up to $500 in travel funding from MIRA. For more details, [click here](#); [Download the application form here](#).

**RESEARCH GRANTS**

**Canadian Longitudinal Study on Aging: Call for Proposals**

**2019 application deadlines: September 23**

**Funding available: MIRA can support access fees ($3,000) for up to 10 CLSA data applications**

MIRA members are eligible for support in accessing CLSA data, a national database tracking 50,000 Canadians aged 45 to 85 over a period of 20 years. Data access applications are accepted three times per year. Researchers should notify Audrey Patocs by emailing her at [patocsae@mcmaster.ca](mailto:patocsae@mcmaster.ca) prior to applying for CLSA data access to be considered for MIRA funding. MIRA funds will be allocated only to projects that do not have any other funding for this purpose. [More information](#)

**MIRA/LCMA Matching Funding for External, Competitive Funding Calls**

**Deadline: Rolling**

**Funding available: Matching funds up to $100,000**

In order to improve the positioning of McMaster’s researchers in external funding competitions, MIRA and the Labarge Centre for Mobility in Aging have allocated funding that may be used to match or leverage external funds. This process is intended to be used for requests related to externally funded, peer-reviewed grant competitions that require a matching component. For more details, [click here](#).

**Compilation of GDPR Guidance Now Available**

The Office for Human Research Protections has developed a new resource for IRBs, researchers, and sponsors that are involved in human subjects research in Europe. Titled Compilation of European GDPR Guidances, the document lists the data protection authorities of all European countries that fall under the new EU General Data Protection Directive (GDPR). For each country, the compilation also provides the links to any general GDPR guidances, as well as specific guidances on the topics of Research, Legal Basis, Consent, and International Data Transfer.
The new Compilation is available here: [https://www.hhs.gov/ohrp/international/index.html](https://www.hhs.gov/ohrp/international/index.html)

## Health Research Grant Competitions

**Programs administered by Health Research Services, unless otherwise indicated. Email: hsresadm@mcmaster.ca**

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<td>CIHR – Team Grant: Pathways Implementation Research Teams – Component 3</td>
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<td>CIHR – Catalyst Grant: Analysis of Canadian Longitudinal Study in Aging Data</td>
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<td>CIHR – Chair: Sex &amp; Gender Science</td>
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<td>CIHR – Team Grant: Partnerships for Cannabis Policy Evaluation</td>
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<td>CIHR – Prize: The CIHR Institute of Human Development, Child and Youth Health Talks</td>
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<td>CIHR – Doctoral Research Award: Frederick Banting and Charles Best Canada Graduate Scholarships Doctoral Award</td>
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<td>Heart &amp; Stroke Foundation: Personnel Award Programs</td>
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<td>Crohn’s &amp; Colitis Foundation: Visiting IBD Research Fellowship Program</td>
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**CIHR – Operating Grant: Network Environments for Indigenous Health Research (NEIHR)**

The purpose of the Network Environments for Indigenous Health Research (NEIHR) Program is to establish a national network of centres focused on capacity development, research and knowledge translation (KT) centered on Indigenous Peoples (i.e., First Nations, Inuit and Métis). The network of centres is intended to provide supportive research environments for Indigenous health research driven by and grounded in Indigenous communities in Canada. Indigenous communities are broadly defined as individuals, groups and organizations, and populations who self-identify as Indigenous, living and working anywhere in Canada, including urban centres. The network of centres will also ensure continued growth, broad regional development and international collaborations.

Capacity Building: The funded NEIHR centres will take a comprehensive approach to building capacity in Indigenous health research by concentrating on Indigenous communities and structural factors (e.g., educational systems, institutions, research infrastructures, policy apparatus) and by focusing on individual agency (e.g., supporting trainees and researchers). The network of centres will support the development and implementation of multiple and multi-level strategies that fully engage Indigenous communities and
traditional Indigenous knowledges to establish a robust and sustainable foundation for Indigenous health research. In addition, one of the successful NEIHR centres will take on the additional role of the NEIHR Coordinating Centre, which will coordinate the NEIHR centres across Canada under one governance structure and be accountable to both NEIHR-affiliated Indigenous communities and CIHR. The NEIHR Coordinating Centre will also act as the focal point for international collaboration in order to help achieve the NEIHR centres’ mandate.

Community-Based Participatory Research: Through the network of centres, capacity for community-based participatory research (also known as community-based research) will be increased within Indigenous communities with a unique emphasis on trainees of Indigenous ancestry. The NEIHR centres will support Indigenous community organizations in applying to CIHR to become eligible host institutions to receive CIHR funds, and will aim to increase the number of Indigenous community members (e.g., Elders and Knowledge Holders [see Eligibility]) who are CIHR-funded investigators and knowledge users. The funded NEIHR centres will also support the submission of applications by Indigenous health researchers to CIHR competitions or other funding programs, and improve the competitiveness of NEIHR-affiliated researchers and trainees for future research grants and awards.

Co-Learning Strategies: The funded NEIHR centres will increase options for co-learning strategies in Indigenous community settings that are appropriate to the specific learning objectives, strategies and techniques, and projected outcomes of the trainees, early career investigators, community research associates, established investigators who are newly recruited to Indigenous health research, knowledge users, and Indigenous grassroots community members. Co-learning strategies will also yield training materials on Indigenous-specific scholarship, Indigenous health research, Indigenous research ethics and community relationships. In this way, co-learning strategies will improve professional development skills in managing data derived from Indigenous people and provide training modules on emerging professional expectations for new science/policy/practice frontiers.

Engagement of Networks: National Research Agenda: The funded NEIHR centres will heighten the engagement of networks among Indigenous communities, Indigenous and non-Indigenous researchers, and interdisciplinary, multi-sectoral groups and organizations. Thus, NEIHR grantees will support a national research agenda in Indigenous health and champion Indigenous community-based research and Indigenous research paradigms. The NEIHR Program will contribute to improved health, wellbeing, strength and resilience of Indigenous Peoples. NEIHR grantees will assemble evidence of the transformative nature of research benefiting Indigenous Peoples, both by individual NEIHR grants and collectively, including evidence obtained from non-NEIHR grants.

Advisory, Coordination and Knowledge Translation Role: When appropriate, the NEIHR Coordinating Centre and selected grantees will play an advisory role to CIHR and other research-related organizations on the development and implementation of policies, processes and programs that may impact Indigenous health research. When appropriate, the funded NEIHR Coordinating Centre will coordinate advice to share with other research entities, initiatives and platforms such as the Canadian Research Data Centre Network (CRDCN).

Funding Details: The maximum amount per grant is $700,000 per year for 5 years, with the possibility for up to a maximum of two renewals, pending successful outcomes of individual and independent evaluations conducted every five years.

Additional Details
Internal HRS Deadline: August 21, 2019
Sponsor Deadline: September 4, 2019

CIHR – Standardization Platform on Age and Sex as Biological Variables

Understanding the mechanisms that underlie differences between males and females in health and disease is crucial to developing targeted prevention and treatment options as well as strategies to maintain health for people of all ages. Research is needed to deepen our understanding of mechanisms that drive sex differences in the incidence, progression and response to treatment for specific conditions, as well as sex-specific mechanisms that may underlie a common phenotype (e.g., depression or pain). While methods for studying sex-specific mechanisms exist in the literature, researchers are lacking standard operating procedures and the appropriate technical training and resources to apply them.

Sex differences are present at the time of conception (i.e., the sex chromosomes), and may also emerge during early prenatal development under the influence of genetic and hormonal events that affect tissues throughout the body. The magnitude of sex differences and the effects of sex hormones change across the lifespan. Males and females experience a change in hormone milieu at puberty, and, for women, the hormone milieu changes drastically again at menopause, which is referred to as reproductive senescence in animal models. Much less is known about hormonal changes in males as they age and the resulting impact on their health. Designing, executing and interpreting studies to increase our understanding of basic mechanisms that drive sex differences requires appropriate expertise, support, and resources. With basic science research increasingly considering the importance of sex and age as biological variables, researchers require standard operating procedures, technical training and resources to support them.
This funding opportunity defines basic science as laboratory studies that use cells, tissues, and animal experiments to address fundamental mechanisms.

The overarching goal of this initiative, which is part of CIHR Institute of Gender and Health (IGH) greater Sex and Gender Science Strategy, is to support the establishment of a multidisciplinary platform that includes researchers with expertise in studying sex and age as biological variables in basic science across different levels of analysis (i.e., cells, tissues, and animals). This platform will identify best practices for studying sex and age as biological variables in basic science, provide training, and promote these methods and services (e.g., tools developed, Four Core Genotypes colonies, training on how to perform gonadectomies or estrous cycle staging). Specifically, the platform is expected to address three key components:

- Methods and Materials: Create an inventory of best practices, harmonization and standardization processes to study sex and age as biological variables for the basic science community, including procedures and materials;
- Training: Build capacity by providing specialized training and learning opportunities for Canadian researchers (e.g., webinars, hotline, interactive modules, coaching, visiting scholars, wet laboratory training); and
- Knowledge Translation: Promote the platform, its best practices, services offered and tools developed across Canada and internationally.

The application process will consist of two stages:

- Phase 1: The first phase will support three (3) teams at a letter of intent (LOI) stage for one year to propose a best practices platform that will develop, validate, harmonize and optimize standardized methods (termed the Standardization Platform). The teams will then be required to meet with the fundamental/basic science research community (i.e., basic cellular, tissue, and animal researchers) at a strengthening workshop. The goal of the workshop will be to provide opportunities for applicants and the research community to exchange information and ideas, with the overall goal of strengthening full applications.
- Phase 2: The second phase will support a full application for a single platform team over four years, to create, teach and disseminate the best practices including standard operating procedures for the integration of sex and age as variables in basic cellular, tissue, and animal preclinical research.

Collaboration: We expect successful applicants at the full application stage to collaborate with a number of existing funded teams already engaged in research exploring sex and age in basic science, including:

- Sex and gender champions from the CIHR human immunology core platform;
- Sex and gender champions from the CIHR microbiome core platform;
- Teams from the Geroscience Demonstration Grants initiative;
- Sex and Gender Science Chairs within the Biomedical Pillar

**Funding Details:** The total amount available for this funding opportunity is $2,075,000. Developmental grants of up to $25,000 per grant may be offered, if requested, to successful applications at the Letter of Intent stage. The total amount available at the LOI stage is $75,000. At the full application stage, the maximum amount per grant is $500,000 per year for 4 years.

**Additional Details**

**Internal HRS Deadline:** Phase One: August 21, 2019 & Phase Two: September 24, 2020

**Sponsor Deadline:** Phase One: September 4, 2019 & Phase Two: October 8, 2020

**CIHR – Team Grant: Pathways Implementation Research Teams – Component 3**

The Pathways Implementation Research Teams Component 3 Funding Opportunity supports the overall goal of the Pathways to Health Equity for Aboriginal Peoples (Pathways) Initiative, which is to develop a better understanding of how to design and implement equitable reach, access and sustainability of population health interventions (such as those funded by Public Health Agency of Canada, and First Nations and Inuit Health Branch at the Department of Indigenous Services Canada (formerly of Health Canada) that will improve Indigenous (i.e., First Nations, Inuit, and MÉtis) health and health equity.

While components 1 and 2 of this initiative dealt with designing interventions, Component 3 will focus on implementing interventions. Reach, access and sustainability of interventions can take on different forms such as:

- implementing an intervention that is adaptable to changes in the immediate environment; implementing the intervention among other individuals, groups and/or populations;
- integrating the intervention with other pre-existing interventions; and
- adopting the intervention as an organizational practice, program and/or policy.

The focus of research supported through this funding opportunity will be on population health interventions, defined as policies, programs and resource distribution approaches that have the potential to impact health and health equity at a population level across the life course. There are four exemplars of focus: Mental Wellness, Diabetes/Obesity, Tuberculosis, and Oral Health.
Implementation Research Teams (IRTs) will be comprised of researchers and knowledge users, including Indigenous community members and knowledge holders*. Researchers on teams are expected to bring together pertinent expertise in Indigenous health, research using an implementation science** approach, health systems research, and knowledge translation (KT). Researchers, knowledge users, and Indigenous knowledge holders are expected to bring expertise in Indigenous knowledge, local governance systems, community mobilization, culturally appropriate care, and preventive health services (design, implementation, evaluation).

Successful IRT Component 3 teams will be expected to study the equitable reach, access and sustainability of promising culturally appropriate population health interventions using an implementation science approach based on the interests and priorities identified by the partnering Indigenous communities. “Equitable reach, access and sustainability” will need to be defined by the applicants, in consultation with partnering Indigenous communities, in their proposal. Examples of dimensions that could define equitable reach and access includes variation in:

1. geography (remote, rural, urban);
2. Indigenous Peoples’ composition/Indigenous identity (First Nations, Inuit, Métis);
3. sex, gender and sexuality;
4. life stage (youth to adults, adults to Elders);
5. community readiness for intervention;
6. governance of community (heterogeneity on dimensions of community readiness/capacity and governance can be defined by teams in partnership with Indigenous communities).

Each team is expected to have a primary focus on a single Pathways exemplar. In recognition of the need for holistic approaches to wellness and the interrelationships across exemplars, proposals may include a secondary focus on one or more of the other Pathways exemplars.

It is required that community partnerships be established within the research teams and that applications for funding are undertaken jointly from the outset.

In keeping with the CIHR Sex, Gender and Health Research policy, all teams will be expected to consider how gender might shape access and responsiveness to interventions. Applicants are encouraged to visit the CIHR sex- and -gender based analysis resource page for more information on key considerations for the appropriate integration of gender in their proposal.

Prospective and funded teams are encouraged to engage with the Partners for Engagement and Knowledge Exchange (PEKEs) in the application process and to work closely with the PEKEs to aid in knowledge translation efforts including from community to community and to negotiate research and/or data-sharing agreements with communities according to relevant principles. In addition funded teams are encouraged to engage with the future Network Environment for Indigenous Health Research (NEIHR) teams to expand community engagement and knowledge translation efforts.

Funding Details: The maximum amount per grant is $300,000 per year for up to 5 years for a total of $1,500,000, per grant. An additional 25% (minimum) of the total grant amount requested must be supported by applicant partners as cash and/or in-kind.

Additional Details
Internal HRS Deadline: August 22, 2019
Sponsor Deadline: September 5, 2019

CIHR – Catalyst Grant: Analysis of Canadian Longitudinal Study in Aging Data

The Canadian Longitudinal Study on Aging (CLSA) is a large, national, long-term study/platform that is following approximately 50,000 men and women between the ages of 45 and 85 at study inclusion for at least 20 years. The CLSA collects information on the changing biological, medical, psychological, social, lifestyle and economic aspects of people’s lives. These factors can be studied in order to understand how, individually and in combination, they have an impact on both maintaining health and in the development of disease and disability as people age. The ultimate aim of the CLSA is to find ways to improve the health of Canadians by better understanding the aging process and the factors that shape the way we age.

The CLSA intends to release new data in 2019 in addition to previously released alphanumeric data from baseline and follow-up1 (FUP1), baseline biomarkers related to clinical chemistry, genome-wide genotyping, and images from retinal scans, DEXA and carotid ultrasound.

Expected data in 2019 will include baseline data related to epigenetics, and medications, as well as FUP1 data related to cognition and neuropsychology, physical assessments, hearing, visual acuity, tonometry, spirometry, electrocardiogram, Carotid Intima Media Thickness, open text on healthy aging and labour force, and the hematolgy report. More detail concerning data and biospecimen availability can be found here.
Inherited diseases, often called rare or orphan diseases, are perceived as diseases affecting only a few individuals. Studies about the burden of inherited disease are currently complex as care is often provided by specialists, and these diseases are classified within a specific therapeutic area(s) rather than being recognized as the core cause, which is an inherited disease. This situation is exacerbated by the fact that the diseases coding system mainly used worldwide, the International Classification of Diseases-10 (ICD-10), does not include specific coding for rare diseases. However, looking forward, the adoption by healthcare providers and administrative databases of the newly introduced ICD-11 could facilitate these studies as rare diseases are still distributed across therapeutic areas, but are now partly coded and can be studied collectively. Hopefully, the implementation of ICD-11 will be faster than the introduction of ICD-10 in Canada. Launched by the WHO in 1992, it was adopted by the various provinces and territories from 2001 to 2006.

The integration and consideration of health equity and sex and gender based analysis (SGBA+) is encouraged.

**Funding Details:** The maximum amount per grant is $70,000 for up to 1 year. Of this $715,000:

- $210,000 is available from the Institute of Aging (IA) to fund applications submitted by Early Career Investigators any health-related area
- $70,000 is available to fund an application relevant to the Institute of Circulatory and Respiratory Health (ICRH).
- $140,000 is available to fund an application relevant to the Institute of Infection and Immunity (III)
- $15,000 is available as a top-up funding from the Quebec Network for Research on Aging to the highest ranked fundable application from the Province of Quebec relevant to the Network.
- The remaining $280,000 ($210,000 from IPPH and $70,000 from IGH) is available to fund applications in any health-related areas in rank order as far as the remaining budget will allow.

**Additional Details**

LOI Deadline: August 16, 2019
Internal HRS Deadline: August 23, 2019
Sponsor Deadline: September 6, 2019

**CIHR – SGBA+ Health Policy-Research Partnerships**

The integration of sex and gender considerations throughout the health policy process (i.e. planning, implementation, knowledge transfer, impact assessment and re-design) can be complex. Effective integration of evidence-based sex- and gender-based analysis (SGBA+) requires a thorough review of best available evidence, including consideration and mitigation of potential negative unintended consequences.

In response to the Canadian government’s renewed commitment to gender equality, in 2017 Health Canada approved a department-wide Sex and Gender Action Plan. A key activity within this action plan is a partnership between the CIHR Institute of Gender and Health (IGH), and Health Canada’s Gender and Health Unit (GHU). The aim of this collaboration is to fund Policy-Research Partnerships, which will help bridge the gaps between research knowledge and policy development, and support the rigorous application of SGBA+ to ensure Health Canada’s outward facing activities address the diverse needs of women, men, girls, boys and gender-diverse people to maximize positive health outcomes and improve the health of Canadians.

**Funding Details:** The maximum amount per grant is $75,000 for up to one (1) year.

**Additional Details**

Internal HRS Deadline: August 27, 2019
Sponsor Deadline: September 10, 2019

**CIHR – Operating Grant: Knowledge Synthesis Grant: Socio-Economic Burden of Inherited Disease**

This funding opportunity lies within the scope of the efforts deployed over the past few years by the CIHR Institute of Genetics to support rare/inherited diseases researchers, patients and patients’ organizations. These efforts, initiated as an exemplar under CIHR’s Personalized Medicine Signature Initiative, now continues under the Personalized Health Initiative, with an enhanced focus on implementation. In that spirit, the current funding opportunity addresses challenges linked to health services and policy and population health research.

Inherited diseases, often called rare or orphan diseases, are perceived as diseases affecting only a few individuals. Studies about the burden of inherited disease are currently complex as care is often provided by specialists, and these diseases are classified within a specific therapeutic area(s) rather than being recognized as the core cause, which is an inherited disease. This situation is exacerbated by the fact that the diseases coding system mainly used worldwide, the International Classification of Diseases-10 (ICD-10), does not include specific coding for rare diseases. However, looking forward, the adoption by healthcare providers and administrative databases of the newly introduced ICD-11 could facilitate these studies as rare diseases are still distributed across therapeutic areas, but are now partly coded and can be studied collectively. Hopefully, the implementation of ICD-11 will be faster than the introduction of ICD-10 in Canada. Launched by the WHO in 1992, it was adopted by the various provinces and territories from 2001 to 2006.
In recent years a new picture about the frequency of rare diseases has been emerging, due in part to the increased awareness of rare diseases. In addition, the introduction of new sequencing technologies – that have increased the speed and decreased the cost of identifying mutations that are causal for rare diseases – also contributed to better appreciation of the impact of these diseases. Indeed, it is estimated that 75% of inherited diseases affect children where 1 in 15 children are born with an inherited condition, 1 in 4 beds in paediatric wards are thought to be occupied by a child with an inherited disease and 1 in 3 children with an inherited disease die before they reach their fifth birthday. This picture currently shows that, collectively, inherited diseases are far from being rare and indeed are a major (if not the main) contributor to childhood mortality and morbidity in Canada. However, these are currently estimates, and true numbers for Canada are lacking. To-date, one other aspect that has been under-evaluated is the economic burden (direct and indirect costs) of inherited diseases.

Considering this, as well as CIHR’s mandate, the purpose of this funding opportunity is to support teams of researchers and knowledge users to produce knowledge syntheses that will contribute to the use of synthesized evidence in decision making and practice. This funding opportunity is expected to generate a clear picture of the mortality, morbidity and burden of inherited diseases in the Canadian context, with the economic costs focused on direct cost to the health care system. A comparison of current Canadian information to information from other jurisdictions where similar analyses have been completed would be welcome.

For this call, inherited disease is defined as a disease that can be passed from one generation to the next and would include de novo mutations found in germline cells but would exclude 'rare' non-inheritable conditions (e.g. retinopathy of prematurity and most (but not all) childhood cancers).

**Funding Details:** The maximum amount per grant is $100,000 per year for up to 1 year.

**Additional Details**

**Internal HRS Deadline:** September 3, 2019  
**Sponsor Deadline:** September 17, 2019

**CIHR – Fellowship: Banting Postdoctoral**

In 2010 the Government of Canada allocated $45 million over five (5) years to deliver the high-profile, prestigious Postdoctoral Fellowships Program.

The fellowship was named in memory of Sir Frederick Banting, the Canadian physician, researcher, Nobel laureate and war hero who, together with his assistant Dr. Charles Best, is credited with the discovery of insulin. The Banting Postdoctoral Fellowships program provides funding to the very best postdoctoral applicants, both nationally and internationally, who will positively contribute to the country’s economic, social and research-based growth. The program is jointly administered by Canada’s three federal granting agencies: the Canadian Institutes of Health Research (CIHR), the Natural Sciences and Engineering Research Council (NSERC) and the Social Sciences and Humanities Research Council (SSHRC). CIHR has been designated as the operational lead for the implementation of the program.

The Banting Postdoctoral Fellowships Program is distinguished from existing postdoctoral fellowships programs by its emphasis on the synergy between an applicant’s individual merit and potential to launch a successful research-intensive career, and the host institution’s commitment to the research program and environment with which the applicant is to be affiliated. As such, an applicant’s application to the Banting Postdoctoral Fellowships Program must be completed in full collaboration with the proposed host institution.

**Funding Details:** The maximum amount per award is $70,000 (taxable) per year, for up to two (2) years and a total of $140,000 per award. The funding is not renewable.

**Additional Details**

**Sponsor Deadline:** September 18, 2019  
*To apply please contact Graduate Studies*

**CIHR – Catalyst Grant: Understanding Disease Prevention and Risk Factor Modification**

For many common diseases, we know of important biological risk factors and the significant influence of personal action, lifestyle and other environmental factors on their expression; however, efforts to reduce risk do not appear to be as effective as expected. Legislative changes have occasionally been employed and demonstrated effectiveness (e.g., seat belts, smoking in public, etc.); however, not everything can be legislated and some legislation may be ineffective (e.g., bicycle helmet use).

Public health efforts aimed at changing individual behaviours, such as the promotion of healthy diet and exercise, have demonstrated limited effectiveness in reducing the incidence and morbidity of non-communicable diseases (NCD). In addition, both non-communicable and communicable disease (CD) management is facing challenges with respect to behaviours affecting access, acceptance and adherence to best practice and medication use. Consequently, efforts to influence health behaviours at the
population level (rather than at the individual level) through education campaigns, shifting social norms and modifying environments has been increasingly adopted in prevention strategies.

While it is understood that socio-economic, environmental and societal factors heavily influence individuals’ ability to optimize their health, ultimately, the solutions to these persistent health challenges require further understanding of how to engage and mobilize individuals, groups/organizations and communities to change toward behaviours that will improve long-term health outcomes at the level of the individual. Better understanding of the factors driving health behaviour change is needed, which should support individuals to make healthy choices before the next stage in a disease cascade is reached. For example, poor medication adherence to newly prescribed hypertension medications are associated with higher mortality and greater risk for hospitalization for specific cardiovascular diseases. Understanding the factors associated with poor adherence will provide patients and clinicians with possible solutions to improve adherence and outcomes.

So far, new technologies to monitor lifestyle and those at-risk for disease have not succeeded in identifying robust assessment tests. A key challenge in chronic disease prevention is enabling effective interventions and therapies to contribute to a reduction in morbidity, and ultimately mortality, as early as possible. Traditional (e.g., blood tests like hemoglobin A1C) and novel clinical (e.g., BMI, a clinical score, etc.) biomarkers can be important indicators of the impact of these interventions. For example, several randomized clinical trials have shown that physical activity and diet interventions can change biomarkers of cancer risk. Thus, they also potentially offer an avenue for providing individuals with personal information useful in reinforcing behaviour change.

In the area of communicable diseases, the emergence and re-emergence of preventable infectious diseases is increasingly becoming a challenge, especially in the context of increases in antimicrobial resistance (AMR) and vaccine hesitancy. As such, WHO has identified AMR and vaccine hesitancy as two of the top ten threats to global health in 2019. The understanding of behaviours leading to misuse of antibiotics or to vaccine hesitancy will play a key role in mitigating the emergence of superbugs and the resurgence of communicable diseases that were on the once close to eradication in Canada.

The future success of implementation research and interventions to improve population health (such as changes to the physical, natural or policy environment) will rely heavily on understanding the levers and barriers to change at the individual level and on how best to empower individuals’ engagement to change their behaviour for improvement of their current health and reduction in their future risk. Ultimately, research to identify factors that facilitate and/or impede positive behaviour changes, and acceptance and adherence to health and prevention strategies that lead to better health, will require multi-disciplinary approaches engaging expertise from beyond biomedical and clinical, such as psychology and the social sciences.

As a first step in charting the course for improved preventive efforts, ICRH, IA, ICR, III, IIPH and IPPH are launching a one-year catalyst grant opportunity to provide funding for research to expand the evidence and further understanding that can lead to future intervention studies in prevention. Funding will support the following focus areas:

1. Examining individual (e.g., attitudes, motivations), interpersonal (e.g., social relations, programs) and structural (e.g., institutions, policy apparatus) factors that support individuals to undertake steps to reduce risks to communicable or non-communicable future disease; OR
2. Exploring potential traditional and novel biomarkers for use in the optimization/personalization of targeted interventions for future risk reduction/prevention, and/or tools to support individual action(s) to reduce risk(s) for multiple preventable non-communicable conditions; AND
3. Adopting a perspective of risk factor reduction across the life course; leading to lessened future health burden and specifically focused on Canadian populations at increased risk as compared to the average Canadian. This includes but is not limited to: First Nations, Inuit and Métis Peoples; individuals residing in rural and/or remote communities; older adults and new aging populations*; newcomers to Canada; low income populations; and those who experience systemic, cultural and/or language barriers.

*In the context of this request for applications, new aging populations are defined as populations who historically have not reached an age at which they would experience chronic disease symptoms due to early mortality associated with an underlying serious diagnosis (e.g., cystic fibrosis, HIV/AIDS, childhood congenital disease or cancer).

**Funding Details:** The total amount available for this funding opportunity is $1,400,000, enough to fund approximately fourteen (14) grants. This amount may increase if additional funding partners participate. The maximum amount per grant is $100,000 for up to one (1) year. Of this $1,400,000:

- $700,000 is available to fund applications relevant to non-communicable diseases;
- $300,000 is available to fund applications relevant to communicable diseases;
- $200,000 is available to fund applications relevant to non-communicable diseases for Indigenous health;
- $200,000 is available to fund applications relevant to communicable diseases for Indigenous health.

[Additional Details](#)
**CIHR – Operating Grant: Methamphetamine and Related Psychostimulant Use**

The [Canadian Drug and Substances Strategy](https://www.canada.ca/en/health-canada/services/drugs-substances/drug-substances-strategy.html) (CDSS) is the Government of Canada's response to problematic substance use, providing an evidence-based approach to drug policy. In support of the CDSS, CIHR has launched a number of targeted funding opportunities in recent years to build the evidence base around specific substances and polysubstance use, and to rapidly deploy this knowledge to develop and implement practical policies and interventions. The current funding opportunity is focused on knowledge syntheses and implementation science approaches in the area of methamphetamine and/or related psychostimulant use more generally.

For the purposes of this funding opportunity, related psychostimulants refer to structurally or functionally related drugs that exhibit similar psychological and physiological effects to methamphetamine. These may include, but are not limited to, other forms of amphetamine (e.g., dextroamphetamine, 3,4-methylenedioxymethamphetamine [MDMA], etc.), and direct and indirect sympathomimetic psychostimulants (e.g., cocaine, methylphenidate, ephedrine, etc.). Excluded from this funding opportunity are nonsympathomimetic psychostimulants (e.g., caffeine, nicotine) and opioids, unless they are being examined in concert with eligible psychostimulants. Applicants studying related psychostimulants (i.e., eligible psychostimulants other than methamphetamine) must provide a clear justification of the relevance of the proposed psychostimulant to the Objectives of this funding opportunity.

While concerns about methamphetamine use in Canada have been growing, there is a relative lack of high-quality data on the scale of the issue and its impacts on healthcare and the health service system. There are reports in some jurisdictions of increased possession rates and seizures in recent years (suggesting increased availability), and an increase in individuals accessing treatment or harm reduction services. As a result, potential increased methamphetamine and/or related psychostimulant use is of significant concern given the known health and social problems associated with methamphetamine use disorder (MUD), including mental health disorders, such as methamphetamine-induced psychotic disorder. The effect of increased methamphetamine and related psychostimulant use on health services and the overall healthcare system is poorly understood, but has the potential for significant resource impacts.

In order to lay the groundwork for successful interventions at all levels – including treatment, harm reduction, and at the levels of health service systems and health care policies – this funding opportunity will focus on data collection, knowledge syntheses and implementation science studies focused at any level, including community, organizational or municipal.

**Funding Details:** The maximum amount per grant is $100,000 per year for up to 1 year.

**Additional Details**

**LOI Deadline:** August 30, 2019

**Internal HRS Deadline:** September 11, 2019

**Sponsor Deadline:** September 25, 2019

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**CIHR – Team Grant: UK-Canada Diabetes Research Team Grants**

British and Canadian research institutions possess rich and impressive records in diabetes research. Most notably Canadian scientists Dr. Fredrick Banting and Dr. John Macleod were awarded the Nobel Prize in Physiology or Medicine in 1923 for the discovery of insulin and its use in the treatment of type 1 diabetes. This is arguably one of the most significant clinical research findings of the 20th century and impacted the lives of people with diabetes almost immediately. Close to a century later, much has been learned about the pathogenesis of diabetes and new important treatments have been generated. Yet, the prevalence of diabetes is increasing and curative treatments are largely undefined.

In 2017 the estimated prevalence of diabetes among Canadians 20-79 years of age was 9.6% (The IDF Diabetes Atlas, 8th edition) an increase of approximately 70% in the past decade. Although diabetes-related mortality rates have decreased in Canada, the number of people affected by diabetes has continued to grow because of a surge in the number of new diabetes cases. In Canada, up to 40% of all hospital admissions for myocardial infarction, stroke, and heart failure occur in the diabetic population.1 The total Canadian health care costs attributable to new cases of diabetes diagnosed between 2012 and 2022 were estimated at $15.4 CAD billion.2 It is estimated that some five million people in the UK have diabetes, and this comes at a significant cost to the lives of those living with the disease — diabetes is one of the major causes of morbidity and mortality in the UK. Diabetes also costs the UK National Health Service (NHS) approximately £14 billion per year, equating to approximately 10% of the total NHS budget.

This initiative is being run under the umbrella of the UK Fund for International Collaboration (FIC). The FIC aims to enhance the UK’s excellence in research and innovation through global engagement. It focuses on bilateral and multilateral partnerships with global research and development leaders and is administered by UK Research and Innovation (UKRI).
As Canada’s health research investment agency, CIHR collaborates with partners and researchers to support the discoveries and innovations that improve the health of Canadians and strengthen the Canadian health care system. CIHR has, as part of its mission, a strategic commitment to lead, stimulate and facilitate effective Canadian international involvement in health research that benefits Canadians and the global community. The MRC and Economic and Social Research Council (ESRC) are committed to forming strategic partnerships that will lead to world-leading collaborative research, and to enable UK scientists to engage with the best minds, ideas and resources wherever they are located.

Through the UK-Canada Diabetes Research Team Grants, MRC, ESRC and CIHR aim to accelerate diabetes research into mechanisms and translational solutions to improve the lives of people with diabetes in Canada and the UK through research funding for approximately six internationally competitive and innovative UK-Canada Diabetes Research Teams that will enable the pursuit of shared research interests.

The focus of the collaborative projects will be upon ‘mechanisms and translational solutions’. Projects should focus on one or more of the following key diabetes knowledge gaps:

- Genetic variability
- Molecular mechanisms, including immune-mediated beta cell injury
- Human implementation pilot studies to reverse type 2 diabetes through physical activity and nutrition, including. Applications that include researchers with expertise in the social sciences are welcome, in addition to biomedical researchers. Social scientists can bring an understanding of, for example, individual behaviour, economic evaluation, inequalities, the wider political economy, and wider environmental influences.

Where applicable, researchers must provide justification that animal models proposed have the capacity to provide insights into mechanisms relevant to human diabetes and/or other information that will facilitate translation to human diabetes mellitus, consistent with the goal of this call.

This funding opportunity is meant to focus on research applicable to UK and Canadian settings, not on global health.

Applicants must integrate sex as a biological variable and gender as a social determinant of health, as appropriate, into their research to promote rigorous science and to allow for the discovery of sex and gender differences and their underlying mechanisms where appropriate. As such, applicants are required to indicate how they will account for sex (biological factor) and gender (socio-cultural factor) in the research design, methods, analysis and interpretation, and dissemination of findings. For more information and resources, please see the Sex, Gender and Health Research page on the CIHR website.

Each grant will require a UK Nominated Principal Investigator (PI) and a Canadian Nominated Principal Applicant (NPA) who will equally share leadership and project management for each project. Each PI and NPA will apply for funding to support their specific component from their respective funding agency.

**Funding Details:** The total amount available for this funding opportunity is approximately 3,600,000 GBP*. Of this approximately 3,600,000 GBP:

- The total amount available for this funding opportunity from CIHR is $2,700,000 CAD, enough to fund the Canadian component of approximately 6 grants. The maximum amount per grant is $150,000 per year for up to 3 years, for a total of $450,000 CAD per grant.
- The total amount available for this funding opportunity from MRC/ESRC is 2,000,000 GBP. MRC and ESRC will provide funding for the UK-based applicants under standard arrangements at 80% for Full Economic Costs (FEC). UK-based applicants will be able to request up to a maximum of 333,333 GBP per research project to cover the UK component.

* $2.7M CAD converted @ 0.5748 = £1.6M

**LOI Deadline:** August 28, 2019
**Internal HRS Deadline:** September 11, 2019
**Sponsor Deadline:** September 25, 2019

**CIHR – Early Career Investigator Awards**

The 2019 Early Career Investigator Awards in Circulatory and Respiratory Health provide recipients with the opportunity to develop and demonstrate their independence in initiating and conducting research in CIHR mandate areas. These awards are designed to provide protected time for early-career investigators to undertake research by contributing to both salary and research allowances.

Research Areas: Funding is available to support projects that are determined to be relevant to the following specific research areas:

- The CIHR Institute of Circulatory and Respiratory Health (ICRH) and the Institute of Indigenous Peoples’ Health (IIPH) will provide funding to support *Indigenous Health Research in any of ICRH’s mandate areas.*
ICRH in partnership with Canadian Blood Services (CBS) will provide funding to support transfusion science research relevant to both ICRH mandates and CBS Mission (See eligibility requirements and conditions of funding) across any of the CIHR research themes (biomedical, clinical, health services, or population health research).

ICRH in partnership with Cystic Fibrosis Canada (CF Canada) will provide funding for cystic fibrosis research, across any of the CIHR research themes (biomedical, clinical, health services or population health research).

The CIHR Institute of Infection and Immunity (III) will provide funding to support research integrating infection and immunity knowledge in the control and prevention of circulatory and respiratory diseases.

ICRH will provide funding to support research relevant to any of ICRH’s mandates.

* Indigenous Health Research is 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.

**Funding Details:** The total amount available for this funding opportunity is $2,415,000, enough to fund approximately seven (7) awards. This amount may increase if additional funding partners participate. The maximum amount per award is $115,000 per year for up to three (3) years for a total of $345,000 per award. Of this $115,000, applicants may request:

- Salary contribution: up to a maximum of 40% or $46,000 per annum, including fringe benefits;
- Research Allowance: a minimum of 60% or $69,000 per annum.

Of this $2,415,000:

- $690,000 is available to fund 2 CIHR-ICRH/IIPH 2019 Early Career Investigator Awards relevant to both ICRH and IIPH mandates
- $690,000 is available to fund 2 CIHR-ICRH/CBS 2019 Early Career Investigator Awards in transfusion science research relevant to both ICRH mandates and CBS mission
- $345,000 is available to fund 1 CIHR-ICRH/CF Canada 2019 Early Career Investigator Award in Cystic Fibrosis Research
- $345,000 is available to fund 1 CIHR-ICRH/III 2019 Early Career Investigator Award for research intersecting both ICRH and III mandates
- $345,000 is available to fund 1 CIHR-ICRH 2019 Early Career Investigator Award relevant to ICRH’s mandates

**Additional Details**

**Internal HRS Deadline:** September 11, 2019
**Sponsor Deadline:** September 25, 2019

**CIHR – Fellowship**

Fellowships provide support for highly qualified applicants in all areas of health research at the post-PhD degree or post-health professional degree stages to add to their experience by engaging in health research either in Canada or abroad.

Additional funds are available through this competition to support Fellowship award applications in the following specific research areas:

- Fellowship: Fall 2019 Priority Announcements (Specific Research Areas)

**Funding Details:** The maximum amount awarded for a single award is up to $60,000 per annum for up to 5 years. The value and duration of each award is determined by the degree(s) held, licensure (where applicable), location of tenure and experience of the applicant.

**Additional Details**

This competition is an e-approval competition managed on ResearchNet (RNet) and is being managed by the Office of Postdoctoral Affairs in the School of Graduate Studies. Applicants are encouraged to contact OPART at postdoc@mcmaster.ca for questions regarding required paperwork, deadlines and online submissions. Sponsor assessments are required AHEAD of any deadlines; it is the applicant’s sole responsibility to follow up with his/her sponsors to ensure that the assessments are submitted online by their sponsors no later than Saturday, September 28, 2019 8:00am.

**INTERNAL Deadline:** September 30, 2019 on ResearchNET by 8:00 AM
**Sponsor Deadline:** October 1, 2019

*To apply please contact Graduate Studies*

**CIHR – Indigenous Gender and Wellness Development Grants**

Gender plays an important, but often overlooked role in wellness. In the case of Indigenous Peoples in Canada (i.e., First Nations, Inuit and Métis), Indigenous concepts of gender have been negatively affected by colonization and the effects of gender on wellness has often been overlooked by research.
Gender can be defined as the socially constructed roles, behaviours, expressions and identities of women, men, girls, boys and gender-diverse people. Gender is culturally based and can change over time — both at the societal and individual levels. Gender can affect identities, choice of occupation and participation in ceremony and other cultural activities. The term gender often has different meanings for different people. For instance, here, we use the term gender broadly to include Indigenous concepts of Two-Spirit, which can cover Indigenous concepts of both gender and sexuality.

As with many other Indigenous traditions and knowledges, Indigenous concepts of gender have been negatively affected by Western views imposed through colonization. We want to know: What if we paid closer attention to gender in all its forms? Could we improve wellness among Indigenous Peoples?

This funding opportunity is the second phase of a larger initiative on the topic of Indigenous Gender and Wellness. The first phase supported individuals to attend an Idea Fair and Learning Circle event in June of 2019 through a travel award. At the Idea Fair, Indigenous individuals and allies shared ideas on Indigenous gender and wellness with supporters to work together in growing ideas into potential projects. This second phase is intended to support those who attended the Idea Fair to continue working on and sharing their ideas, enabling them to develop relationships and plan for the following phase of funding, which is being planned to provide teams with resources to implement their ideas through action-oriented, community-based participatory projects that will improve wellness for Indigenous peoples from a gendered perspective.

Activities/events for this funding opportunity may focus on, but are not limited to, the following areas:

Planning:
- Activities or gatherings that facilitate relationship building and collaboration between Indigenous individuals, communities, researchers, and/or organizations to form the relationships necessary to implement community-based projects aimed at improving the wellness of Indigenous people and communities from a gendered perspective
- Activities that assist potential teams in working together to identify research questions or emerging issues and priorities that could form the basis of an application for funding in the future
- Community engagement activities aimed at learning about needs, gaps and opportunities related to gender and Indigenous wellness, policy and/or research priorities, where such common understanding is currently lacking or requires further development
- Initial planning and discussion of a research project among potential team members, including Indigenous individuals, communities, researchers, and/or organizations to assess the viability of the research project and partnerships
- Conducting an environmental scan or preliminary synthesis of relevant literature, activities or programs
- Early-stage planning to determine possible viability of a community-based project

Knowledge Sharing and Dissemination:
- Activities to share knowledge and teachings to support the development of community-based projects
- Dissemination and/or discussion of research at community or scientific meetings
- Development and dissemination of knowledge and tools

Funding Details: The maximum amount per grant is $75,000 for up to one (1) year.

Additional Details
Internal HRS Deadline: September 17, 2019
Sponsor Deadline: October 1, 2019

**CIHR – Scientist Salary Award: Clinician Scientist**

The Clinician Scientist program has two phases: Phase 1 provided stipends for up to six years of training support and is no longer being launched. Phase 2 provides a contribution to the salary of the recipient for up to six years (initial three-year award followed by a possible three-year renewal award).

This opportunity provides funding for the Phase 2 component of the program and is designed to provide outstanding Clinician Scientists the opportunity to develop and demonstrate their independence in initiating and conducting health research through provision of a contribution to their salary.

Applications to this funding opportunity are restricted to recipients of Clinician Scientist awards (see Eligibility). It is the applicant’s responsibility to ensure that the renewal application is submitted at the appropriate time to avoid a gap in the funding period.

Funding Details: The maximum amount per award is $60,000 per year for up to three years, for a total of $180,000 per award.

Additional Details
Internal HRS Deadline: September 17, 2019
Sponsor Deadline: October 1, 2019
The field of sex and gender science aims to deepen our understanding of how biological and social influences interact to affect health and disease. This emerging field is moving the needle from observational differences in disease and response to treatment towards elucidating the underlying mechanisms and environmental and social factors that cause them. Ultimately, the goal of sex and gender science is to advance the development of personalized treatments, interventions, policies and programs that respond to the unique needs of all individuals — across sex, gender and other intersecting identity factors.

The purpose of this funding opportunity is to support in-depth investigations in the field of sex and gender science by promoting a cadre of discipline-specific Chairs to increase visibility and drive innovation in their respective fields. The initiative will grow the science across health research domains, fostering programs that examine the mechanisms underlying observed biological sex differences; supporting the development of methods and measures to study sex and gender; and encouraging comparative effectiveness research of gender-transformative interventions. The Chairs will investigate sex and/or gender as a primary research question within the investigator's field of research, while also building capacity and sharing findings within and outside of their research communities.

**Funding Details:** The total amount available for this funding opportunity is $13.3M, enough to fund approximately 19 Chairs. This amount may increase if additional funding partners participate. The maximum amount per chair is $175,000 per year for four years, for a total of $700,000 per Chair.

- $100,000 per year for research support
- $75,000 per year for capacity-building activities, including trainee support, mentoring, knowledge translation activities, etc.

Note: these funds are not intended to support data collection/knowledge creation.

Of this $13.3M:

- $700,000 is available to fund one application relevant to the **Early/Mid-Career** CIHR Sex and Gender Science Chair on the Dynamics of Caregiving in an Aging Society (Sponsored by IA)
- $700,000 is available to fund one application relevant to the **Mid-Career** CIHR Sex and Gender Science Chair in Circulatory and Respiratory Health (sponsored by ICRH)
- $700,000 is available to fund one application relevant to the **Early/Mid-Career** CIHR Sex and Gender Science Chair in Cancer Research (sponsored by ICR and IGH)
- $700,000 is available to fund one application relevant to the CIHR Sex and Gender Science Chair in Genetics (Sponsored by IG and IGH)
- $700,000 is available to fund one application relevant to the CIHR Sex and Gender Science Chair in Health Services and Policy Research (Sponsored by IHSPR) (Updated: 2019-06-05)
- $700,000 is available to fund one application relevant to the CIHR Sex and Gender Science Chair in Indigenous Peoples' Health (Sponsored by IIPH)
- $700,000 is available to fund one application relevant to the **Mid-Career** CIHR Sex and Gender Science Chair in Infection and Immunity (Sponsored by III) (Updated: 2019-06-05)
- $700,000 is available to fund one application relevant to the CIHR Sex and Gender Science Chair in Musculoskeletal Health and Arthritis (Sponsored by IMHA)
- $700,000 is available to fund one application relevant to the CIHR Sex and Gender Science Chair in Neurosciences, Mental Health and Addiction (Sponsored by INMHA and IGH)
- $700,000 is available to fund one application relevant to the CIHR Sex and Gender Science Chair in Diabetes (Sponsored by INMD and IGH)
- $700,000 is available to fund one application relevant to the CIHR Sex and Gender Science Chair in Healthy Cities (Sponsored by IPPH on behalf of the Healthy Cities Research Initiative)
- $2,100,000 is available to fund up to three applications relevant to the mandate of the Institute of Gender and Health (Sponsored by IGH)
- $700,000 is available to fund one application relevant to the CIHR Sex and Gender Science Chair in LGBTQI2S Wellness and Resilience (Sponsored by IGH)
- $700,000 is available to fund one application relevant to the CIHR Sex and Gender Science Chair in Clinical Applications of Sex Hormones (Sponsored by IGH)
- $700,000 is available to fund one application relevant to the CIHR Sex and Gender Science Chair in Stem Cell Research (Sponsored by IGH)
- $700,000 is available to fund one application relevant to the CIHR Sex and Gender Science Chair for Studying Sex as a Biological Variable (Sponsored by IGH)
- $700,000 is available to fund one application relevant to the CIHR Sex and Gender Science Chair in Gender Methods and Measures (Sponsored by IGH)
CIHR – Team Grant: Partnerships for Cannabis Policy Evaluation

The Partnerships for Cannabis Policy Evaluation program is part of CIHR’s Integrated Cannabis Research Strategy (ICRS). The ICRS is a CIHR-led, multi-federal department, multi-organization and trans-disciplinary initiative that seeks to support research to increase cannabis health research capacity, to maximize benefits and understand harms for Canadians, to inform the healthcare system and to provide timely evidence for policy makers. This initiative integrates CIHR’s commitment to Indigenous Peoples’ health and wellbeing, Sex and Gender Based Analysis Plus (SBGA+), Knowledge Translation and the responsible and effective management of health research data.

The Cannabis Act came into force on October 17, 2018, legalizing non-medical cannabis products, including fresh and dried cannabis, and cannabis oils. Other products, such as edible products and concentrates, are expected to be legal for sale in Fall 2019. Provinces and territories are responsible for determining how cannabis is distributed and sold within their jurisdictions. Provinces and territories have variable policies related to minimum age, possession limits, restricting where cannabis may be used in public and setting additional requirements on personal cultivation, among others. For more information on cannabis policies, consult CCSA’s interactive map of provincial and territorial regulations.

Cannabis-related policies across jurisdictions have the potential to impact the health of Canadians. Robust, coordinated evaluation is required to monitor the health impacts of these policies, both positive and negative, so that policies can be adapted in near–real time to maximize benefits and minimize harms for Canadians. This evaluation research will also inform aspects of the mandated review of the Cannabis Act, required three years after coming into force.

The Partnerships for Cannabis Policy Evaluation program aims to create the opportunity for collaborative, applied and policy-relevant research to evaluate different provincial or territorial policies related to cannabis, including policies affecting Indigenous Peoples (First Nations, Inuit and Métis). The program will support researchers embedded directly within provincial or territorial governments, and/or Indigenous communities*, to evaluate policies that have been put into place related to cannabis that may impact the health of Canadians. This funding opportunity will support projects to evaluate the implementation and impact of cannabis-related policies, toward the identification of best practices from both public health and public safety perspectives.

The Partnerships for Cannabis Policy Evaluation program uses an integrated knowledge translation approach. Integrated knowledge translation is a way of approaching research where researchers and decision makers work together throughout the research process, including setting the research questions, selecting the methodology, developing tools, collecting data and interpreting and disseminating the findings. Because they participate throughout the research process, the research results are more likely to be relevant to and used by decision makers.

This program relies on the participation of partners to promote effective knowledge translation. Teams are required to bring in an in-kind contribution corresponding to a minimum of 20% of their total budget from external partners (i.e., non-CIHR or CCSA partners). Successful applicants will collaborate with a knowledge mobilization hub and a data coordinating office (see Guidelines). Applicants must propose a knowledge translation plan and demonstrate how they will incorporate open science practices in their research program.

CCSA, in partnership with CIHR, will act as the Partnerships for Cannabis Policy Evaluation program’s Knowledge Mobilization (KMb) Hub. The KMb Hub will coordinate communications, support the development of new partnerships, convene workshops and facilitate knowledge translation and mobilization across the embedded researcher/decision-maker teams, as well as to broader communities of relevant stakeholders. By linking teams though a KMb Hub, it will be possible to accelerate knowledge dissemination and enable the potential for scale and spread of successful cannabis-related policies.

To ensure data interoperability, harmonization and sharing, a data coordinating office will be developed as a second step for this program. The data coordinating office will be funded through a separate funding opportunity, following the program strengthening workshop and will be only open to successful grantees of the Partnerships for Cannabis Policy Evaluation program. One goal of the program strengthening workshop will be to agree on common core measures that all teams will collect in order to ensure data interoperability across projects/settings and to suggest best practices for data sharing and harmonization activities to be managed by the data coordinating office. The dedicated data integration methodological specialist on each research team will be expected to participate in the activities of data coordinating office. Further details will be provided in the subsequent funding opportunity (for research involving Indigenous Peoples, the rights of Indigenous Peoples and Indigenous self-determination and self-governance, such as following the Principles of OCAP® [i.e., ownership, control, access and possession][1] will be respected). (Updated: 2019-06-11)
*Indigenous communities are broadly defined as individuals, groups and organizations, and populations who self-identify as Indigenous, living and working anywhere in Canada, including urban centres.

**Funding Details:** The total amount available for this funding opportunity is $4,950,000, enough to fund approximately eleven (11) grants. This amount may increase if additional funding is secured and/or if additional funding partners participate. The maximum amount per grant is $150,000 per year for up to three years, for a total of $450,000 per grant. Of this $4,950,000:

- $4,500,000 (10 grants) is for Provincial/Territorial jurisdictions (funded by CCSA).
- In order to ensure a regional spread of funded projects, CCSA will first fund the highest ranked application in each participating province/territory (each province/territory being considered as a funding pool) and then the best applications in overall rank order (from any participating province/territory).
- $450,000 (1 grant) is for Indigenous Peoples' Health funding pool (funded by IIPH and INMHA).

CIHR will determine the Province/Territory funding pool of an application according to the location of the NPI’s institution, with the exception that NPIs who complete the attachment describing how they meet the Indigenous Peoples’ Health Pool requirement will be considered for this pool. An application will be considered for a single funding pool. Applicants must secure in-kind contributions from provincial/territorial partners or Indigenous community partners, other than CIHR or CCSA, to match the CIHR or CCSA contribution at a minimum of 20% of their total grant budget. Additional funds will be provided to establish and support a data coordination office. Details on this subsequent funding opportunity will be provided to successful applicants at a later date (see Guidelines).

**Additional Details**

**LOI Deadline:** September 10, 2019

**Internal HRS Deadline:** September 24, 2019

**Sponsor Deadline:** October 8, 2019

### CIHR – Operating Grant: Data Analysis Using Existing Databases and Cohorts

CIHR and other funding agencies have invested heavily in the establishment of cohorts, databases, cohort catalogues, and data platforms. As a result, many high-quality data sets exist containing information on populations, health systems, patient information, and biospecimens. These data sets contain a wealth of information and have the potential to answer research questions that go beyond those for which the data were originally collected or for which the data has been used to date. There is also the potential to link diverse datasets, thus enabling explorations of novel associations and interactions between human, environmental, and clinical factors. Analyses using these existing resources are also a cost-effective way to provide high quality and timely evidence to improve patient outcomes and for population and public health decision making.

The intent of this funding opportunity is to highlight and encourage use for research of previously funded cohorts, administrative and survey data to inform improved patient, population and system outcomes. Examples of such data sources include but are not limited to:

- Large, well-established cohorts include (but are not limited to) the Canadian Partnership for Tomorrow Project (CPTP), the European Prospective Investigation into Cancer and Nutrition (EPIC) study, the Maternal-Infant Research on Environmental Chemicals (MIREC) study, and the Canadian Healthy Infant Longitudinal Development (CHILD) study.
- Cohort catalogues that bring together datasets from multiple sources include the Research Advancement through Cohort Cataloguing and Harmonization (ReACH) initiative and the Canadian Institute of Health Information (CIHI) Dynamic Cohort of Complex, High System Users.
- Data platforms that allow access to and/or linkage of multiple datasets include the Canadian Urban Environmental Health Research Consortium (CANUE) and the Canadian Research Data Centre Network (CRDCN), which allows access to Statistics Canada data and Canada Mortgage and Housing Corporation data related to housing.

This funding opportunity will support research that uses existing cohort data, administrative datasets, surveys, registries, cohort catalogues, and data platforms that link or allow access to datasets from multiple sources within three funding pools: cancer prevention and control; healthy cities intervention research; and reproductive, maternal, child, and youth health.

**Funding Details:** The total amount available for this funding opportunity is $1,975,000, enough to fund approximately twenty-three (23) grants. This amount may increase if additional funding partners participate. Of this $1,975,000:

- $1,000,000 is available to fund up to ten (10) one (1) year grants relevant to the Cancer Prevention and Control pool. The maximum amount per grant is up to $100,000 (up to a maximum of $25,000 may be directed towards biospecimen analysis).
- $525,000 is available to fund up to seven (7) one (1) year grants relevant to the Healthy Cities Intervention Research pool. The maximum amount per grant is up to $75,000.
$450,000 is available to fund up to six (6) one (1) year grants relevant to the Reproductive, Maternal, Child, and Youth Health pool. The maximum amount per grant is up to $75,000 (up to a maximum of $25,000 may be directed towards biospecimen analysis).

Additional Details
LOI Deadline: September 5, 2019
Internal HRS Deadline: September 26, 2019
Sponsor Deadline: October 10, 2019

CIHR – Prize: The CIHR Institute of Human Development, Child and Youth Health Talks
The CIHR Institute of Human Development, Child and Youth Health (IHDCYH) is launching its sixth round of the IHDCYH Talks Video Competition, a unique opportunity to submit short videos (5 minutes or less) sharing evidence-based messages in the area of maternal, reproductive, child and youth health. This competition encourages the production of videos that present a clear evidence-based message to a lay audience that is designed to have a positive impact on the health of children, youth and families.

This competition is soliciting videos not just from members of the research community, but also more widely, from non-governmental or not-for-profit organizations (including community or charitable organizations), as well as members of the general public who are able to demonstrate a clear, evidence-based message related to IHDCYH’s mandate.

Successful videos will be posted on CIHR and IHDCYH social media and shared through other communications channels. It is important that the content be engaging, easily understood and accessible to a lay audience. For information on the IHDCYH Talks program, and to view the videos from past competition winners, see the IHDCYH Talks webpage.

Funding Details: The total amount available for this funding opportunity is $5,500, enough to fund four prizes. Of this $5,500:

- $3,000 is available to fund 1 first place prize
- $1,000 is available to fund 1 runner-up prize
- $1,500 is available to fund 2 specially commended prizes of $750 each.

Additional Details
Internal HRS Deadline: October 8, 2019
Sponsor Deadline: October 22, 2019

CIHR – Catalyst Grant: HIV/AIDS and STBBI Community-Based Research
The CIHR HIV/AIDS Community-Based Research (CBR) Program is one of four research funding areas of the CIHR HIV/AIDS Research Initiative. The CIHR HIV/AIDS Research Initiative is responsible for the research components of the major Government of Canada initiative in HIV/AIDS, namely the Federal Initiative to Address HIV/AIDS in Canada (FI).

The FI is leading efforts towards implementing interventions developed with distinct communities and the CIHR CBR Program aligns with these directions. With the release of the Pan-Canadian Sexually Transmitted and Blood-Borne Infections (STBBI) Framework for Action, the FI will expand its scope to promote an integrated approach toward addressing HIV and other STBBI. HIV and other STBBI share common risk factors and transmission routes; are exacerbated by the social, structural, economic and environmental contexts and experience of inequity; and interact with each other to negatively impact disease trajectories and enhance vulnerability. Given the synergies that exist between HIV and other STBBI, the HIV/AIDS research initiative strongly encourages the incorporation of an integrated approach to addressing HIV and other STBBI, while recognizing that infection-specific approaches are still appropriate in certain circumstances or communities. In addition, the HIV/AIDS research initiative strongly emphasizes the importance of meaningful engagement of those with lived/living experience to guide the research processes to better inform research methods and outcomes, which is in keeping with the objectives of the CBR Catalyst Grants.

The CIHR HIV/AIDS CBR Program supports the partnered work of Community Leaders and Researchers in knowledge development and capacity-building initiatives of relevance to communities engaged in the fight against HIV/AIDS. The CIHR HIV/AIDS CBR Program encourages incorporation of other STBBI into the research framework, but will fund project for which HIV/AIDS remain the main focus. All opportunities offered through the CBR Program are available in two distinct funding streams: Indigenous and General.

The aim of the Catalyst Grant component of the CBR program is to provide seed money to support HIV/AIDS CBR research activities which represent a first step towards the pursuit of more comprehensive funding opportunities (e.g., operating grants).

Funding Details: The maximum amount per grant is $40,000 for up to one year. Of this $480,000:

- $240,000 is available to fund six applications relevant to the General Stream.
- $240,000 is available to fund six applications relevant to the Indigenous Stream.
• Note that should a stream run out of fundable applications but have funds remaining, these funds can be transferred to the other stream.

Additional Details
Internal HRS Deadline: October 3, 2019
Sponsor Deadline: October 17, 2019

CIHR – Doctoral Research Award: Doctoral Foreign Study Award
The Doctoral Foreign Study Award (DFSA) program supports high-calibre students engaged in doctoral programs in all academic disciplines who are pursuing a doctoral degree in a health-related field abroad.

Funding Details: The maximum amount per award is $35,000 per year for up to three (3) years. Award funding is allocated as follows:
• Stipend: $30,000 per annum
• Research Allowance: $5,000 per annum

Additional Details
Sponsor Deadline: October 17, 2019
*To apply please contact Graduate Studies

CIHR – Operating Grant: HIV/AIDS and STBBI Community-Based Research
The CIHR HIV/AIDS Community-Based Research (CBR) Program is one of four research funding areas of the CIHR HIV/AIDS Research Initiative. The CIHR HIV/AIDS Research Initiative is responsible for the research components of the major Government of Canada initiative in HIV/AIDS, namely the Federal Initiative to Address HIV/AIDS in Canada (FI).

The FI is leading efforts towards implementing interventions developed with distinct communities and the CIHR CBR Program aligns with these directions. With the release of the Pan-Canadian Sexually Transmitted and Blood-Borne Infections (STBBI) Framework for Action, FI will expand its scope to promote an integrated approach toward addressing HIV and other STBBI. HIV and other STBBI share common risk factors and transmission routes; are exacerbated by the social, structural, economic and environmental contexts and experience of inequity; and interact with each other to negatively impact disease trajectories and enhance vulnerability. Given the synergies that exist between HIV and other STBBI, the HIV/AIDS research initiative strongly encourages the incorporation of an integrated approach to addressing HIV and other STBBI, while recognizing that infection-specific approaches are still appropriate in certain circumstances or communities. In addition, the HIV/AIDS research initiative strongly emphasizes the importance of meaningful engagement of those with lived/living experience to guide the research processes to better inform research methods and outcomes, which is in keeping with the objectives of the CBR Operating Grants.

The CIHR HIV/AIDS CBR Program supports the partnered work of Community Leaders and Researchers in knowledge development and capacity-building initiatives of relevance to communities engaged in the fight against HIV/AIDS. The CIHR HIV/AIDS CBR Program encourages incorporation of other STBBI into the research framework, but will fund projects for which HIV/AIDS remain the main focus. All opportunities offered through the CBR Program are available in two distinct funding pools: Indigenous and General.

The aim of the Operating Grant component of the CBR Program is to contribute to the creation, dissemination and use of health-related knowledge, and to help develop research capacity, by supporting original, high-quality projects proposed and conducted in partnership with the community and academia.

Funding Details: The maximum amount per grant is $150,000 per year for up to three years for a total of $450,000, per grant. Of this $1,800,000:
• $900,000 is available to fund two applications relevant to the General Stream.
• $900,000 is available to fund two applications relevant to the Indigenous Stream.
• Note that should a stream run out of fundable applications but have funds remaining, these funds can be transferred to the other stream.

Additional Details
Internal HRS Deadline: October 3, 2019
Sponsor Deadline: October 17, 2019

CIHR – Operating Grant: Patient-Oriented Research Impact Assessment Grants
The Strategy for Patient-Oriented Research (SPOR) is a national coalition of federal, provincial and territorial partners (patients and informal caregivers, provincial health authorities, academic health centres, charities, philanthropic organizations, private sector, etc.) dedicated to the integration of research into care.
Patient-oriented research refers to a continuum of research that engages patients as partners, focusses on patient-identified priorities and improves patient outcomes. This research, conducted by multidisciplinary teams in partnership with relevant stakeholders, aims to apply the knowledge generated to improve healthcare systems and practices.

While patient-oriented research is considered a relatively recent culture shift, many countries, including Canada, have been making investments in this approach to health research for a number of years. SPOR, as one example, represents a large collective endeavor by many stakeholders and carries great expectation for return on investment.

Such returns refer to health, social and/or economic benefits or impacts. ‘Health impacts’ can be defined as changes in the healthy functioning of individuals (physical, psychological, and social aspects of their health), changes to health services, or changes to the broader determinants of health. ‘Social impacts’ are changes that are broader than simply those to health noted above, and include changes to working systems, ethical understanding of health interventions, or population interactions. ‘Economic impacts’ can be regarded as the benefits from commercialization, the net monetary value of improved health, and the benefits from performing health research (Académie canadienne des sciences de la santé, 2011).

The Patient-Oriented Research Impact Assessment Grants aim to build capacity in Canada to conduct patient-oriented research impact assessments and to generate evidence of the impact of patient-oriented research to date. Impact assessment methods should seek to capture the wide diversity of health, social and economic impact, including better-informed public policy and decision making. Applicants are encouraged to reference the guidance and data sources outlined in the Additional Information section below.

**Funding Details:** The maximum amount per grant is $50,000 per year for up to one year. Applicants are not required to secure partner contributions to match the CIHR contribution.

**Additional Details**

**Internal HRS Deadline:** October 8, 2019  
**Sponsor Deadline:** October 22, 2019

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**CIHR – Operating Grant: Women’s Health Clinical Mentorship Grant**

The purpose of this funding opportunity is to advance clinical research in women’s health and to build capacity in the next generation of women’s health clinician-researchers. The aim is for trainees, students or residents to be paired with and mentored by a women’s health clinician-specialist on a one-year research project with the goal of improving clinical care.

The research question(s) must:

- focus on the health of women. For the purpose of this grant, women is a term used to include biological females AND any other individuals who identify as women; and
- focus on one or more of the following research areas:
  - Menarche and/or menopause;
  - Gynecology;
  - Pelvic health/urogynecology;
  - Off-label testosterone treatment for women experiencing hypoactive sexual desire; and/or
  - Cross-hormone replacement therapies for individuals undergoing gender-affirming treatments.

**Funding Details:** The maximum amount per grant is $50,000 for one (1) year.

**Additional Details**

**Internal HRS Deadline:** October 8, 2019  
**Sponsor Deadline:** October 22, 2019

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**CIHR – Operating Grant: SPOR Innovative Clinical Trial Multi-Year Grant**

The Strategy for Patient-Oriented Research (SPOR) is a national coalition of federal, provincial and territorial partners (patients and informal caregivers, health authorities, academic health centres, charities, philanthropic organizations, private sector, etc.) dedicated to the integration of research into care.

Patient-oriented research, which is foundational to evidence-informed health care, refers to a continuum of research that engages patients as partners, focusses on patient-identified priorities and improves patient outcomes. This research, conducted by multidisciplinary teams in partnership with relevant stakeholders, aims to apply the knowledge generated to improve healthcare systems and practices.

The vision for SPOR is that Canada will demonstrably improve health outcomes and enhance the health care experience for patients through the integration of evidence at all levels of the health care system.
The SPOR innovative Clinical Trials (iCT) Initiative contributes to increasing Canadian competitiveness in iCT research and provides a stimulus for trialists to adopt new methodologies, enhance patient and clinician engagement in research, and build capacity and increase the intensity of iCT research. iCTs use non-traditional designs that are alternative to traditional Randomized Controlled Trials (RCTs), with application in areas ranging from product development to health system improvement. iCT methods reduce the cost of conducting trials, reduce the amount of time needed to answer research questions, and increase the relevance of research findings to patients, healthcare providers and/or policy makers. Adopting these alternative designs can maximize the use of existing knowledge and data.

**Funding Details:** The maximum amount per grant is $750,000 per year for up to four years for a total of $3,000,000.

**Additional Details**

**LOI Deadline:** August 28, 2019  
**Internal HRS Deadline:** October 29, 2019  
**Sponsor Deadline:** November 12, 2019

### CIHR – Operating Grant: Pediatric REB Initiative

Investigators developing multi-site research studies in Canada often encounter challenges with gaining the Research Ethics Board (REB) approvals required, in particular where such studies are planned across more than one province. This can delay initiation of multi-jurisdictional research studies in Canada, increase the financial burden of conducting research, and compromise accrual of patients. Such delays in the overall initiation of research studies reduce the ability of Canadians to compete in the international arena and may ultimately lead some sponsors to conduct research outside of Canada.

These challenges are particularly acute in pediatric studies, where small sample sizes/patient populations at individual institutions exponentially increase the need for studies to be multi-site and multi-jurisdictional. This is especially true for inherited/rare diseases. Pediatric studies also have unique challenges around considerations such as consent vs. assent and privacy. However, the pediatric community offers a significant advantage in this situation, representing a well-defined community, with significant awareness of the key issues and a strong cross section of the relevant expertise.

In response to these challenges and assets, the CIHR Institute of Human Development, Child and Youth Health (CIHR-IHDCYH) and the CIHR Institute of Genetics (CIHR-IG) are developing an initiative to promote child health research through a collaborative approach to a streamlined ethics review. During the early development of this initiative (October to December 2018), CIHR-IHDCYH conducted a series of consultations with research leadership and ethics experts from across the Canadian tertiary Children’s hospitals and research institutes, as well as with government representatives in provinces where the mandate for research ethics review is held at that level. CIHR-IHDCYH then hosted a Community & Stakeholder Engagement Workshop in January 2019 to bring together the research and administrative leadership, and ethics expertise identified during the consultations. More than 50 delegates attended this workshop, with balanced representation from the research, administrative and ethics domains of each of the Children’s hospitals and research institutes across Canada, as well as Health Canada and provincial government representatives.

Through the discussion and subsequent collaborative review of the resulting workshop report, key concepts were identified as essential underpinnings of the process to work toward a streamlined ethics review process with the goal of achieving a single review accepted by all participating sites:

- The process should be designed to support progression towards delegation of acceptance of a review, in a predictable and timely manner that nonetheless retains a high standard of rigor.
- To support this process, the ethics review should be separated to the greatest extent possible from the other parts of the approval and authorization process, including operational, science, and contractual pieces.
- Successful establishment and uptake will require a collaborative process that engages with groups according to their states of readiness, that is mindful of differences in provincial process and needs, and that supports the development of trust between REBs.
- Engagement will need to be broad to ensure that all relevant stakeholders are involved, including ethics and jurisdictional legal expertise, and expertise in REB process, as well as research and administrative leadership. This will support both the development of the delegated process, as well as processes to address emerging areas such as regulatory requirements for innovative therapies (including trial designs), genomic medicine and multi-source data integration.
- The development of a platform with a single point of contact would likely achieve the goal of a streamlined ethics review process. For instance, the platform would support socialization of standardized practices.
- A key element underpinning the successful socialization of the research support infrastructure would be the development of education pieces for both the researchers developing REB applications, and for REB Chairs/Members.
The development of research support infrastructure that incorporates these key concepts will provide an invaluable opportunity for pediatric research in Canada. It is anticipated that this will be a pilot initiative that will be scalable to support other research areas and could underpin a key piece of research support infrastructure to enable health research in Canada.

**Funding Details:** The total amount available for this funding opportunity is $2,500,000, enough to fund one grant. The maximum amount for this grant is $500,000 per year for up to five years for a maximum total of $2,500,000.

**Additional Details**

**Internal HRS Deadline:** October 31, 2019

**Sponsor Deadline:** November 14, 2019

### CIHR – Fellowship: Patient-Oriented Research Awards – Transition to Leadership Stream – Phase 1

The [Strategy for Patient-Oriented Research (SPOR)](https://www.clinicianscientist.org/) is a national coalition of federal, provincial and territorial partners (patients and informal caregivers, provincial health authorities, academic health centres, charities, philanthropic organizations, private sector, etc.) dedicated to the integration of research into care.

Patient-oriented research refers to a continuum of research that engages patients as partners, focusses on patient-identified priorities and improves patient outcomes. This research, conducted by multidisciplinary teams in partnership with relevant stakeholders, aims to apply the knowledge generated to improve healthcare systems and practices.

**Funding Details:** The total amount available for this funding opportunity is $4,650,000, enough to fund approximately twenty (20) awards. This amount may increase if additional funding partners participate.

Of this $4,650,000:
- $3,487,500 is available to fund up to fifteen (15) awards in the Transition to Leadership General Pool.
- $1,162,500 is available to fund up to five (5) awards relevant to the Indigenous Peoples’ Health Pool.
- The maximum amount per year for trainees pursuing graduate training is $55,000, for two to three years*.

Of this $55,000:
- Stipend: $50,000 per annum
- Research allowance: $5,000 per annum
- The maximum amount per year for trainees pursuing post-doctorate training is $77,500, for two to three years*.

Of this $77,500:
- Stipend: $70,000 per annum
- Research allowance: $7,500 per annum
- Phase 1 does NOT require 1:1 matching of CIHR funds; however, applicants should note that Phase 2 will require 1:1 matching contributions from partners.

* During the application process, the Nominated Principal Applicant will be required to choose a fixed duration for each Phase of their six-year award. Applicants will no longer be able to adjust the duration once it has been chosen. (For example, an applicant may choose to spend three years as a trainee in Phase 1 and three years as an independent researcher in Phase 2; alternatively, an applicant may choose to spend only two years in Phase 1 and have four years of funding in Phase 2**.

** The amount of funding per Phase 2 award is $115,000 per annum and requires 1:1 matching contributions from partners.

**Additional Details**

**Internal HRS Deadline:** October 31, 2019

**Sponsor Deadline:** November 14, 2019

### CIHR – Doctoral Research Award: Frederick Banting and Charles Best Canada Graduate Scholarships Doctoral Award

The Canada Graduate Scholarship Doctoral (CGS D) program supports high-calibre students engaged in doctoral programs in all academic disciplines. This support allows scholars to fully concentrate on their doctoral studies, to seek out the best research mentors in their chosen fields and contribute to the Canadian research ecosystem during and beyond the tenure of their awards.

For detailed information, visit the [harmonized CGS D program page](https://www.nserc-crsng.gc.ca/Discovery-Soutien/CGS-D/Pages/index-Eng.aspx).

**Funding Details:** The maximum amount per award is $35,000 per year for up to three (3) years. Award funding is allocated as follows:
- Stipend: $30,000 per annum
• Research Allowance: $5,000 per annum

Additional Details
Sponsor Deadline: November 21, 2019
*To apply please contact Graduate Studies

CIHR – Team Grant: Personalized Health

Building on previous investments, the Personalized Health initiative is focused on creating targeted and tailored interventions with high therapeutic effectiveness that requires an unmatched degree of participation by the patient. It will shift the nature of the patient’s relationship with health-care professionals and will increase the patient’s ability to understand their choices and make informed decisions. Patient autonomy can be enhanced by giving patients access to their own data, tools to better understand their options, and involving them in the decision-making process related to their health care. To achieve this level of personalized health, Canadian data assets (including clinical, genomic, administrative, and social data) must be linked and harmonized to create richer phenotypes, and to accelerate and facilitate personalized treatment that factor in sex (biological factors) and gender (psychosocial factors). The creation of both predictive analytic models that can stratify patients by expected outcome and risk, and the eHealth delivery platforms required for patients and providers to interpret and use the data, will lead to improved real-time, personalized, health care. Overall, this innovative model has the potential to leverage patient data to make predictions in health systems that can directly inform and empower patients, as well as to facilitate and improve care delivery.

There have been major innovations, and there are early signs of implementation in certain areas, but overall implementation of personalized health is still in its infancy. This initiative aims to maximize and leverage previous collaborative investments by driving evidence-based implementation of personalized health innovations to contribute to more cost-effective and sustainable health care. In order to do this, teams may partner with an existing publicly funded health-care delivery organization that has the technological resources and organizational infrastructure needed to implement personalized eHealth demonstration projects. Each team must capture and/or develop methods to capture various sources of patient data (e.g. administrative data, genomic data, clinical data, wearable data, data from patient apps) and will then use predictive analytic models to link, harmonize, and analyze the data with the ultimate goal of predicting personalized health outcomes tailored to individuals/patients. Teams must also implement a personalized eHealth delivery platform that incorporates and demonstrates the predictive modeling in an accessible and meaningful way to patients and providers as a means to improve patient empowerment and facilitate shared decision making. The personalized health innovation projects will be implemented into health-care delivery settings and will be aimed at assessing comparative cost-effectiveness, health outcomes, and patient reported outcome measures as compared to standard-of-care. In addition, all predictive modeling and all outcomes evaluated must include appropriate sex and gender considerations.

Therefore, research teams must have the capacity to:

• Establish productive partnerships with relevant stakeholders, including health-care delivery organizations, health-care professionals, and patient/family/caregiver partners;
• Facilitate the implementation of successful personalized health innovations, which includes predictive analytic and eHealth components, into health-care delivery organizations and promote their uptake and use among providers and patients; and
• Evaluate the impact, cost-effectiveness, health outcomes and patient-reported outcome measures associated with the implemented personalized health innovation project. The evaluation will generate high-quality evidence that uses standard-of-care as a comparator, to assist in the subsequent integration, spread and scale of successful innovations. Evaluations must be sex- and gender-responsive, accounting for differences across diverse groups of men, women and gender-diverse individuals.

Research teams must investigate the relevant factors that will impact the advancement and application of the proposed research by including an integrated ethical, environmental, economic, legal and social component, which must be closely related to the overall project objectives, deliverables and potential social and/or economic benefits.

In addition, CIHR encourages the inclusion and advancement of underrepresented groups in science as one of the means to enhance excellence in research, training and knowledge translation.

Funding Details: The maximum amount per grant is $500,000 per year for up to four (4) years, for a total of $2,000,000 per grant.

Additional Details
LOI Deadline: October 8, 2019
Internal HRS Deadline: March 24, 2020
Sponsor Deadline: April 7, 2020
Canadian Foundation for Healthcare Improvement & Canadian Frailty Network: Advancing Frailty Care in the Community Collaborative Call for Applications
To improve care for older people with frailty and support their caregivers, the Canadian Foundation for Healthcare Improvement and Canadian Frailty Network invite you to join the Advancing Frailty Care in the Community (AFCC) Collaborative. This initiative will help you enhance your capacity to partner with patients and family/friend caregivers to improve the identification, assessment and implementation of tailored evidence-informed interventions that address frailty in primary care. Whether your organization already has clearly established approaches for older people with frailty or is looking to develop some for the first time, our goal is to help you deliver more improvement, for more people, that lasts.

As the Canadian population ages, there is an urgent need and a tremendous opportunity to improve care and quality of life for older people living with frailty and to support their family/friend caregivers. These caregivers are often the family and friends of older people, with more than two million Canadians providing care to family members because of age-related needs. Although the emergence of frailty and its progression are not inevitable and pre-determined outcomes of aging, as the population continues to live longer the likelihood of frailty increases, with 25% of Canadians over the age of 65 becoming frail, increasing to more than half in the over 85 age group.3 With this shift, and greater awareness that this growing population is currently under-recognized and under-served,4 the time is right to improve the lives of those impacted by frailty and their caregivers, while ensuring older Canadians are getting the right care, closer to home.

This 23-month collaborative, taking place between November 2019 and September 2021, is based on some of the top frailty innovations from the 2018 CFN Frailty Matters Innovation Showcase. These applied innovations were presented by practitioners and experts across Canada and have been selected to be spread further across the country through this collaborative.

Using a quality improvement (QI) approach in a primary care setting, teams will systematically identify and assess frailty in populations 75 years of age and over, with opportunistic screening for those 65 and over. Teams will then implement customized care plans for those who are frail, in partnership with their caregivers, towards slowing the progression of frailty and maintaining or enhancing quality of life.

**Funding Details:** This collaborative will use an all-teach-all-learn approach, with numerous peer-to-peer networking opportunities, measurement and evaluation support and access to a network of expert faculty and coaches. It will provide up to $1,000,000 in implementation seed funding support shared across up to 20 interdisciplinary teams. This amount will be divided and distributed based on demonstrated needs of each team during the application process.

Additional Details
Internal HRS Deadline: August 7, 2019
Sponsor Deadline: August 21, 2019

National Multiple Sclerosis Society: Harry Weaver Neuroscience Scholar Awards
Harry Weaver, Ph.D., known worldwide for his contribution to neurosciences and multiple sclerosis research, was the Society's Director of Research from 1966-1977. Throughout his tenure with the Society and throughout his career, Dr. Weaver continued to encourage young investigators to enter and pursue MS research, and to broaden our understanding of basic and clinical aspects of MS. In recognition of Dr. Weaver’s contribution to the neurosciences and MS research, and to his dedication to young researchers, the Society named this prestigious Award in his honor.

As part of its overarching goals of stopping MS progression, restoring function, and ending MS forever, the National MS Society offers a limited number of Harry Weaver awards to highly qualified candidates who have concluded their research training and begun academic careers as independent investigators in an area related to multiple sclerosis. The awards are designed to provide salary and grant support for a five year period, thus permitting the awardee to establish competence in his/her chosen research area. Application must be made jointly by a candidate and the institution in which an appointment is held.

**Funding Details:** See additional details.

Additional Details
Pre-application Deadline: August 14, 2019
Internal HRS Deadline: August 7, 2019
Sponsor Deadline: August 21, 2019

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

Research is supported across the four health research themes:
- Basic Biomedical
- Clinical
- Health Services/Systems
- Social, Cultural, Environmental and Population Health

**Funding Details:** $100,000 max per year for 3 years.

**GIA Priority Area:**
**Improving Heart and Brain Health for Women: Award for Mid-Career and Senior Career Investigators**
Heart & Stroke will be offering to Mid-Career and Senior Career investigators, an award as part of the GIA program funding specifically targeted towards the improvement of the heart and brain health for women. See the additional details for requirements.

**Funding Details:** 4 awards valued at $50,000 for 1 year.

Note: Applicants applying for this opportunity will also be considered in the regular pool of GIA applications. However, recipients of this award may not concurrently hold a 2020/21 GIA.

**GIA Signature Form**

**Additional Details**
*Please notify hsresadm@mcmaster.ca of your intent to apply asap*

**Internal HRS Deadline:** August 15, 2019

**Sponsor Deadline:** August 29, 2019 @ 16:00 EDT via CIRCULINK

**Canadian Allergy, Asthma, and Immunology Foundation: Knowledge Mobilization Grant**
The Canadian Asthma, Allergy and Immunology Foundation (CAAIF) is a charitable organization, established to increase educational opportunities and research resources for the Canadian Allergy and Immunology community. The 2019 competition will focus on knowledge mobilization programs within Canada. The CAAIF Research Advisory Committee will oversee the application review process.

The goal of the Foundation is not to replace larger granting bodies who fund allergy and/or immunology research. Due to the limited nature of our funds, this competition may be a means of securing seed or supplemental funding for larger projects or to initiate an innovative project idea that requires preliminary data before a larger grant application can be made. Projects that are more appropriately aimed at the pharmaceutical industry will not be considered.

**Funding Details:** 1 grant of $5,000.

**Additional Details**

**Internal HRS Deadline:** August 16, 2019

**Sponsor Deadline:** August 30, 2019

**Heart & Stroke Foundation: Personnel Award Programs**

**National New Investigator (NNI)**
Heart & Stroke National New Investigator (NNI) awards provide salary support to individuals who have clearly demonstrated excellence during their doctoral and post-doctoral training in cardiovascular or cerebrovascular research.

- An awardee may not be in receipt of another major personnel award from another national funding agency at the same time
- At the time of submission, the applicant must have a full-time appointment at the Assistant Professor level or above in Canada
- No more than five (5) years may have passed since the date of the first faculty appointment
- Recipients are ineligible if they hold or have already held funding, directly or indirectly, from the tobacco and/or cannabis industry
- Awardees must dedicate at least 75% of their time to the proposed research
- The applicant must hold an operating grant in support of the proposed research program at the time of this award

**Funding Details:** $65,000 salary per year for 4 years
Clinician-Scientists are uniquely positioned to discover, collaborate on, and translate, research results to address issues related to the causes, prevention, diagnosis, management and care of cardiovascular/cerebrovascular diseases.

In addition to the NNI eligibility criteria above, the Ontario Clinician-Scientist program provides salary support to individuals who:

- Are currently licensed to practice in Ontario in a regulated health profession relevant to the Heart & Stroke’s Mission
- Have completed a PhD and/or MD degree in a relevant discipline
- Will conduct their professional clinical and research activities in Ontario while holding the award
- Demonstrate the capacity to build an influential program of cardiovascular/cerebrovascular disease (CCVD) health research

Funding Details: $70,000 salary per year for 4 years

Seed/Catalyst Grant Program for NNI

Seed/Catalyst Grants will provide funding support to National New Investigator (NNI) applicants to conduct research to lay the groundwork for a new grant application. The Seed/Catalyst grants offer new investigators the opportunity to explore new and innovative ideas with high potential to create impact. Seed/Catalyst Grants could support knowledge translation and implementation of knowledge into practice.

Funding Details: $50,000 operating per year for 2 years

There are two funding envelopes for the Seed/Catalyst Grants:

1. **Seed/Catalyst Grant for Improving Heart and Brain Health for Women or Indigenous Women in Canada**
   - Specifically targeted towards the improvement of the heart and brain health for women or indigenous women in Canada for applicants to the 2020/21 National New Investigator (NNI) program.
   - 5 awards available

2. **Seed/Catalyst Grant for Long-Term Commitment to Cardiovascular and Cerebrovascular Disease (CCVD)**
   - Specifically targeted towards applicants demonstrating a long-term commitment to CCVD research in the 2020/21 National New Investigator (NNI) program.
   - NNI applicants are ineligible to apply to this envelope if they hold or have already held peer reviewed grants as a Nominated Principal Applicant/Principal Investigator or co-Principal Investigator with a total sum value of $300,000 or more.

Additional Details

*Please notify hsresadm@mcmaster.ca of your intent to apply asap*

Internal HRS Deadline: **August 20, 2019** (2 days earlier to allow for physical mail-out requirements)

Sponsor Deadline: **September 5, 2019 @ 16:00 EDT USB & physical mail submission received at HSF (Applications received after the deadline will be considered late even if they are courier-stamped on the deadline date)**

Heart & Stroke Foundation: Junior Personnel Awards – Research Fellowship

The Research Fellowship (RF) program provides support to new researchers who have completed their doctoral degree (PhD, MD, DVM or equivalent) and are beginning or continuing to pursue research training in cardiovascular and/or cerebrovascular fields. This support allows researchers to focus on research training and career development at what is considered a pivotal time in their careers. Training fellowships secure a supply of highly qualified personnel with leading edge research skills. The Heart & Stroke Research Fellowship is an “in-training” award intended for individuals with a degree at a doctoral level (e.g., PhD, MD, BM, DDS, DVM, or equivalent degree). Each application, including the development of the research plan, is considered to be a joint submission by the applicant and the identified supervisor.

- Awardees must dedicate at least 75% of their time to the proposed research.
- Applicants may not hold or have held a prior or equivalent, faculty appointment (i.e., tenure track or full time faculty appointment).
- Heart & Stroke will not fund more than three (3) Personnel Awards per supervisor/mentor at one time. This does not include persons supported by other granting agencies.
- Partial awards of less than one (1) year are not available to Personnel Award applicants.
- Please review the detailed eligibility & guidelines carefully.

**Special Award:** The 4th ICPC/HSF/CCS Fellowship in Preventive Cardiology - This special fellowship is intended for applicants who wish to undertake post-graduate training in preventive cardiology in a recognized institution in Canada or abroad.

**Funding Details:** between $40,000 per year for 2 years or $50,000 per year for 3 years stipend depending on the degree certifications along with a $5,000 research allowance.

Additional Details
*Please notify hsresadm@mcmaster.ca of your intent to apply asap and include your supervisor’s name*

**Internal HRS Deadline:** August 20, 2019 (2 days earlier to allow for physical mail-out requirements)

**Sponsor Deadline:** September 5, 2019 @ 16:00 EDT USB & physical mail submission received at HSF (Applications received after the deadline will be considered late even if they are courier-stamped on the deadline date)

### Canada-UK Artificial Intelligence Initiative

The three Canadian federal research funding agencies and UK Research and Innovation (UKRI) are pleased to announce their intention to launch the Canada-UK Artificial Intelligence Initiative.

This is a unique collaboration, which will require each project to include a principal investigator (PI) based in Canada and a PI based in the UK. The PIs will share equally leadership and project management responsibilities. The Canadian and UK applicants will develop a common research plan and jointly prepare the full proposal. Proposals will be required to demonstrate a significant degree of, or novel approach to, interdisciplinarity, with research that cuts across at least two of the following research domains: social sciences and humanities; health and biomedical sciences; and natural sciences and engineering (including computational and/or mathematical sciences).

In addition to promoting interdisciplinary AI, this call will support the development of responsible AI while establishing new partnerships and enhancing infrastructure and training between researchers in Canada and the UK. The outputs and outcomes of the research should allow for uptake by relevant stakeholders, where possible.

An English webinar, hosted by ESRC, will be held on 17 July from 16:00 to 17:00 UK time (11:00 to 12:00 EST), and a French webinar will be held from 17:00 to 18:00 UK time (12:00 to 13:00 EST). Spaces will be limited, so we encourage you to register your interest (deadline 12 July) by emailing aiukcanada@esrc.ukri.org.

**Funding Details:** The total amount available for this funding opportunity is about C$14 million (£8.2 million), enough to fund up to approximately 10 projects.

- Canadian funding agencies: The maximum amount available for Canadian researchers is C$173,333 (£102,000) per year for up to three years, for a total of C$520,000 (£305,000) per project.
- UKRI: The maximum amount available for UK researchers is a total of £625,000 (C$1.1 million) per project at 100% full economic cost.

Note: Canadian applicants are only eligible to receive funding from the Canadian agencies and UK applicants are only eligible to receive funding from UKRI.

### Simmons Foundation: Winter Pilot Award

The mission of the Simons Foundation Autism Research Initiative (SFARI) is to improve the understanding, diagnosis and treatment of autism spectrum disorders (ASD) by funding innovative research of the highest quality and relevance.

To this end, we solicit applications for SFARI awards from individuals who will conduct bold, imaginative, rigorous and relevant research.

The goal of the Pilot Award is to provide early support for exploratory ideas, particularly those with novel hypotheses. Appropriate projects for this mechanism include those considered higher risk but with the potential for transformative results. To get a better understanding of SFARI’s different RFAs and whether the Pilot Award may be the best mechanism to support your project, please read our blog post “SFARI RFA reboot: Why, what and how?”

In particular, we encourage applications that propose research to link genetic or other ASD risk factors to molecular, cellular, circuit or behavioral mechanisms of ASD. Please read more about SFARI’s scientific perspectives here. We also strongly advise applicants to familiarize themselves with the current projects and other resources that SFARI supports and to think about how their proposals might complement existing efforts.

**Funding Details:** A maximum $300,000 including 20% indirect costs over a maximum 2 years.

### Additional Details

**Internal HRS Deadline:** August 19, 2019

**Internal HRS Deadline:** August 29, 2019

**Sponsor Deadline:** September 12, 2019

**Simmons Foundation: Winter Pilot Award**

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**Funding Details:** A maximum $300,000 including 20% indirect costs over a maximum 2 years.

### Additional Details

**Internal HRS Deadline:** August 30, 2019

**Sponsor Deadline:** September 13, 2019
Canadian Allergy, Asthma, and Immunology Foundation/Immunodeficiency Canada: Research Grant for New Investigators

The Research Grant for New Investigators is specific for Canadian based residents, fellows or new investigators who are studying or practising allergy and clinical immunology. The research project must have clinical relevance.

**Funding Details:** The award will pay research expenses up to $10,000 for up to 1 year.

**Additional Details**
**Internal HRS Deadline:** August 30, 2019  
**Sponsor Deadline:** September 13, 2019

Hamilton Community Foundation: Edith H. Turner Foundation Fund

The Edith H. Turner Fund supports evidence-informed programs and services designed to support children/youth; families; and adults in Hamilton who are experiencing marginalization.

The fund is specifically interested in investing in organizations achieving significant impact providing services and programming across the following program areas:
- Stable Homes Stable Families
- Healthy Bodies and Minds
- Educational/learning support across the ages

**Funding Details:** $2,000 - $25,000 for 1 year.

**Additional Details**
**Internal HRS Deadline:** August 30, 2019  
**Sponsor Deadline:** September 13, 2019

Crohn’s & Colitis Foundation: Visiting IBD Research Fellowship Program

The Crohn’s & Colitis Foundation’s Visiting IBD Research Fellowship (VIRF) is a program designed to promote career advancement for talented junior investigators dedicated to IBD research, and to enable knowledge-sharing among leaders in the IBD field. The Foundation encourages outstanding young scientists and clinicians who would like to expand their expertise in IBD research to participate in this short-term research training, carried out in a cutting-edge, NIH-funded laboratory under the mentorship of a leader in IBD research. VIRF is supported through an independent educational program grant from Gilead Sciences, Inc.

**Funding Details:** See additional details.

**Additional Details**
**Internal HRS Deadline:** September 1, 2019  
**Sponsor Deadline:** September 15, 2019

Health Research Foundation: Artificial Intelligence Health Research Fellowships

The objectives of these HRF Fellowships is to support outstanding MD and/or PhD researchers to become our future scientists and health care leaders with the tools to contribute to the innovative health care system of tomorrow, and to facilitate collaboration, teamwork, and trust between academic research centers and the pharmaceutical industry to find better ways to transfer knowledge from research to the health system.

**Funding Details:** $100,000.

**Additional Details**
**Internal HRS Deadline:** September 13, 2019  
**Sponsor Deadline:** September 27, 2019

The Kidney Foundation of Canada: Research Grant

The Kidney Foundation of Canada has established a national goal of encouraging and supporting research that may further the current knowledge pertaining to the kidney or improve health in areas relevant to the Vision and Mission of The Kidney Foundation.

The Kidney Foundation wishes to point out that it is seeking grant applications that are relevant to its Vision and Mission. The Kidney Foundation reserves the right to make a decision on the relevance of a given project to basic and clinical kidney disease. Applications deemed irrelevant will not be funded regardless of the excellence of the science.

**Funding Details:** Grants are available for one, two or three years, commencing July 1, for up to $60,000 per year.
Crohn’s & Colitis Foundation: Precision Nutrition in IBD

The Crohn’s & Colitis Foundation has identified the need to understand how diet affects IBD, particularly at the individual patient level, as a critical gap in the understanding and management of IBD, and as an area of opportunity to make a significant impact on the quality of life of patients. The long-term goal of the Precision Nutrition initiative is to be able to answer the IBD patient’s key question, “what should I eat,” based on the patient’s personal response to different foods, so that diets can be tailored to the individual clinical, biological and lifestyle characteristics of the patient.

The program is made possible through a generous donation from Jonathan D. Rose, MD, PhD, Chair, Intestinal Pathology Research Program.

Scope: Proposals submitted to this RFP should focus on one or both of the following approaches to advance the emerging field of precision nutrition in IBD:

- Patient-based prospective studies to identify signatures and/or mechanisms of response to food in IBD patients and their correlation with disease outcomes. These studies will integrate one or more ‘omics’ derived data together with physical activity, food/food component(s) challenge, and clinical outcomes, in order to identify and measure the response of patients to different beneficial or deleterious food/food component(s) exposures.

- Preclinical model-based studies to identify signatures and/or mechanisms of response to food and their correlation to IBD pathophysiological readouts. Preclinical studies utilizing state of the art humanized in vitro and/or in vivo IBD models will identify biological responses to food/food component(s) challenge and their mechanisms of action (MoA); by integrating humanized model-derived ‘omics’ data related to food/food component(s) challenge and their correlation with relevant IBD pathophysiological readouts.

Multidisciplinary proposals that incorporate both approaches, patient-based prospective studies and preclinical MoA studies, are highly encouraged.

It is expected that at the end of the funding period, these studies will provide significant advances to inform future evidence-based design of precision nutrition interventional clinical trials.

Funding Details: Option 1 – Individual agreement: The Foundation will grant 3 independent awards for 3 years with a maximum budget of $320,000 per year/per project, inclusive of all direct and indirect expenses. The proposal can be submitted by a multicenter consortium or by an individual research group. Option 2 – Collaboration agreement: To leverage the expertise and resources of the multidisciplinary research teams, and to maximize the use of the funds, the Foundation may select several complementary studies, among the selected investigators and negotiate a collaboration agreement. In this case, a 1 year funding of $160,000 will be allocated for a pilot study, integrating the complementary study arms, to provide the grounds for a revised harmonized multi-center proposal, for additional three-year period with a budget of up to $900,000 per year, inclusive of all direct and indirect expenses. Progress Oversight: The Foundation will follow the progress of the individual or collaborative projects through oversight meetings to ensure harmonization of research efforts, effective funding utilization, and successful achievement of milestones.
all areas and disciplines of cancer research, as well as from investigators in other disciplines whose ideas are relevant to the field of cancer research.

It is hoped that this program will accelerate the introduction of innovation into the entire cancer research system and contribute to the scientific idea pipeline. Proposals with high scientific merit that are deemed derivative or formulaic, pursue next logical steps, or seek to make incremental advancements are not considered innovative and should not be submitted to this competition. Applicants are also cautioned to avoid overly-ambitious aims or aims that are not clearly connected - significant findings from investigators funded by Innovation Grants may be developed further through a CCS "Innovation to Impact" Grant.

**Funding Details:** Up to $100,000 per year and a maximum of $200,000 per grant.

**Additional Details**

**Internal HRS Deadline:** October 1, 2019  
**Sponsor Deadline:** October 15, 2019

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**Canadian Cancer Society: Innovation to Impact Grants**

This program is designed to support the next phase following a productive Innovation or CBCF research grant, with the goal of working towards or achieving a significant impact on cancer.

The Innovation to Impact (i2I) Grants are designed as the next stage in the funding pipeline for Innovation and CBCF Grants that have completed their original aims and have demonstrated productivity (such as publications or scientific presentations). Note that unexpected findings/outcomes from an Innovation or CBCF grant may be pursued through an i2I grant provided that sufficient data exists to support a compelling rationale for the proposed next steps.

Innovation to Impact Grants (i2I) are intended to support the further development of significant findings from a funded CCS Innovation or CBCF grant.

Applicants are required to articulate significant achievements from the original Innovation/CBCF Grant (i.e., significant new knowledge, publications, intellectual property, technology development, or relevant endpoints) and clearly describe and justify the progression to the new research proposed. In other words, the original grant and i2I proposal must be linked by their overarching goal or objective. Applicants must also describe the potential for impact of the proposed project on cancer.

**Funding Details:** Up to $150,000 per year for up to 3 years, to a maximum of $450,000 per grant.

**Additional Details**

**Internal HRS Deadline:** October 1, 2019  
**Sponsor Deadline:** October 15, 2019

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**Ontario Molecular Pathology Research Network – Cancer Pathology Translational Research Grants**

OICR’s [Strategic Plan 2016-2021](#) prioritized the establishment of the Ontario Molecular Pathology Research Network (OMPRN), a Collaborative Research Network focused on enhancing molecular pathology research capacity across the province by:

1. Fostering collaboration and cooperation between Ontario academic pathologists;
2. Increasing the participation of pathologists in high-quality translational cancer research; and
3. Providing opportunities for residents, fellows and early career pathologists to obtain training and mentorship in cancer research.

**Funding Details:** $35,000 for 1 year.

**Additional Details**

**Internal HRS Deadline:** October 14, 2019  
**Sponsor Deadline:** October 28, 2019

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**Biocodex Microbiota Foundation: Call for National Project Canada - Microbiome in Human Health and Diseases**

Biocodex is historically involved in research on gut microbiota.

With a mission of advancing the research and understanding of human microbiota, the Biocodex Microbiota Foundation is calling on inspired researchers at Canadian institutions in the microbiome field to submit proposals for funding their projects. For 2019, the Canadian grant will be awarded to an investigator studying a 1 to 2-year long research project within the topic of microbiome in human health and diseases.
Studies in translational animal models are encouraged.

**Funding Details:** The total grant amount is 25,000 €.

**Additional Details**

**Internal HRS Deadline:** October 17, 2019  
**Sponsor Deadline:** October 31, 2019

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**J. P. Bickell Foundation 2019 Medical Research Grant Competition**

The J. P. Bickell Foundation Medical Research Grants are made to assist biomedical scientists of various departments and faculties in Ontario universities, hospitals and scientific institutions concerned with medical research. These grants may be distributed among medical research institutions and universities in Ontario. Only one application may be submitted for the annual competition, from any medically oriented faculty. These may be within the health sciences department of a university, or any faculty of that university.

**Funding Details:** Usually within the $50,000 to $65,000 range.

**Additional Details**

**Internal HRS Deadline:** September 27, 2019  
**Sponsor Deadline:** November 1, 2019

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**CoEN 2019 Call for Proposals: Pathfinder 4**

The CIHR Dementia Research Strategy supports research on the latest preventive, diagnostic and treatment approaches to Alzheimer’s disease and other neurodegenerative diseases causing dementia. It consists of an international and a national component, which together, allows the Government of Canada to support world-class research on dementia, contributing to the global pursuit of finding a cure or disease-modifying treatment for dementia by 2025.

The Canadian Consortium on Neurodegeneration in Aging (CCNA) is the Canadian component of the CIHR Dementia Research Strategy representing the Center of Excellence for Canada. CCNA is the premier research hub for all aspects of research involving neurodegenerative diseases that affect cognition in aging – including Alzheimer’s disease.

The Network of Centres of Excellence in Neurodegeneration (CoEN) is an international initiative, which will connect Centers of Excellence (CoEs) with a critical mass of resources and expertise to drive a step-change in neurodegeneration research. As such, the Lead Canadian Principal Applicant for this funding opportunity must be a CCNA member. It is expected that teams will combine the research strengths across CoEs in at least two partner countries to provide a true value-added collaborative effort that will advance our approach to neurodegeneration research. Projects will address issues which would not readily be funded through the standard grant mechanisms of the CoEN partners, and it is expected that in addition to collaboration across CoEs, projects should also serve to provide a platform for future collaboration with industry.

This funding opportunity seeks to address the need for innovative research to underpin new approaches to therapeutic intervention. The call sets out to encourage “outside the box” thinking, to stimulate new and unconventional approaches and creative solutions to the challenges of neurodegeneration research by undertaking high-risk / high-payoff research.

For more information, please consult the [Centres of Excellence in Neurodegeneration](coenwebsite) website.

**Funding Details:** The total amount available for the Canadian portion of this funding opportunity is $666,666, enough to fund approximately two (2) grants. This amount may increase if additional funding partners participate. The maximum amount per grant is $166,666 per year for up to two (2) years for a total of $333,333 per grant.

**Additional Details**

**Internal HRS Deadline:** October 21, 2019  
**Sponsor Deadline:** November 4, 2019

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**American Foundation for Suicide Prevention: Innovation Grants**

**Linked Standard Research Innovation Grants:** Grants awarded to investigators at any level performing research involving two or more unique sites with each site contributing unique expertise, as well as data collection. Applicants must submit a Letter of Intent by September 15 to be eligible to apply.

**Funding Details:** Up to $300,000 over 2 years.

**Distinguished Investigator Innovation Grants:** Grants awarded to investigators at the level of associate professor or higher with an established record of research and publication on suicide.

**Funding Details:** Up to $125,000 over 2 years.
**Postdoctoral Research Fellowship Innovation Grants:** Grants awarded to investigators who have received a Ph.D., M.D., or other doctoral degree within the preceding six years and have had no more than three years of fellowship support.

**Funding Details:** Up to $112,000 over 2 years (Salary of $48,000 per year. Allowance of $8,000 per year.)

**Standard Research Innovation Grants:** Grants awarded to individual investigators at any level.

**Funding Details:** Up to $100,000 over 2 years.

**Young Investigator Innovation Grants:** Grants awarded to investigators at or below the level of assistant professor. These grants must allocate $10,000 ($5,000 per year) of their award for an established suicide researcher to mentor the Young Investigator. AFSP is available to assist you in identifying a suitable mentor.

**Funding Details:** Up to $90,000 over 2 years.

**Pilot Innovation Grants:** Awarded to investigators at any level, these grants provide seed funding for new projects that have the potential to lead to larger investigations. These grants typically entail feasibility studies rather than hypothesis-driven research. Examples include manual development and new biomarker development.

**Funding Details:** Up to $30,000 over one or two years.

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**The Michael J. Fox Foundation: Use of Parkinson’s Disease Biosamples**

The Michael J. Fox Foundation seeks to facilitate access and use of our cohort biosamples. Applicants can request these human biosamples and associated grant funding for target validation or biomarker development programs.

Different stages of the target and assay development pipeline necessitate access to samples with varying degree of clinical information and longitudinal follow-up. MJFF biosamples are available for every stage of intended use, including target identification and validation, assay development and validation, biomarker discovery, biomarker replication, biomarker verification and assessment of disease progression. Certain sample collections offer additional opportunities, including examination of diurnal fluctuation, pharmacogenetics/pharmacodynamics or insight into genetic Parkinson’s.

For more information about each collection’s resources, including intent of use and biosample type and availability, please visit MJFF’s [Biospecimens](#) page and [Biorepository Inventory](#) website.

**Funding Details:** Up to $300,000.

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**The Michael J. Fox Foundation: Therapeutic Pipeline Program**

The Michael J. Fox Foundation seeks applications with potential for fundamentally altering disease course and/or significantly improving treatment of symptoms above and beyond current standards of care.

The Therapeutic Pipeline Program is open to industry and academic investigators proposing novel approaches or repositioning approved or clinically safe therapies from other disease indications. Part of our Edmond J. Safra Core Programs for PD Research, the Therapeutic Pipeline Program advances Parkinson's disease therapeutic and intervention development along the pre-clinical and clinical path.

**Funding Details:** Up to $500,000 (pre-clinical) or $2 million (clinical).
Juvenile Diabetes Research Foundation International, Lupus Research Alliance and National Multiple Sclerosis Society: Decoding Immune Mediated Diseases – Novel Approaches for Therapeutic Insights

JDRF International, in partnership with the Lupus Research Alliance and the National Multiple Sclerosis Society, is soliciting Letters of Intent (LOI) from investigators across autoimmune (and other relevant) fields to advance the understanding of autoimmunity and to obtain more specific insights into commonalities and differences of immune pathways that govern these pathogenic processes. The incomplete knowledge of immune networks, pathways, disease pathogenesis and heterogeneity across multiple autoimmune diseases remains a challenge towards achieving optimal therapies to effectively treat all subjects in a given indication. The purpose of this call is to invite innovative ideas that address needs across multiple autoimmune diseases in novel ways that may allow us to make faster progress together. Applications must address one or more of the following autoimmune diseases: Type 1 Diabetes (T1D), Systemic Lupus Erythematosus (SLE) and Multiple Sclerosis (MS).

Funding Details: For Strategic Research Agreements, proposed project budgets should not exceed $750,000 USD (including 10% indirect costs) total costs for up to three years. The level of funding will vary depending on the scope and overall objectives of the proposal. Under the terms of the grant award, written semi-annual reports will be required from the funded investigator as a basis for continued support.

For Pilot & Feasibility projects, with potential to evolve to larger efforts, are encouraged, and should be limited to a total proposed project budget of $200,000 USD (including 10% indirect costs) total costs for up to two years. Although Pilot & Feasibility proposals have a smaller budget and focus, applicants should follow the same website guidelines as Strategic Research Agreements.

Additional Details
LOI Deadline: September 9, 2019
Internal HRS Deadline: November 19, 2019
Sponsor Deadline: December 3, 2019

American Foundation for Suicide Prevention: The Focus Grants

Focus grants are targeted, innovative and potentially high impact studies that seek to inform and even transform suicide prevention efforts. Grants can be directed towards any of the three requests for applications outlined below.

Short-Term Risk: Supports innovative, potentially high-yield solutions that focus on short-term risk for suicide. The development of identification and/or intervention strategies for short-term suicide risk that can be readily implemented in clinical settings.

Reaching 20% by 2025: The American Foundation for Suicide Prevention has set a bold goal to reduce our nation's suicide rate 20% by the year 2025, and we seek the development of interventions that will save the greatest amount of lives. Universal, selective or indicated interventions that target suicide prevention in healthcare systems, emergency departments, corrections settings, or among the gun owning community, that, if implemented on a large scale, would reduce the annual U.S. suicide rate.

Blue Sky: Supports an innovative, impactful study in an area of suicide research that will achieve significant goals. This mechanism is intended for studies that, by their very nature, are clearly beyond the scope of our Innovation Grants. Innovative projects in new areas of investigation with potentially high impact for the understanding and prevention of suicide. Open to all fields of inquiry.

Funding Details: They are awarded in the amount of $500,000 per year for a maximum of three years.

Additional Details
LOI Deadline: August 1, 2019
Internal HRS Deadline: November 23, 2019
Sponsor Deadline: December 7, 2019

The Michael J. Fox Foundation: Edmond J. Safra Fellowship in Movement Disorders

Movement disorder specialists (neurologists with subspecialty training in Parkinson's disease and other movement disorders) serve as an important bridge between scientific advances in the lab and positive patient outcomes in the care setting. While the demand for movement disorder specialists is increasing, not enough neurologists are receiving this vital training. To address this unmet need, The Michael J. Fox Foundation (MJFF), in collaboration with longtime partner the Edmond J. Safra Foundation, introduced The Edmond J. Safra Fellowship in Movement Disorders. By funding academic centers to train new movement disorder clinician-researchers, this program aims to develop a network of highly trained specialists to be the next generation of leaders in Parkinson's research and clinical care.
The program grants funding directly to academic centers, which then must identify and train a new movement disorder fellow over a two-year period. Grant support cannot be used for a fellow already enrolled or selected. The Edmond J. Safra Fellowship in Movement Disorders is open to academic centers worldwide; previously awarded centers qualify to apply.

**Funding Details:** $90,000 per year.

**Additional Details**

**Internal HRS Deadline:** November 29, 2019  
**Sponsor Deadline:** December 13, 2019

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**Alex's Lemonade Stand: Crazy 8 Initiative**

The Crazy 8 Initiative Award will fund research into innovative and rigorous approaches that directly address the most intractable issues in pediatric cancer research today. This award is designed to coalesce cross-disciplinary cores of scientists working collaboratively in order to accelerate the pace of new cure discovery. The proposal should address a topic that is responsive to at least one of the four pediatric cancer research themes listed above. It is expected that successful applications will address one or more of the eight disciplines that formed the basis of the Crazy 8 initiative.

Investigations may involve the exploration of a novel scientific hypothesis or the development of new model systems, tools or technologies that have the potential for significant impact on the field of childhood cancer. Collaboration and data sharing are a priority for this research program. We expect successful applications to propose multidisciplinary teams with a very clear plan for collaboration that would empower the study of big ideas that would not be easily addressable otherwise. Childhood cancer research applicants are encouraged to bring new, necessary expertise into the field. The awards will be judged on scientific soundness, significance and the potential for impact on improving the lives of children with cancer.

**Funding Details:** The requested budget should be in proportion to the scope of the proposed project and its corresponding potential for impact. Depending on the type of project and the size of the team, the requested budget should be in the range of $1-5 million USD over 4 years. Cost efficiency will be one of the major considerations in review and funding decisions. ALSF will pay up to 10% in indirect costs; if the applicant elects to request indirect costs, the budget may not exceed the range of $1-5 million USD. Funding is contingent upon satisfactory progress as determined by a Crazy 8 Initiative Scientific Advisory Board.

**Additional Details**

**LOI Deadline:** October 1, 2019  
**Internal HRS Deadline:** January 6, 2020  
**Sponsor Deadline:** January 20, 2020

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**Leukemia & Lymphoma Society: Specialized Centre of Research Program**

LLS’s Specialized Center of Research (SCOR) grant program is intended to bring together established investigators from one or several institutions to develop a focused research program, foster new interactions and cooperation, and enhance interdisciplinary research among the participants. The overall goal of this mechanism is to enhance the development of innovative strategies for the treatment, diagnosis or prevention of hematological malignancies. Strategies that move discoveries from the bench to the clinic are of high importance as are integrated translational projects.

**Funding Details:** The maximal annual total cost is $1,000,000 for each year of the five year grant. The maximum annual direct cost is $833,333.33 while the maximum annual indirect cost is $166,666.66. The SCOR Director has the authority to budget these funds among the various Projects and Cores.

**Additional Details**

**LOI Deadline:** October 1, 2019  
**Internal HRS Deadline:** February 28, 2020  
**Sponsor Deadline:** March 15, 2020

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**Society of Facioscapulohumeral Muscular Dystrophy: Research Grant**

The FSH Society offers grants, research fellowships and postdoctoral fellowships to support research relevant to understanding the molecular genetics and cause of Facioscapulohumeral Muscular Dystrophy (FSHD).

The general areas of interest include tissue, cell and molecular biology studies of FSHD, the development of animal models for FSHD, biomarkers and outcome measurements, and clinical trial readiness.
Proposals are sought for research that helps with understanding of the genetic, pathophysiological, neuromuscular and developmental mechanisms of the disease. There is also interest in the development of cell, small-molecule and gene therapy, genomic engineering technologies and other therapeutic programs that may arise from that understanding.

Please submit a single-page introductory cover letter plus a one- or two-page descriptive summary of the proposed research—enough for a decision from the Scientific Advisory Board. The letter of intent may be submitted at any time to the FSH Society, Attention: Dr. David Housman, Scientific Advisory Board Chairman, FSH Society, 450 Bedford Street, Lexington MA 02420. Email the letter to daniel.perez@fshsociety.org.

**Funding Details:** $7,500 - $125,000 for 1 year (an average award is approximately $57,500).

**Additional Details**

**Sponsor Deadline:** Applications are being accepted on a rolling basis February 28/29 and August 31 annually.

### National Multiple Sclerosis Society: Pilot Research Grants

The Society funds high-risk pilot grants to quickly test novel ideas. Funding is provided for one year to test innovative, cutting-edge ideas or untested methods, and to gather sufficient preliminary data to apply for longer-term funding. We welcome applications for studies related to multiple sclerosis that may serve to advance our mission of stopping MS progression, restoring function and improving quality of life, and preventing MS. The Society supports fundamental as well as applied studies, non-clinical or clinical in nature, including projects in patient management, care and rehabilitation.

**Funding Details:** See additional details.

**Additional Details**

**Sponsor Deadline:** Applications are being accepted on a rolling basis February 28/29 and August 31 annually.

### Alex’s Lemonade Stand: RUNX1 Early Career Investigator Grant

The key objective is to promote the establishment of a new generation of translational and clinical researchers interested in tackling inherited hematologic malignancy predisposition disorders with a focus on RUNX1-familial platelet disorder. We believe that providing capital to early career investigators not only injects funding to where it is needed most, but also cultivates a new cohort of investigators who will be invested in an area of research that historically has had limited attention.

The RUNX1 Early Career Investigator grant is a 3-year award designed to fund research in strategies leading to the development of therapies to prevent the transition from pre-leukemia to leukemia for patients with RUNX1-FPD. Collaboration and data sharing are a priority for this research program. The RUNX1 Research Program and ALSF host an annual scientific meeting that brings together grant recipients and other scientists. Grant recipients are expected to present their progress as part of the annual review.

**Funding Details:** $180,000 over 3 years (maximum $60,000 per year may be requested).

**Additional Details**

**Sponsor Deadline:** Applications are being accepted on a rolling basis February 28/29 and August 31 annually.

### Canadian Cancer Society: Travel Awards

A limited number of Travel Awards to PhD or MD/PhD students, and post-doctoral/medical/clinical fellows are available. The purpose of this program is to defray the travel costs associated with making a scientific presentation as a first author or presenter at a conference, symposium or other appropriate professional meeting.

**Funding Details:** It is anticipated that up to 10 Travel Awards will be awarded in each competition (30 awards per year).

Note: Eligible expenses include: 1) Conference registration fees; 2) Accommodations; and 3) Transportation, and will not exceed $2,000.

**Additional Details**

**Sponsor Deadline:** Applications are being accepted on a rolling basis January 1, May 15 and September 15 annually.

### Canadian Cancer Society: Junior Investigator Grant Panel Travel Award

Application guides can be found on the EGrAMS documentation for applicants page.

The Canadian Cancer Society is pleased to offer a special initiative to allow junior investigators in cancer research to gain knowledge and understanding of the Canadian Cancer Society peer-review process. During the year, through different funding opportunities, applications spanning all disciplines of cancer research are evaluated and ranked for funding.
Selected investigators from across Canada will be provided funds to reimburse travel costs to Toronto to observe a grant panel meeting. This unique opportunity will provide junior faculty members with an “inside look” at how research grants are reviewed in order to help structure their own grant proposals in future.

Eligible applicants are investigators in cancer research at the end of their Post-doctoral fellowship or within the first few years of their academic appointment. Priority will be given to those who have yet to be awarded a grant from a Canadian granting agency. Applications for these limited funds will be accepted via EGrAMS and require Department or Institution Head sign-off prior to submission.

Please view the list of current grant panels for more information on available panels.

**Additional Details**

**Sponsor Deadline:** Applications are being accepted on a rolling basis.

**SickKids Foundation: Community Conference Grants**

The objective is to bring together families with researchers and clinicians for medical presentations, workshops, symposia and family-oriented discussions. The conference helps to ensure families receive access to the most up-to-date information regarding their children’s health. The grant will support events which are organized by and/or for families with children with health challenges, including, but not limited to children with acute illness, chronic illness and disabilities.

**Funding Details:** Awards are limited to an annual maximum request of $5,000. The Foundation will fund a maximum of three consecutive annual events organized by any single organization.

**Additional Details**

**Sponsor Deadline:** Applications are being accepted on a rolling basis January 31, May 31 and September 30 annually.

**Cancer Research Society: Translational Research Partnership Program**

The Translational Research Partnership Program supports collaborative projects in cancer research to help accelerate the development of new treatments and/or technologies for the benefit of patients. Our Translational Research Partnership strategy is bold and ambitious. We aim to break down the boundaries between research disciplines, which may include researchers from non-cancer backgrounds, in order to find innovative solutions to prevent, detect and treat cancer. We partner with a range of organizations to maximize the impact of research on patient outcomes.

Projects must meet the following conditions:

- Be translational research and may include clinical trial studies
- Basic research projects are out of scope
- Aim the development of a therapeutic and/or novel technologies
- Have excellent preliminary data to support the proposed project

The research team must consist of at least one principal investigator and one co-investigator. The inclusion of a variety of non-cancer disciplines is encouraged to drive the development of novel technologies and to take thinking from other fields that have not yet been applied to cancer.

All projects are evaluated based on the following criteria:

- Scientific excellence and innovativeness of proposed project
- Expertise of the multidisciplinary team
- Quality of preliminary data and feasibility
- Financial partner’s engagement
- Anticipated benefits for cancer patients

**Funding Details:** A maximum of $1,500,000 over up to 3 years per project of which up to 50% may come from the Cancer Research Society

**Additional Details**

**Sponsor Deadline:** Applications are being accepted on a rolling basis.

**HHS: Clinical Health Professional Travel Awards**

The Clinical Health Professionals Research Travel Award provides support for eligible non-physician Health Professionals to present their work at a scientific meeting of relevance to their practice/research.
**Funding Details:** Up to six awards on a competitive basis will be given within a calendar year, and are each valued up to a maximum of $2,500 for a national conference or $3,500 for international (funds in Canadian dollars).

**Additional Details**

**Sponsor Deadline:** Applications are being accepted on a rolling basis.

This funding program is led by Dr. Sandra Carroll, Director, Clinical Health Professional Research, carroll@mcmaster.ca. Interested candidates are recommended to contact Dr. Carroll or Daniela Bianco biancdn@hhsc.ca in advance of their submission. Please send inquiries to Donna Catherwood, catherwood@hhsc.ca.

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**The Ontario HIV Treatment Network (OHTN), Endgame Funding Program: Community-Based Research and Evaluation (CBR&E) Awards**

The OHTN Community-Based Research & Evaluation Fund (CBR & E Fund) is designed to help achieve the mission of the OHTN; to improve the health and well-being of people living with and at risk of HIV in Ontario, through a network that promotes research and evidence to drive change. The CBR & E Fund will assist communities by supporting both the production and discovery of knowledge through community-based research, and the use of evidence to drive programming through participatory program evaluation.

OHTN is committed to funding scientifically rigorous, community relevant research that will have a short-to medium-term impact on those most affected by HIV in Ontario:

- People living with HIV/AIDS
- Gay men and other men who have sex with men, including gay, bi, and queer trans men, youth and newcomers
- African, Caribbean and Black men and women, including youth
- Aboriginal men and women, including youth
- Men and women who use drugs
- Women, including trans women, who are at risk (e.g. have unprotected sex or share drug equipment with people from the populations listed above)

The CBR & E fund will provide grant support to eligible community-initiated HIV research and evaluation projects that explore questions of importance to community-based organizations, and have the potential to have a meaningful impact on those most affected by HIV in Ontario in the next 2-5 years.

**Funding Details:** $25,000 to $50,000 for 1 year.

**Additional Details**

**Sponsor Deadline:** Applications are being accepted on a rolling basis March 1, June 7, September 6 and December 6, 2019.

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**Ontario Brain Institute (OBI): Event Funding Program**

The Ontario Brain Institute (OBI) is committed to working together with brain health-related organizations in order to increase the capacity of their work in Ontario. The program especially looks to support events that embody OBI’s principles of integration and collaboration.

**Funding Details:** Up to $5,000.

**Additional Details**

**Sponsor Deadline:** Applications are being accepted on a rolling basis in January, May and September.

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**Crohn’s & Colitis Foundation: IBD Ventures**

Is your organization engaged in the discovery or development of a novel product with the potential to help patients with inflammatory bowel diseases? If so, we want to hear from you!

The Crohn's & Colitis Foundation seeks to accelerate the development of products that aim to improve the quality of life of patients with inflammatory bowel diseases. Toward that end, the Foundation has launched IBD Ventures, a new program and dedicated funding mechanism to support product-oriented research and development. Companies and academic investigators can apply.

**Funding Details:** Up to $500,000 per project per year will be considered. In addition, funded programs will be offered accelerator resources and advising.

**Additional Details**

**Sponsor Deadline:** Applications are being accepted on a rolling basis.

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**Ontario Genomics: Genomic Applications Partnership Program (GAPP)**
The Genomic Applications Partnership Program (GAPP) funds downstream research and development (R&D) projects that address real-world opportunities and challenges defined by “Receptor” organizations such as industry, government, or not-for-profit entities. These organizations should be committed to commercializing or implementing the outcomes of the project.

Projects are led by the Receptor organization (Canadian or international) but are active collaborations with a Canadian academic researcher. These projects are co-funded by Receptors and other stakeholders and must have the potential to generate significant social and/or economic benefits for Canada.

The GAPP aims to:
- Accelerate the application of Canadian genomics-derived solutions from academia to real-world opportunities and challenges defined by industry, not-for-profit and public-sector Receptors.
- Channel Canada’s genomics capacity into sustainable innovations that benefit Canadians.
- Enhance the value of Canadian genomics technologies by de-risking and incentivizing follow-on investment from industry and other partners.
- Foster mutually beneficial collaboration and knowledge exchange between Canadian academia and technology receptors.

**Funding Details:** 1/3 investment from Genome Canada, 1/3 provided by the Receptor partner (cash and/or in-kind) and 1/3 of other co-funding (non-Genome Canada). For more information see Section 9 and Appendix 2 of the GAPP Investment Strategy and Guidelines.

**Additional Details**

**LOI Deadline:** Accepted on a rolling basis February 19, May 21, August 15.

**Weston Brain Institute Postdoctoral Scholars at Oxford**

The Weston Brain Institute Postdoctoral Scholars at Oxford program supports top-tier Canadian postdoctoral scholars by providing international training at the University of Oxford and affiliation with Merton College. Prior to submitting an application, candidates should independently identify a host lab and potential supervisor at the University of Oxford who agrees to supervise them if awarded. Awardees will receive salary support for their postdoctoral positions at Oxford.

**Funding Details:** £57,000 per year (£44,000 per year + benefits) for 2 years.

**Additional Details**

**Sponsor Deadline:** Applications are being accepted on a rolling basis, until 2 positions at a time are filled.

**Weston Brain Institute International Fellowships: Canada**

Neurodegenerative diseases of aging are among the least understood and most undertreated diseases today. If ignored, the social and economic costs of managing these diseases will continue to rise. Meeting these challenges requires pioneering approaches to accelerating treatments. The Weston Brain Institute is pleased to launch our International Fellowships: Canada program. The program will support top Canadian PhD students to travel to and work in world-renowned international labs for up to 12 months, to further their translational research on neurodegenerative diseases of aging.

**Funding Details:** $60,000 per year, prorated at $5,000 per month to fit shorter travel and specific project needs.

**Additional Details**

**Sponsor Deadline:** Applications are being accepted on a rolling basis.

**Alzheimer’s Drug Discovery Foundation: Prevention Beyond the Pipeline**

Consortium of Cohorts for Alzheimer’s Prevention Action (CAPA): Epidemiological studies contribute unmatched information on whether the risk of dementia or cognitive decline may be influenced by long-term exposure to specific foods or supplements. However, high-powered studies are needed, ideally with dose, duration, and responder profiles, in order to translate epidemiological research into actionable interventions for testing. Through the CAPA Consortium, the ADDF funds collaborative analyses on dementia prevention using a minimum of five longitudinal cohorts, either harmonized or analyzed through parallel analysis of cohorts using a shared analysis script. More information here. More information here.

Comparative Effectiveness Research: For many health conditions, physicians have a choice of clinically equivalent drugs. Some of these drugs are being investigated for repurposing to treat Alzheimer’s or related dementias, due to potential disease-modifying properties that go beyond the treatment of their approved disease indication. The ADDF will consider funding research to generate an evidence base on whether choices in the routine clinical care of pre-existing conditions could protect from dementia. Priority will be given to the comparison of drugs that are otherwise clinically equivalent for the pre-existing condition (see Box 1 in the ADDF 2016 position paper). Methods may include randomized trials or epidemiology.

Cognitive Decline and Cognitive Reserve: Cognitive decline through aging and health conditions has been linked to an increased risk of dementia. The ADDF will consider funding programs to prevent and treat these conditions, including cognitive aging, menopause-
related cognitive symptoms, postoperative delirium and postoperative cognitive decline, mild and/or repetitive traumatic brain injury, and chemotherapy-induced decline. Methods may include clinical trials or epidemiology.

**Funding Details:** $50,000 to $100,000 for epidemiological analyses based on scope of research. Up to $3 million for clinical trials based on stage and scope of research. For studies requiring additional support, co-funding from other funding agencies or investors is encouraged.

**Additional Details**

**LOI Deadline:** Accepted on a rolling basis January 18, April 12, July 12, October 11.

**Sponsor Deadline:** Accepted on a rolling basis February 8, May 10, August 9, November 8.

**Alzheimer’s Drug Discovery Foundation: Drug Discovery Program**

The Alzheimer’s Drug Discovery Foundation (ADDF) has long recognized the need to bridge the translational funding gap between early-stage drug discovery and clinical development for Alzheimer’s disease, related dementias, and cognitive aging by supporting promising therapeutic approaches.

The Drug Discovery RFP supports:

- Novel drug programs aiming to advance novel lead molecules to the clinical candidate selection stage. This includes small molecules and biologics (e.g., antibodies, peptides, gene therapies).
- Repurposed/repositioned programs aiming to build preclinical evidence in relevant animal models for repurposed drugs (existing drugs that are approved for other diseases and conditions) and repositioned drugs (existing drugs that have entered clinical trials for other indications and have not yet been approved).

**Funding Details:** $150,000-$600,000 based on stage and scope of research. For studies requiring additional support, co-funding from other funding agencies or investors is encouraged. One year with potential for follow-on funding. Multi-year proposals can be considered.

**Additional Details**

**LOI Deadline:** Accepted on a rolling basis January 18, April 12, July 12, October 11.

**Sponsor Deadline:** Accepted on a rolling basis February 8, May 10, August 9, November 8.

**Alzheimer’s Drug Discovery Foundation: Neuroimaging & CSF Biomarker Development Program**

Given the pathological heterogeneity of Alzheimer’s disease and related dementias, new biomarkers are needed to more accurately characterize specific underlying pathophysiology.

This RFP seeks to support the development of CSF and neuroimaging biomarkers for multiple contexts of use (see below) that include but are not limited to:

- Clearly demonstrate target engagement for novel therapeutics
  The development of biomarkers that can serve as measures of target engagement for novel targets such as neuroinflammation features (e.g. microglial activity, cytokine production, astrocytic activity), synaptic damage, metabolic activity, mitochondrial dysfunction, vascular health and epigenetic changes, among others, are of particular interest. High priority will be given to projects developing biomarkers that can be used in combination with therapies currently in development and serve as companion biomarkers.
- Detect signs of disease earlier and monitor progression
  We are seeking programs developing sensitive biomarkers that can detect disease earlier than currently available tests. This includes biomarkers that can predict and monitor conversion from cognitively healthy to mild cognitive impairment (MCI) or MCI to Alzheimer’s disease. We also seek prognostic markers that can predict rates of cognitive decline.
- More accurately diagnose and distinguish between dementia subtypes
  Many types of dementias can present with similar clinical features, and patients often show overlapping pathologies. At present, it is challenging to distinguish between dementia subtypes. Biomarkers that can distinguish between subtypes and stratify patients in clinical trials are of high priority.

**Funding Details:** $150,000-$600,000 based on stage and scope of research. Larger amounts will be considered for PET ligand development for regulatory or clinical work. For studies requiring additional support, co-funding from other funding agencies or investors is encouraged. One year with potential for follow-on funding. Multi-year proposals can be considered.

**Additional Details**

**LOI Deadline:** Accepted on a rolling basis January 18, April 12, July 12, October 11.

**Sponsor Deadline:** Accepted on a rolling basis February 8, May 10, August 9, November 8.
McMaster University, McMaster Institute for Research on Aging (MIRA), Canadian Longitudinal Study on Aging (CLSA): Call for Proposals

The CLSA is a large, national, long-term study of more than 50,000 men and women who were between the ages of 45 and 85 when recruited. These participants will be followed until 2033, or death. The aim of the CLSA is to find ways to help us live long and live well, and understand why some people age in healthy fashion while others do not.

Researchers must notify Laura Harrington, Managing Director, MIRA, of their intent to apply for CLSA data access to be considered for MIRA funding. MIRA funds are allocated only to projects that do not have any other funding for this purpose.

MIRA membership is required to be eligible.

Data access applications are accepted three times per year.

Funding Details: MIRA can support access fees of $3,000 for a maximum 10 applications.

Sponsor Deadline: Ongoing
Please contact Audrey Patocs at patocsae@mcmaster.ca with intent to apply or any inquiries. Applications will be handled through the MIRA office.

McMaster University, McMaster Institute for Research on Aging (MIRA), Labarge Centre for Mobility in Aging (LCMA): Matching Funds for Research Opportunities

The McMaster Institute for Research on Aging (MIRA) aims to optimize the health and longevity of the aging population through leading-edge research, education and stakeholder collaborations. The institute intends to amplify McMaster’s strength in aging-focused research through stimulating new partnerships, facilitating access to research funding, raising the profile of McMaster’s research platforms, and building capacity among students and faculty members. In order to improve the positioning of McMaster’s researchers in external funding competition, MIRA and the Labarge Centre for Mobility in Aging (LCMA) have allocated funding that could be used to match or leverage external funds. This process is intended to be used for requests related to externally funded, peer-reviewed grant competitions that require a matching component.

Funding Details: Maximum $100,000 (total cash and/or in-kind) non-renewable funding anticipated support 1-2 projects per year.

Additional Details
Sponsor Deadline: Ongoing
Please contact Audrey Patocs at patocsae@mcmaster.ca with intent to apply or any inquiries. Applications will be handled through the MIRA office.

MITACS Globalink Research Award

The Mitacs Globalink Research Award provides funding for senior undergraduate and graduate students, and postdoctoral fellows in Canada to conduct 12–24-week research projects at universities overseas. The following opportunities support travel and research from Canada to universities in:

Australia, Brazil, China, EU member countries: In France, both universities and Inria Research Centres are eligible host institutions, Israel, India, Japan, Korea, Mexico, Norway, Saudi Arabia, Tunisia, United Kingdom, United States.

Funding Details: $6,000 to conduct 12-24-week research projects at universities overseas.

Additional Details
Sponsor Deadline: Ongoing

MITACS Accelerate Fellowship

The Mitacs Accelerate Fellowship provides a long-term funding and internship option for master’s and PhD students. Recipients can also access professional development training that helps them ensure project success and gain in-demand career skills. Interested applicants can apply for the Accelerate Fellowship at any time. All other Accelerate program guidelines apply.

Funding Details:

- **Master’s students** - $40,000 total research award for 18 mos. Minimum intern stipend is $30,000 and partner organization contribution is $18,000
- **PhD students** - $80,000 total research award for 36 mos. Minimum intern stipend is $72,000 (24,000/year) and partner organization contribution is $36,000

Additional Details
Sponsor Deadline: Ongoing

*To Apply, Contact Bertha Monrose, Contracts Advisor, MILO at monrose@mcmaster.ca or extension 22416*
**Weston Brain Institute: Big Ideas**

Neurodegenerative diseases of aging are among the least understood and most undertreated diseases today. If ignored, the social and economic costs of managing these diseases will continue to rise. Meeting these challenges requires pioneering approaches to accelerating treatments.

Based on success of previous programs, the Institute is expanding our support to new formats while maintaining the same mandate of accelerating the developments of therapeutics for neurodegenerative diseases of aging through translational research.

The Institute is considering supporting a large-scale, pivotal project to significantly advance research in our field. With this call, we are seeking to identify highly impactful ideas for consideration. Of particular interest are ideas that will establish Canada as the world leader in a particular area.

**Goal:** To support a large-scale, pivotal project that will significantly and sustainably advance research in the field of translational research on neurodegenerative diseases of aging.

**Funding Details:** From $5,000,000 to $20,000,000.

**Additional Details**

**Sponsor Deadline:** Ongoing

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**Weston Brain Institute: Early Phase Clinical Trials: Canada**

Neurodegenerative diseases of aging are among the least understood and most undertreated diseases today. If ignored, the social and economic costs of managing these diseases will continue to rise. Meeting these challenges requires pioneering approaches to accelerating treatments. The Early Phase Clinical Trials: Canada program was created to provide funding support for clinical trials and clinical trial sub-studies that have excellent preliminary data. Eligible Principal Applicants must be at or above the level of Assistant Professor or equivalent and be affiliated with a Canada Revenue Agency-qualified donee institution located in Canada. Co-applicants and Collaborators must be at the post-doctoral level or above and can be working outside Canada.

An application requires the submission of a Letter of Intent which will be reviewed by our scientific review committee. Applicants with high potential projects will then be invited to submit a Proposal. Instructions for submitting the Proposal will be forwarded to those invited. Applicants can expect to receive the outcome of their LOI application approximately 2 months after submission.

**Funding Details:** A maximum of $1,500,000 per project over up to 4 years.

**Additional Details**

**Sponsor Deadline:** Ongoing

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**OCE Voucher for Innovation and Productivity II (VIP II) Program**

The VIP II program helps established Ontario-based companies develop, implement and commercialize technical innovations by supporting partnerships with publicly-funded post-secondary institutions. Projects funded through VIP II address company needs by enabling the development of new products and/or processes, or facilitating productivity improvements, by leveraging post-secondary institutions’ skills and resources. Projects must ultimately help generate new revenues and create high-value jobs for Ontario companies. You can also leverage your sponsor’s contribution through the NSERC CRD program for additional research funds.

**Funding Details:** The VIP II program supports collaborations between companies and publicly-funded post-secondary institutions for durations of 12 and 24 months to a maximum of $150,000.

**Additional Details**

**Sponsor Deadline:** Ongoing

*To Apply, Contact Bertha Monrose, Contracts Advisor, MILO at monrose@mcmaster.ca or extension 22416*

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**MITACS Accelerate Program**

Canada’s premiere research internship program provides interns with the opportunity to transfer their skills from theory to real-world application, while companies gain a competitive advantage by accessing high-quality research expertise. Interns spend approximately half their time on-site with the industry partner; the remainder is spent at the university advancing the research under the guidance of a faculty supervisor. Not-for-profit organizations are eligible.

**Funding Details:** Funding starts at $15,000

**Additional Details**

**Sponsor Deadline:** Ongoing
Department of Defense (DoD) Psychological Health/Traumatic Brain Injury Research Program (PH/TBIRP): Federal Interagency Traumatic Brain Injury Research Analysis Award

The intent of the FY19 FITBIR Analysis Award is to leverage this data to identify actionable insights for the diagnosis, management, and treatment of TBI. The proposed research must be relevant to active duty Service members, Veterans, military beneficiaries, and/or the American public.

Funding Details: The anticipated total costs budgeted for the entire period of performance for an FY19 JPC-6/CCCRP PH/TBI FITBIR Analysis Award will not exceed $750,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

Additional Details
LOI Deadline: August 7, 2019 (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: August 22, 2019
Sponsor Deadline: September 5, 2019

Department of Defense (DoD) Peer Reviewed Cancer Research Program (PRCRP): Career Development Award

The FY19 PRCRP Career Development Award supports independent, early-career investigators to conduct impactful research with the guidance of an experienced cancer researcher (i.e., Career Guide). The Career Development Award presents an opportunity for early-career investigators to obtain the funding, guidance, and experience necessary for productive, independent careers at the forefront of cancer research. This award supports impactful research projects with an emphasis on discovery. Under this award mechanism, the early-career investigator is considered the Principal Investigator (PI), and the application should focus on the PI's research and career development. It should be clear that the proposed research is intellectually designed by the PI and not a product of the Career Guide. Preliminary data are not required. However, logical reasoning and a sound scientific rationale for the proposed research must be demonstrated.

Key elements of the Career Development Award mechanism are as follows:

- Principal Investigator: The PI must be an independent, early-career researcher or physician-scientist within 10 years after completion of his/her terminal degree by the time of the application deadline (excluding time spent in residency, clinical training, or on family medical leave). Time spent as a postdoctoral fellow is not excluded. Postdoctoral fellows are not considered independent and are not eligible for this award mechanism. The PI's record of accomplishments and the proposed research will be evaluated regarding his/her potential for contributing to the FY19 PRCRP Topic Area(s) in Section II.A.1. Previous and/or current career development funding outside of institutional startup funds will be taken into consideration when evaluating an applicant's need for further developmental funds. Because career development is the focus of this award, the PI's organization must demonstrate a commitment to the PI through confirmation of laboratory space and at least 50% protected time for cancer research.

- Career Development Plan: A career development plan is required and should be prepared with appropriate guidance from the Career Guide. The Career Guide must be an experienced cancer researcher as demonstrated by a strong record of funding and publications. In addition, the Career Guide must demonstrate a commitment to advancing the PI's career in cancer research. The career development plan should include a clearly articulated strategy for acquiring the necessary skills, competence, and expertise to advance an independent career at the forefront of cancer research in at least one of the FY19 PRCRP Topic Areas.

- PRCRP Topic Areas: The proposed research must address at least one of the FY19 PRCRP Topic Areas.

- Relevance to Military Health: The proposed research must address at least one of the FY19 PRCRP Military Health Focus Areas in Section II.A.2. The proposed research must be relevant to active duty Service members, Veterans, and their beneficiaries. For more information, review the following websites:
  - PRCRP (https://cdmrp.army.mil/prcrp/default)
  - PRCRP Report to Congress (https://cdmrp.army.mil/prcrp/reports/reports)
  - Military Health System (https://www.health.mil/)
  - VA (https://www.va.gov/)

- Impact: The applicant must articulate the potential impact the proposed work will have on cancer research and/or patient care. Impactful research will, if successful, accelerate the movement of promising ideas in cancer research into clinical applications.

A Congressionally mandated Metastatic Cancer Task Force was formed with the purpose of identifying ways to help accelerate clinical and translational research aimed at extending the lives of advanced state and recurrent patients. As a member of the
Metastatic Cancer Task Force, CDMRP encourages applicants to review the recommendations (https://health.mil/Reference-Center/Congressional-Testimonies/2018/05/03/Metastatic-CancerResearch) and submit research ideas to address these recommendations provided they are within the limitations of this funding opportunity and fit within the FY19 PRCRP priorities.

The proposed research must be relevant to active duty Service members, Veterans, military beneficiaries, and/or the American public.

Funding Details: The anticipated direct costs budgeted for the entire period of performance for an FY19 PRCRP CDA will not exceed $360,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

Additional Details

LOI Deadline: August 21, 2019 (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: August 28, 2019
Sponsor Deadline: September 11, 2019

**Department of Defense (DoD) Peer Reviewed Cancer Research Program (PRCRP): Horizon Award**

The FY19 PRCRP Horizon Award supports junior-level scientists in conducting impactful research with the mentorship of an experienced cancer researcher (i.e., Mentor). The intent of the Horizon Award is to recruit junior-level scientists to perform research in one of the FY19 PRCRP Topic Areas. The Horizon Award challenges junior scientists to develop and implement research in the cancer field. This opportunity allows for junior investigators to develop a research project, investigate a problem or question in the field of cancer, and further their intellectual development as a cancer researcher of the future. Under this award mechanism, the junior investigator is considered the Principal Investigator (PI), and the application should focus on the PI’s research and career development. It should be clear that the proposed research is intellectually designed by the PI with assistance from the Mentor.

Preliminary data are not required. However, logical reasoning and a sound scientific rationale for the proposed research must be demonstrated. Clinical trials will not be supported by this mechanism.

Key elements of the Horizon Award are as follows:

- **Principal Investigator:** Both predoctoral candidates and postdoctoral fellows are eligible according to the following definitions:
  - A predoctoral candidate within 2 years of completing required graduate coursework, having completed all laboratory rotations, successfully passed qualifying examinations (excluding time in residency, clinical training, or on family medical leave), and is working in his/her Mentor’s laboratory by the time of the application submission deadline. or
  - A postdoctoral fellow within 3 years of completion of his/her terminal degree (excluding time in residency, clinical training, or on family medical leave) and working in the Mentor’s laboratory at the time of the application submission deadline. The PI’s record of accomplishments (including but not limited to publications, awards, and research recognition) will be evaluated to determine his/her potential for contributing to the FY19 PRCRP Topic Area(s) the proposed research addresses.

- **Mentor:** The Mentor must be an experienced cancer researcher as demonstrated by a strong record of active funding and publications. In addition, the Mentor must demonstrate a commitment to advancing the PI’s career in cancer research. The Mentor’s record of accomplishments (such as publications, patents, presentations, etc.) should include documentation of significant contribution to cancer research. If the Mentor is not a researcher in the selected FY19 PRCRP Topic Area of the PI, it is strongly recommended that a collaborator or co-Mentor be named.

- **PRCRP Topic Areas:** The proposed research must address at least one of the FY19 PRCRP Topic Areas in Section II.A.1.

- **Research Approach:** The scientific rationale and experimental methodology should demonstrate in-depth analysis of the research problem presented. The feasibility of the research design and methods should be well-defined, and a clear plan should be articulated as to how the proposed goals of the project can be achieved.

- **Researcher Development Plan:** A researcher development plan is required and should be prepared with appropriate guidance from the Mentor. The application should include a clearly articulated strategy for acquiring the necessary skills, competence, and expertise to successfully complete the proposed cancer research in at least one of the FY19 PRCRP Topic Areas in Section II.A.1. A commitment of 100% effort by the PI is required for the proposed research. If the PI is a predoctoral candidate, the proposed research should be in the topic of the PI’s thesis.

- **Impact:** The proposed research should have the potential for significant impact on at least one of the FY19 PRCRP Military Health Focus Areas in one of the FY19 PRCRP Topic Areas.

A Congressionally mandated Metastatic Cancer Task Force was formed with the purpose of identifying ways to help accelerate clinical and translational research aimed at extending the lives of advanced state and recurrent patients. As a member of the Metastatic Cancer Task Force, CDMRP encourages applicants to review the recommendations (https://health.mil/Reference-
Center/Congressional-Testimonies/2018/05/03/Metastatic-CancerResearch) and submit research ideas to address these recommendations provided they are within the limitations of this funding opportunity and fit within the FY19 PRCRP priorities.

The proposed research must be relevant to active duty Service members, Veterans, military beneficiaries, and/or the American public.

**Funding Details:** The anticipated direct costs budgeted for the entire period of performance for an FY19 PRCRP Horizon Award will not exceed $150,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**
LOI Deadline: **August 21, 2019** (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: **August 28, 2019**
Sponsor Deadline: **September 11, 2019**

**Department of Defense (DoD) Kidney Cancer Research Program (KCRP): Clinical Consortium Award**
The KCRP Clinical Consortium Award is intended to support a major goal, a consortium of exceptional institutions and leading investigators to advance high-impact, novel therapeutic strategies and interventions to improve patient outcomes and significantly decrease the impact of the disease (the “Consortium”). The objectives of the Consortium shall be to design, develop, and conduct Phase I or Phase II-linked Phase I (Phase I/II) clinical trials of promising therapeutic agents for the prevention, detection/diagnosis, management, or treatment of kidney cancer. The KCRP Clinical Consortium Award provides the support to develop and enhance collaborations and resources necessary for a network of organizations to rapidly execute investigator-initiated kidney cancer clinical trials. Support from this award is directed toward Consortium infrastructure needs rather than direct support of the research itself.

Applicants are expected to demonstrate a broad understanding of kidney cancer research, including knowledge of the current state of clinical studies and clinical priorities related to kidney cancer and are encouraged to familiarize themselves with the KCRP’s Strategic Plan, and to consider this material when preparing their application.

**Funding Details:** The anticipated direct costs budgeted for the entire period of performance for an FY19 KCRP Clinical Consortium Award will not exceed $3M for the Coordinating Center and will not exceed $600,000 for each Clinical Trial Site. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**
LOI Deadline: **September 17, 2019** (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: **September 17, 2019**
Sponsor Deadline: **October 1, 2019**

**Department of Defense (DoD) Kidney Cancer Research Program (KCRP): Concept Award**
The FY19 KCRP Concept Award supports highly innovative, untested, potentially groundbreaking novel concepts in kidney cancer. The Concept Award is not intended to support an incremental progression of an already established research project but, instead, it allows Principal Investigators (PIs) the opportunity to pursue serendipitous observations. Preliminary data are not allowed. This award mechanism supports high-risk studies that have the potential to reveal entirely new avenues for investigation. Applications must describe how the new idea will enhance the existing knowledge of kidney cancer or develop an innovative and novel course of investigation. Research completed through a Concept Award may generate sufficient preliminary data to enable the PI to prepare an application for future research.

A Congressionally mandated Metastatic Cancer Task Force was formed with the purpose of identifying ways to help accelerate clinical and translational research aimed at extending the lives of advanced state and recurrent patients. As a member of the Metastatic Cancer Task Force, CDMRP encourages applicants to review the recommendations (https://health.mil/Reference-Center/Congressional-Testimonies/2018/05/03/Metastatic-CancerResearch) and submit research ideas to address these recommendations provided they are within the limitations of this funding opportunity and fit within the FY19 KCRP priorities.

**Funding Details:** The anticipated direct costs budgeted for the entire period of performance for an FY19 KCRP Concept Award will not exceed $75,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**
LOI Deadline: **September 17, 2019** (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: **September 17, 2019**
Sponsor Deadline: **October 1, 2019**
**Department of Defense (DoD) Kidney Cancer Research Program (KCRP): Idea Development Award**

The FY19 KCRP Idea Development Award is intended to support innovative ideas and high-impact approaches, based on scientifically sound evidence, to move toward the KCRP vision of eliminating kidney cancer. The research project should include a well-formulated, testable hypothesis based on strong scientific rationale and a well-developed and articulated research approach relevant to active duty Service members, Veterans, other military beneficiaries, and the American public. Personnel on the proposed team should have a strong background in kidney cancer research.

**Funding Details:** The anticipated direct costs budgeted for the entire period of performance for an FY19 KCRP Idea Development Award will not exceed $400,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**

**LOI Deadline:** September 17, 2019 (A pre-application is required and must be submitted through eBRAP)

**Internal HRS Deadline:** September 17, 2019

**Sponsor Deadline:** October 1, 2019

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**Department of Defense (DoD) Kidney Cancer Research Program (KCRP): Academy of Kidney Cancer Investigators - Dean Award**

The KCRP Academy of Kidney Cancer Investigators Award mechanisms, which are being offered for the first time in FY19, support a unique, interactive virtual academy providing intensive mentoring, national networking, collaborations, and a peer group for junior faculty. The overarching goal of the Academy of Kidney Cancer Investigators (AKCI) is to develop successful, highly productive kidney cancer researchers in a collaborative research and career development environment.

The AKCI is a virtual career development and research training platform that will consist of four Early-Career Investigator (ECI)/Designated Mentor pairs from different institutions, and one Academy Dean. The Academy Dean’s role will be to assure the growth and professional development of the ECIs in collaboration with their Designated Mentors, and facilitate communication and collaboration among all of the Academy members.

This FY19 funding opportunity is soliciting applications for an Academy Dean to initiate and lead the AKCI. Designated Mentors on FY19 Academy of Kidney Cancer Investigators – Early Career Investigator Award applications are not eligible for this award. A separate funding opportunity (W81XWH-19-KCRP-AKCIECIA) will solicit applications for ECIs/Designated Mentors.

The Academy Dean must be an independent, established kidney cancer researcher, as evidenced by cancer research funding, publication record, and significant accomplishments within the field of cancer. The Academy Dean must demonstrate a strong record of mentoring and training junior investigators, a commitment to leadership, and the ability to objectively assess the research progress of all the ECIs in the AKCI.

Responsibilities of the Academy Dean include, but are not limited to, the following:

- Act as a resource for all ECIs and Designated Mentors in the Academy over the 5-year period of performance.
- Facilitate communication and collaboration among all of the ECIs and Designated Mentors (including periodic interactive communication among all Academy members).
- Develop assessment criteria to evaluate the research progress made by all of the ECIs, as well as their career progression and sustainment as independent investigators in kidney cancer research.
- Provide constructive critiques with the goal of advancing the research and professional careers of the ECIs and strengthening the mentorship of the Designated Mentors.
- Provide avenues to increase the visibility of ECIs within the kidney cancer research and advocacy communities (e.g., peer review, conferences, editorial boards).
- Support the professional development, to include laboratory management skills, of the ECIs into leading researchers through invited presentations by experts outside of the AKCI.
- Plan and host a biennial multi-day workshop for all ECI/Designated Mentor pairs to present their research, share knowledge, develop mentoring skills, and develop collaborative efforts within the Academy. – In alternate years, plan and host a 1-day KCRP AKCI workshop.
- Assemble an Advisory Board to the Dean of the Academy, at the discretion of the Dean

**Funding Details:** The anticipate direct costs budgeted for the entire period of performance for an FY19 KCRP AKCIDA will not exceed $625,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**

**LOI Deadline:** September 17, 2019 (A pre-application is required and must be submitted through eBRAP)

**Internal HRS Deadline:** September 17, 2019
Sponsor Deadline: **October 1, 2019**

**Department of Defense (DoD) Kidney Cancer Research Program (KCRP): Academy of Kidney Cancer Investigators – Early Career Investigator Award**

The KCRP Academy of Kidney Cancer Investigators Award mechanisms, which are being offered for the first time in FY19, support a unique, interactive virtual academy providing intensive mentoring, national networking, collaborations, and a peer group for junior faculty emerging as potential leaders of kidney cancer investigation. The overarching goal of the Academy of Kidney Cancer Investigators (AKCI) is to develop successful, highly productive kidney cancer researchers in a collaborative research and career development environment.

The AKCI will be a virtual career development and research training platform that will consist of Early-Career Investigator (ECI)/Designated Mentor pairs from different institutions, and an Academy Dean. The KCRP AKCIECIA is not a traditional career development award; the ECI is expected to participate in monthly webinars and annual workshops and to communicate and collaborate with other members of the Academy (other ECIs, Mentors, Dean) as well as with the advocacy community.

The Academy Dean will serve as a resource for the ECIs and Mentors, assessing the progress of the ECIs, and facilitating communication and collaboration among all of the ECIs and Mentors, as well as with national research and advocacy communities. In addition to fostering ECI scientific development, the Academy, through its leadership by the Academy Dean, will provide for professional and leadership development of the ECIs to include skills and competencies needed to fund and manage a productive laboratory or research team. A separate funding opportunity (W81XWH-19-KCRP-AKCIDA) will solicit applications for the Academy Dean.

This FY19 Program Announcement is soliciting ECIs and Designated Mentors to join the inaugural class for the Academy. This award mechanism enables the ECI (the investigator named as the Principal Investigator [PI] on the application) to pursue a kidney cancer project that may be basic, translational, and/or clinical research. The Designated Mentor is not required to be at the same institution as the ECI.

The KCRP encourages applications from ECIs whose ability to commit to conducting kidney cancer research is limited by minimal resources or a lack of resources, such as a qualified Designated Mentor at his/her institution, access to kidney cancer research tools, opportunities for establishing collaborations, or other obstacles, which should be identified in the application.

**Funding Details:** The anticipated direct costs budgeted for the entire period of performance for an FY19 KCRP AKCIECIA will not exceed $725,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**
**LOI Deadline:** September 17, 2019 (A pre-application is required and must be submitted through eBRAP)
**Internal HRS Deadline:** September 17, 2019
**Sponsor Deadline:** October 1, 2019

**Department of Defense (DoD) Kidney Cancer Research Program (KCRP): Translational Research Partnership Award**

The FY19 KCRP Translational Research Partnership Award supports partnerships between clinicians and research scientists that will accelerate the movement of promising ideas in kidney cancer toward clinical applications. This award supports the development of translational research collaborations between two independent, faculty-level (or equivalent) investigators to address a central problem or question in kidney cancer in a manner that would be less readily achievable through separate efforts. One partner in the collaboration must be a research scientist and the other must be a clinician. It should be clear that both have had equal intellectual input in the design of the research project. Multi-institutional partnerships are encouraged. At least one member of the partnership must have experience either in kidney cancer research or kidney cancer patient care. Inclusion of experts from outside the kidney cancer field is encouraged. A proposed project in which the clinical partner merely supplies tissue samples or access to patients will not meet the intent of this award mechanism.

Preliminary data to support the feasibility of the research hypothesis and research approaches are required; however, these data do not necessarily need to be derived from studies of kidney cancer.

Observations that drive a research idea may be derived from a laboratory discovery, population-based studies, or a clinician’s firsthand knowledge of patients and anecdotal data. The ultimate goal of translational research is to move a concept or observation forward into clinical application that is relevant to active duty Service members, Veterans, other military beneficiaries, and the American public. However, members of the partnership should not view translational research as a one-way continuum from bench
to bedside. The research plan must involve a reciprocal flow of ideas and information between basic and clinical science. There should be an intellectual synergistic partnership between the clinic and the laboratory.

The success of the project must be supported by the unique skills and contributions of each partner. The proposed study must include clearly stated plans for interactions between the Principal Investigators (PIs) and institutions involved. The plans must include communication, coordination of research progress and results, and data transfer. Additionally, multi-institutional applications must provide an intellectual property plan to resolve potential intellectual and material property issues and to remove institutional barriers that might interfere with achieving high levels of cooperation to ensure the successful completion of this award.

The Translational Research Partnership Award is structured to accommodate two PIs, referred to as the Initiating PI and the Partnering PI, each of whom will receive a separate award. The Initiating and Partnering PIs have different submission requirements as described in Section II.D.2, Content and Form of the Application Submission; however, both PIs should contribute significantly to the development of the proposed research project including the Project Narrative, Statement of Work, and other required components. It is the responsibility of the PIs to describe how their combined expertise will better address the research question and explain why the work should be done together rather than through separate efforts.

**Funding Details:** The anticipated combined direct costs budgeted for the entire period of performance for an FY19 KCRP Translational Research Partnership Award will not exceed $600,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

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**Department of Defense (DoD) Psychological Health/Traumatic Brain Injury Research Program (PH/TBIRP): Prevention Research to Reduce Sexual Assault and/or Understand Adjustment Disorders Investigator-Initiated Focused Research Award (PSAAD-IIFRA)**

**Impact:** The FY19 PH/TBIRP PSAAD IIFRA is intended to support research focused on: (1) the development or adaptation of prevention efforts to reduce the occurrence of sexual assault and/or harassment and/or (2) understanding the diagnosis, assessment, and screening of adjustment disorders as a consequence of sexual assault and/or stressors that precipitate adjustment disorders.

The application must clearly demonstrate the project’s potential immediate and long-range outcome(s) with the potential to yield highly impactful data that are of clear scientific merit and could lead to critical discoveries and/or major advancements and not be limited to a clinical setting such as a behavioral health clinic.

The rationale for a research idea may be derived from population-based studies, a clinician’s first-hand knowledge of patients, or anecdotal data. Applications must include relevant data that support the rationale for the proposed study. The data may be unpublished or from published literature.

**Funding Details:** The anticipated direct costs budgeted for the entire period of performance for the FY19 PH/TBIRP PSAAD IIFRA will not exceed $750,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

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**Department of Defense (DoD) Clinical and Rehabilitative Medicine Research Program (JPC-8): Regenerative Medicine Focused Research Award**

The JPC-8/CRMRP RMFRA mechanism is intended to optimize research supporting the development of technical capabilities and solutions through collaborative partnerships and synergistic projects that inform and build on each other to accelerate regenerative medicine solutions and technical capabilities that repair, reconstruct, or regenerate tissue lost or damaged due to traumatic injury. The goal of the focused research to be funded under this award mechanism is to position the most promising solutions and technical capabilities (i.e., material or knowledge products) for advanced development and ultimately for transition to medical use and/or commercialization. Therefore, products resulting from the proposed focused research must have the potential for commercialization or adoption by clinicians as surgical and/or therapeutic options. Given the complex nature of peripheral nerve and skeletal muscle
regeneration, it is anticipated that the most effective solutions will involve a multifaceted approach spanning both Focus Areas and several Areas of Encouragement. Key aspects of this award include:

Overarching Challenge: JPC-8/CRMRP RMFRA applications must describe a unifying, overarching challenge that will be addressed by the proposed effort. The overarching challenge must be relevant to one or both of the FY19 JPC-8/CRMRP RMFRA Focus Areas.

Research Team: The JPC-8/CRMRP RMFRA is designed to accommodate either single Principal Investigator (PI) or Multiple PI submissions, though both should clearly demonstrate a focused approach to resolving the diverse barriers to restoring full peripheral nerve and/or muscle function after traumatic injury. Multi-institutional collaborations between/among academia, industry, and DoD and/or Department of Veterans Affairs (VA) facilities are highly encouraged.

- **Single PI Submissions:** Applications must include a single PI who leads a single project with a comprehensive and multifaceted approach to addressing the identified overarching challenge and the goal of restoring full peripheral nerve and/or skeletal muscle function after traumatic injury. The PI is required to devote a minimum of 20% effort to the proposed focused research to ensure maximum success. The PI should be highly qualified to lead this effort and should assemble a skilled team that can carry out the proposed work.

- **Multiple PI Submissions:** Applications must include two or more PIs who will collaborate as equal partners, each leading an independent research project that address complementary aspects of the identified overarching challenge, Focus Area(s), and Area(s) of Encouragement, if applicable. The ultimate goal is to restore full peripheral nerve and/or skeletal muscle function after traumatic injury. Each PI is required to devote a minimum of 10% effort to the proposed focused research to ensure maximum success. Partnerships should include highly qualified and multidisciplinary investigators that come together as a team to create an environment that fosters and supports collaboration and innovation in a way that engages each partner in all aspects of the research plan. The resources and expertise brought to the team by each partner should combine to create a robust, synergistic collaboration.

One PI will be identified as the Initiating PI and will be responsible for the majority of the administrative tasks associated with application submission. The other PI(s) will be identified as Partnering PI(s). Initiating and Partnering PIs each have different submission requirements, as described in Section II.D.2, Content and Form of the Application Submission; however, all PIs should contribute significantly to the development of the proposed focused research. If recommended for funding, each PI will be named to an individual award.

Research Projects: Applications shall include either a single comprehensive project (Single PI submissions) or a set of complementary independent projects (Multiple PI submissions). The project(s) should position the proposed solutions/products for advanced development and ultimately for transition to medical use and/or commercialization (e.g., early communications with the U.S. Food and Drug Administration (FDA); appropriate regulatory strategy and milestones; Investigational New Drug (IND) and/or Investigational Device Exemption (IDE) pre-submission or submission; industry partners). Individual research projects should be at either the advanced preclinical stage, or an early stage clinical trial (Phase 0, I, or IIa) with the potential to reconstruct and rehabilitate injured Service members for RTD and/or restore of quality of life.

- **Single PI Submissions:** Applications shall include a single project that outlines a comprehensive and multifaceted approach that has the goal of restoring full peripheral nerve and/or skeletal muscle function after traumatic injury. It is anticipated that restoring full function will encompass multiple aspects of peripheral nerve and/or skeletal muscle regeneration, such as those listed in the FY19 JPC-8/CRMRP RMFRA Areas of Encouragement.

- **Multiple PI Submissions:** Applications shall include two or more independent research projects, each led by either the Initiating or a Partnering PI. While individual projects must be capable of standing on their own scientific merits, they must also be interrelated and synergistic with the other proposed project(s) and advance a solution beyond what would be possible through individual efforts. The exploration of multiple hypotheses or viewpoints of the same line of questioning is encouraged. This award mechanism is not intended to support a series of research projects that are dependent on the success of any other project. Each project should propose a unique approach to addressing the overall challenge and be capable of producing research findings with potential to impact the field and/or patient care. Together, the combined goal of the focused research projects is the restoration of full peripheral nerve and/or skeletal muscle function after traumatic injury.

Focused Research Strategy: The plan to address the overarching challenge must be supported by a detailed focused research strategy that identifies critical milestones; outlines the knowledge, resources, and technical innovations that will be utilized to achieve the milestones; and explains how the outcomes will be translated to patients. A robust statistical plan and statistical expertise should be included where applicable. Similarly, an FDA-regulatory strategy and interaction plan should be included where applicable. A plan for assessing individual project performance and progress toward addressing the overarching challenge must be included in the focused research strategy. Plans for communication and data transfer between/among collaborating institutions, as
well as how data, specimens, and/or imaging products obtained during the study will be handled, must be included. An intellectual and material property plan agreed to by participating organizations is required in the application’s supporting documentation.

Military Relevance: The proposed focused research should be responsive to the healthcare needs of military Service members and/or Veterans recovering from traumatic injury, and/or other military health system beneficiaries. PIs are strongly encouraged to integrate and/or align their research projects with DoD and/or VA research laboratories and programs. Collaboration with DoD or VA investigators is also encouraged. A list of websites that may be useful in identifying additional information about ongoing DoD and VA areas of research interest or potential opportunities for collaboration can be found in Appendix 2.

In-Progress Review (IPR) Meetings: RMFRA recipients will present research updates to the DoD at annual IPR meetings. The JPC-8/CRMRP will appoint members to a Regenerative Medicine Oversight Committee, who will provide program recommendations to the Grants Officer Representative (GOR) following the IPRs. Based on advice from the Regenerative Medicine Oversight Committee, U.S. Army Medical Research and Development Command (USAMRDC) staff may also work with awardees to adjust milestones accordingly following feedback from the FDA or other regulatory agencies, or other key stakeholders.

Funding Details: The anticipated total costs budgeted for the entire period of performance for an FY19 JPC-8/CRMRP RMFRA award will not exceed $10 million (M). Costs should reasonably reflect the number of projects included in the application and the type and breadth of research proposed and be fully justified. Applications, as well as individual research projects (Multiple PI submissions), may range in size, scope, and duration (up to a maximum of 5 years), as appropriate for the work proposed, and will be equally considered. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

Additional Details
LOI Deadline: August 7, 2019 (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: November 6, 2019
Sponsor Deadline: November 20, 2019

Department of Defense (DoD) Psychological Health/Traumatic Brain Injury Research Program (PH/TBIRP): Complex Traumatic Brain Injury Rehabilitation Research – Clinical Research Award (CTRR – CRA)
The FY19 PH/TBIRP CTRR-CRA is intended to support clinical research focused on understanding the clinical sequelae and mechanisms of recovery associated with mTBI and TBI related cognitive, sensory, and motor performances. The overarching goals of this award are to address TBI-related impairments and deficits, including multi-modal and cognitive dysfunction, to (1) develop and validate rehabilitation outcome measures; (2) systematically analyze standard of care cognitive interventions to identify optimal treatment ingredients; and (3) improve clinician-driven assessment strategies to guide RTD decision-making.

The FY19 PH/TBIRP CTRR-CRA seeks research to develop and validate novel outcome measures that will characterize and track functional cognitive, sensory, and motor performance deficit in Service members and relevant populations with cognitive dysfunction following TBI; and to identify key treatment approaches to optimize cognitive rehabilitation following TBI, as consistent with the mission of the JPC-8/CRMRP.

The FY19 PH/TBIRP CTRR-CRA mechanism supports applied and translational clinical research to advance the development of knowledge and materiel products for rehabilitation and restoration of function following TBI. Applicants should explain how their work will inform the development, refinement, and/or revision of existing standards of care, clinical recommendations, or guidelines.

TBI is defined as being caused by (1) a direct blow or impact to the head, (2) a penetrating head injury, or (3) an exposure to external forces such as blast waves that disrupt the function of the brain. Not all blows to the head or exposure to external forces result in a TBI. The severity of TBI may range from “mild,” a brief change in mental status or consciousness, to “severe,” an extended period of unconsciousness or confusion after the injury. A complex mTBI is a multifaceted condition resulting after mild traumatic brain injury with comorbidities and related deficits in the areas of cognition, sensorimotor, and performance. Classification of TBI severity can be found in Table 1 of the VA/DoD Clinical Practice Guideline for the Management of Concussion-Mild Traumatic Brain Injury.

Funding Details: The anticipated total costs budgeted for the entire period of performance for an FY19 PH/TBIRP CTRR-CRA will not exceed $2.0 million (M). Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

Additional Details
LOI Deadline: September 10, 2019 (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: November 18, 2019
Sponsor Deadline: December 2, 2019
Department of Defense (DoD) Psychological Health/Traumatic Brain Injury Research Program (PH/TBIRP): Complex Traumatic Brain Injury Rehabilitation Research – Clinical Trial Award (CTRR – CTA)
The FY19 PH/TBIRP CTRR-CTA supports the rapid implementation of clinical trials with the potential to have a significant impact on the treatment or management of complex TBI. Clinical trials may be designed to evaluate promising products, pharmacologic agents (drugs or biologics), devices, clinical guidance, and/or emerging approaches and technologies. Proposed projects may range from small proof-of-concept trials (e.g., pilot, first in human, Phase 0) to demonstrate feasibility or inform the design of more advanced trials through large-scale trials to determine efficacy in relevant patient populations.

TBI is defined as being caused by (1) a direct blow or impact to the head, (2) a penetrating head injury, or (3) an exposure to external forces such as blast waves that disrupt the function of the brain. Not all blows to the head or exposure to external forces result in a TBI. The severity of TBI may range from “mild,” a brief change in mental status or consciousness, to “severe,” an extended period of unconsciousness or confusion after the injury. A complex TBI is a multifaceted condition resulting after mTBI with comorbidities and related deficits in the areas of cognition, sensorimotor, and performance. Classification of TBI severity can be found in Table 1 of the VA/DoD Clinical Practice Guideline for the Management of Concussion-Mild Traumatic Brain Injury.

**Funding Details:** The anticipated total costs budgeted for the entire period of performance for an FY19 PH/TBIRP CTRR-CTA will not exceed $4.0 million (M). Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**
LOI Deadline: September 10, 2019 (A pre-application is required and must be submitted through eBRAP)  
Internal HRS Deadline: November 18, 2019  
Sponsor Deadline: December 2, 2019

Department of Defense (DoD) Duchenne Muscular Dystrophy Research Program (DMDRP): Idea Development Award
The DMDRP Idea Development Award supports the development of innovative, high-risk/high reward research that could lead to critical discoveries or major advancements that will accelerate progress in improving outcomes for individuals with DMD. This award mechanism is designed to support innovative ideas with the potential to yield impactful data and new avenues of investigation.

The types of awards made under the Program Announcement will be assistance agreements (grants or cooperative agreements). The level of involvement on the part of the Department of Defense (DoD) during project performance is the key factor in determining whether to award a grant or cooperative agreement.

An assistance agreement (grant or cooperative agreement) is appropriate when the Federal Government transfers a “thing of value” to a “state, local government,” or “other recipient” to carry out a public purpose of support or stimulation authorized by a law of the United States, instead of acquiring property or service for the direct benefit and use of the U.S. Government. An assistance agreement can take the form of a grant or cooperative agreement. If “no substantial involvement” on the part of the funding agency is anticipated, a grant award will be made (31 USC 6304). Conversely, if substantial involvement on the part of the funding agency is anticipated, a cooperative agreement will be made (31 USC 6305) and the award will identify the specific substantial involvement. Substantial involvement may include collaboration, participation, or intervention in the research to be performed under the award. The award type, along with the start date, will be determined during the negotiation process.

**Funding Details:** The anticipated direct costs budgeted for the entire period of performance for an FY19 DMDRP Idea Development Award will not exceed $350,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**
LOI Deadline: August 21, 2019 (A pre-application is required and must be submitted through eBRAP)  
Internal HRS Deadline: November 20, 2019  
Sponsor Deadline: December 4, 2019

Department of Defense (DoD) Vision Research Program (VRP): Focused Translational Team Science Award (FTTSA)
The FY19 VRP FTTSA is intended to support a highly collaborative and translational team initiative that will fundamentally advance the understanding and treatment of eye injury and/or visual dysfunction that result from a military-relevant traumatic event (e.g., blast, blunt, thermal, chemical, directed energy trauma).

Key aspects of this award include:
Overarching Challenge: Team science is a collaborative effort that leverages the strengths of investigators specializing in different fields to address an overarching scientific challenge or question. To identify an overarching challenge or question that meets the intent of the FTTSA, investigators are strongly encouraged to consider barrier(s) to and/or gap(s) in the understanding, prevention, diagnosis, mitigation, and/or treatment of eye injury or visual dysfunction associated with a military-relevant trauma and envision what may be achievable in 10 to 15 years. Based on the long-term vision, investigators will identify what should and can be achieved in the near-term, and will design projects and research teams around these goals.

Research Projects:

- Applications shall include at least three but no more than five distinct research projects that together form a concerted and synergistic effort to address the overarching challenge. Each project, as well as the overall effort, must align with one or more of the FY19 VRP Focus Areas. The potential topics of individual projects are wide-ranging. The examples provided below are illustrative and not exhaustive:
  - Elucidation of molecular, cellular, and biophysical mechanisms of a military-relevant trauma
  - Identification of biomarkers and potential therapeutic targets
  - Development and validation of therapeutic agents and/or devices – Development and validation of drug delivery platforms appropriate for a military-relevant trauma
  - Development or improvement of clinically relevant trauma models
  - Design of protection to mitigate the impact of military-relevant trauma on eye and vision
  - Development of lightweight portable assessment or diagnostic capability

- While individual projects must be capable of standing on their own scientific merits, they must also be interrelated and synergistic with the other proposed projects and together advance a solution beyond what would be possible through individual efforts. The FY19 VRP FTTSA is not intended to support a series of research projects dependent on the success of any other project. Each project should propose a unique approach to address the overarching challenge and be capable of producing research findings with potential to impact the visual system trauma research field and/or patient care. Preliminary data to support the feasibility of each proposed research project are required.

- Individual research projects may focus on any phase of research (e.g., basic, translational, applied, clinical, observational). The FY19 VRP FTTSA allows one of the projects to include a pilot clinical trial where limited clinical testing of a novel intervention is conducted to inform the feasibility, rationale, and design of subsequent clinical trials. New FY19 definition: A clinical trial is a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of the intervention(s) on biomedical or behavioral health-related outcomes.

- The intervention may be device, drug, biologic, surgical procedure, rehabilitative modality, behavioral intervention, or other. The effects may be related to safety, effectiveness, and/or efficacy. For more information on how to distinguish clinical research from clinical trials, see the Human Subject Resource Document at https://ebrap.org/eBRAP/public/Program.htm.

Implementation: The research strategy to address the overarching challenge should include a detailed implementation plan for participating research groups to coordinate efforts, facilitate collaboration, and create synergy through open and frequent communication, interaction, sharing of results/data/resources, and other means as applicable and necessary.

Research Team: The overall effort will be led by a Principal Investigator (PI) with demonstrated success in leading large collaborative research project(s). The overall lead PI is required to devote a minimum of 20% effort to this award. The project leader of each of the complementary and synergistic research projects must be an independent investigator with strong qualifications. In addition to leading the overall effort, the overall lead PI may serve as the project leader for one project. Each project leader, including the overall lead PI, may lead no more than one project. All key personnel should be committed to regular and open discussions of research plans, exchange of ideas, sharing of expertise and results, and other collaborative efforts. The CDMRP Science Officer assigned to a resulting award must be invited to participate in periodic research team meetings. The plan for such meetings should be noted in the application.

**Funding Details**: The anticipated direct costs budgeted for the entire period of performance for an FY19 VRP FTTSA will not exceed $5.0M. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**

**LOI Deadline**: August 6, 2019 (A pre-application is required and must be submitted through eBRAP)

**Internal HRS Deadline**: November 22, 2019

**Sponsor Deadline**: December 6, 2019
Department of Defense (DoD) Vision Research Program (VRP): Investigator-Initiated Research Award (IIRA)

The FY19 VRP IIRA is intended to support studies that will yield highly impactful discoveries or major advancements in the research and/or patient care of eye injury and/or visual dysfunction as related to military-relevant trauma. Research projects may focus on any phase of research (e.g., basic, translational, applied, clinical, observational), excluding clinical trials. The research idea or solution should be innovative or novel, or a significant advancement over existing ideas or solutions, as applicable.

The proposed research must be relevant to active duty Service members, Veterans, military beneficiaries, and/or the American public.

Applications involving multidisciplinary collaborations among academia, industry, the military Services, the VA, and other Federal Government agencies are highly encouraged.

To support research projects at different stages and the exploration/development of ideas of different maturity levels, two different funding levels are available under this Program Announcement. When submitting the pre-application, it is the responsibility of the applicant organization to select the funding level that is most appropriate for the research proposed. The funding level should be selected based on the stage and maturity level of the research project, rather than the amount of the budget.

Funding Level 1 supports exploratory, innovative, high-risk/high-reward research that is in the earliest stages of idea development. Research must have the potential to yield new avenues of investigation, such as new approaches, new research tools, or new paradigms.

- No preliminary data is required. However, applicants must provide solid rationale for the research idea, supported by literature.
- The investigating team must have sufficient expertise to test the research idea.
- Investigators are encouraged, but not required, to research one of the following topics:
  - Pathobiology underlying TBI-associated visual dysfunction
  - Assessment, diagnosis, or treatment in prolonged field care settings
  - Mechanism of injury for visual system trauma secondary to directed energy

Funding Level 2 supports the advancement of more mature research toward clinical translation. The proposed research must be innovative or novel or offer significant refinements, improvements, or new applications of existing ideas or solutions.

- Preliminary data supporting the readiness and feasibility of the proposed research are required.

Research involving human subjects and human anatomical substances is permitted; however, this award may not be used to conduct clinical trials.

New FY19 definition: A clinical trial is a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of the interventions on biomedical or behavioral health-related outcomes.

Funding Details: The anticipated direct costs budgeted for the entire period of performance for an FY19 VRP IIRA Funding Level 1 will not exceed $260,000. The anticipated direct costs budgeted for the entire period of performance for an FY19 VRP IIRA Funding Level 2 will not exceed $500,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

Additional Details
LOI Deadline: August 6, 2019 (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: November 22, 2019
Sponsor Deadline: December 6, 2019

Department of Defense (DoD) Vision Research Program (VRP): Translational Research Award (TRA)

The FY19 VRP Translational Research Award is intended to support translational research that moves promising discoveries into clinical applications that will advance the prevention, diagnosis, mitigation, and/or treatment of eye injury or visual dysfunction associated with military-relevant trauma.

Successful applications to the FY19 VRP TRA should establish a clear path to transform a discovery into new drugs, devices, or clinical practice guidelines that are ready for definitive testing in clinical trials. It is expected that an Investigational New Drug (IND)/Investigational Device Exemption (IDE) application will be submitted during or by the end of the period of performance. Applicants are strongly encouraged to include at least one collaborator with expertise in the U.S. Food and Drug Administration (FDA) regulatory approval process on the investigative team.
The National Cancer Institute Translational Research Working Group (TRWG) conceptualized translational research as a set of developmental pathways leading to various clinical goals (http://clincancerres.aacrjournals.org/content/14/18/5664). Applicants may consult the TRWG pathways for guidance on the design of translational research projects.

Expansion Option: Expansion of a highly impactful research project that was previously funded through a VRP funding opportunity is encouraged but not required. Applicants choosing the Expansion Option must submit an Outcomes Statement (Attachment 6), which is a summary of the research funded through the original VRP award and a description of the research results, accomplishments, and outcomes from that award. Applicants should explain how these results, accomplishments, and outcomes relate to the FY19 VRP TRA application.

Preliminary data supporting the feasibility of the proposed research project are required and must be included in the application. Research involving animals, human subjects, and human anatomical substances is permitted. The FY19 VRP TRA allows funding for a pilot clinical trial component, where limited clinical testing of a novel intervention is conducted to inform the feasibility, rationale, and design of subsequent clinical trials. The pilot clinical trial should be limited in scale and scope and should represent only a portion of the proposed research. Applications that do include a pilot clinical trial as part of the proposed research will have additional submission requirements and review criteria.

New FY19 definition: A clinical trial is a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of the interventions on biomedical or behavioral health-related outcomes.

Funding Details: The anticipated direct costs budgeted for the entire period of performance for an FY19 VRP TRA will not exceed $750,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

Additional Details
LOI Deadline: August 6, 2019 (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: November 22, 2019
Sponsor Deadline: December 6, 2019

Department of Defense (DoD) Clinical and Rehabilitative Medicine Research Program (JPC-8): Restoring Warfighters with Neuromusculoskeletal Injuries Research Award (RESTORE)

The intent of the RESTORE mechanism is to provide support for research of exceptional scientific merit that proposes solutions for optimal management, treatment, and restoration following Service-related neuromusculoskeletal injury. Research will accelerate progress toward returning Warfighters to combat readiness following neuromusculoskeletal injury and will ultimately benefit all patients with such injuries.

Funding Details: Research Scope: The RESTORE is structured with three different Research Levels. The levels are all designed to support research that will lead to clinical application. Each level has a defined research scope. It is the responsibility of the applicant to select the Research Level that aligns with the scope of the proposed research. The Research Level should be selected based on the research scope defined in the Program Announcement, and not on the funding limit. Only one Research Level may be chosen per application. Therefore, the research scope defined under each Research Level should be considered carefully before the pre-application is submitted. The following are generalized descriptions of the scope of research appropriate for each Research Level:

- **Research Level 1**—New ideas that represent innovative approaches and have the potential to make an important contribution within the RESTORE Focus Areas: Although groundbreaking research often involves a degree of risk, applications should be based on a sound scientific rationale that is established through logical reasoning and/or critical review and analysis of the literature. Due to this Research Level’s emphasis on innovation, preliminary data are encouraged, but not required. Clinical trials are not supported in this Research Level. The anticipated total (direct and indirect) costs will not exceed $500,000.

- **Research Level 2**—Advancement of laboratory discovery, population-based studies, or clinical knowledge into clinical application and acceleration toward a clinical solution: Supported research may include preclinical studies in animal models and clinical research involving human subjects. Proposed research may include initial studies advancing to a pilot clinical trial in later aims, where limited clinical testing of a novel intervention or device is necessary to inform the next step in the continuum of translational research. Preliminary data are required. Research consisting only of a clinical trial should be submitted to Research Level 3. The anticipated total (direct and indirect) costs will not exceed $1.5M.

- **Research Level 3**—Clinical trials with the potential to have a significant impact on Warfighters who have incurred neuromusculoskeletal injuries: Proposed projects may range from small proof-of-concept trials (e.g., pilot, first-in-human, Phase 0) to demonstrate feasibility or inform the design of more advanced trials through large-scale trials to determine...
efficacy in relevant patient populations. Preclinical research is not supported. Preliminary data are required. The anticipated total (direct and indirect) costs will not exceed $3M.

Additional Details
LOI Deadline: September 3, 2019 (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: December 2, 2019
Sponsor Deadline: December 16, 2019