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.

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.

Funds available
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.

Anticipated timeline
Launch: June 2019
Webinar: Summer 2019
Intention to submit deadline: August 2019
Full application deadline: September 2019
Funding start date: February 2020

Full details about this initiative will soon be posted here: http://www.cihr-irsc.gc.ca/e/51520.html

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.

Michael G. DeGroote Health Innovation, Commercialization and Entrepreneurship (MGD Health ICE)

Michael G. DeGroote Health Innovation, Commercialization and Entrepreneurship (MGD Health ICE), is an initiative within the MGD School of Medicine focused on accelerating the exploration of health innovation opportunities. Working with researchers, clinicians and students across all faculties and health organizations, MDG ICE aims to solve clinical challenges and create the next generation of impactful health ventures. MDG ICE is running various seminars and free webinars:

Educational Webinars: The Innovator Toolkit
July 4th - Procurement and Co-Development Processes Register here
July 18th - Go-To-Market Strategies - Therapeutics & Medical Devices Register here

Click here to be added to the Weekly newsletter sign-up

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 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 and here.

**Research Project Management Course at UofT**

Good project management is vital to the success of major research projects. UofT has developed a course specifically tailored for the project management of research projects. The course has been adapted for research project management through the collaboration of an Advisory Group of faculty and staff, the School of Continuing Studies, staff from the Division of the Vice-President, Research & Innovation, and the instructor, Dr. Alison Paprica. Dr. Paprica (Assistant Professor [status] at the U of T Institute of Health Policy, Management & Evaluation), was previously the Director responsible for up to $60 million/year of government research funding and has also led numerous large-scale R&D projects in the private, public and not-for-profit sectors.

The course is designed for faculty researchers, staff scientists, post-doctoral fellows, research coordinators and those interested in a path to management and research leadership. This is the second year the course is being offered. Last year, given demand for the fall course, we mounted an additional section for the winter.

Information and registration can be found at 3382 Project Management for Research.

**Compilation of GDPR Guidances 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 E.U. 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

**Health Research Grant Competitions**

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

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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

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

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<td>Department of Defense (DoD) Gulf War Illness Research Program (GWIRP):</td>
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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 (2) 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;
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:

- 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.
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 – 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-
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 IPH 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**

**LOI Deadline:** August 28, 2019

**Internal HRS Deadline:** September 10, 2019

**Sponsor Deadline:** September 24, 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. The total Canadian health care costs attributable to new cases of diabetes diagnosed between 2012 and 2022 were estimated at $15.4 CAD billion. 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

**Additional Details**

**LOI Deadline:** August 28, 2019

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

**Sponsor Deadline:** September 25, 2019

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**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 intersecting 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
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

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

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**CIHR – Chair: Sex & Gender Science**

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 Im-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)

Additional Details
Internal HRS Deadline: September 24, 2019
Sponsor Deadline: October 8, 2019

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] 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: 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

**The Royal-Mach-Gaensslen Prize for Mental Health Research**

The Royal-Mach-Gaensslen Prize for Mental Health Research was established in 2015, and is awarded annually to recognize and support rising star Canadian research scientists with a focus in the area of mental health.

This annual national Prize provides funding to outstanding rising star researchers who are affiliated with a Canadian academic or clinical research institution in the field of mental health, to encourage them to continue to pursue their research interests in Canada.
It recognizes those with a demonstrated track record in research with excellence in scientific rigor, innovative thinking, imagination and originality and a clear ability to work in partnership with other disciplines and/or research teams external to the institution with which they are affiliated. This competition will occur once a year for 10 years.

**Funding Details:** The award of $100,000 is available annually to one person or a research team of up to three persons per competition. The Prize is awarded with the expectation that the recipient(s) will continue to demonstrate excellence in their field of work. If no appropriate candidate is found, the Prize will be deferred for one year.

**Additional Details**

**Internal HRS Deadline:** July 2, 2019  
**Sponsor Deadline:** July 15, 2019

### Canadian Blood Services: Blood Efficiency Accelerator Award Program

The objective of the Blood Efficiency Accelerator Award Program is to improve the efficient and appropriate utilization of blood products, while maintaining the safety of the blood system. To achieve this objective, the Program will support innovative research projects that seek new knowledge or accelerate the application of existing knowledge.

**Funding Details:** $30,000 for 1 year.

**Additional Details**

**Internal HRS Deadline:** July 2, 2019  
**Sponsor Deadline:** July 15, 2019

### Susan G. Komen: Career Catalyst Research Grants

Early Career breast cancer researchers anywhere in the world are invited to apply for our Career Catalyst Research Grants.

These Komen Training and Career Development awards seek to bridge the funding gap faced by faculty as they start their careers in breast cancer research. Grants funded by Komen provide the preparation necessary to compete for independent funding as an established and successful breast cancer researcher.

CCR Grants provide unique opportunities for scientists who have held faculty positions for no more than eight years by the Application due date (September 25, 2019). CCR grants provide support for hypothesis-driven research projects that will lead to a reduction in breast cancer deaths by 2026.

The topic area for the FY20 Career Catalyst Research Award is Redefining Metastatic Breast Cancer through Liquid Biopsy. The goal of this focus area is to support outstanding research seeking to use liquid biopsy techniques to improve treatment, detection, and understanding of metastatic breast cancer which will lead to a reduction in breast cancer deaths by 2026.

Komen requests Letters of Intent for research projects that address one of the following focus areas:

- Refining treatment of metastatic breast cancer
- Early detection of metastatic breast cancer

Applications that fit the focus areas as detailed in the LOI Announcement and include studies that address metastatic breast cancer disparities, or leverage data science to better understand and treat metastatic breast cancer are highly encouraged.

**Funding Details:** Up to $150,000 per year for up to 3 years.

**Additional Details**

**Registration Deadline:** July 10, 2019  
**Internal HRS Deadline:** July 15, 2019  
**Sponsor Deadline:** July 29, 2019

### William T. Grant Foundation: Research Grants

**Research Grants on Reducing Inequality:** In this program, we seek studies to build, test, and increase understanding of responses to inequality in youth outcomes.

**Funding Details:** Typically range between $100,000 and $600,000 and cover two to three years of support.

**Research Grants on Improving the Use of Research Evidence:** In this program, we seek studies about how to improve the use of research evidence in ways that benefit youth.

**Funding Details:** Range between $100,000 and $1,000,000 and cover two to four years of support.

**William T. Grant Scholarships:** This career development program supports promising early-career researchers with interests in
reducing inequality or understanding the use of research evidence.

**Funding Details:** Up to $350,000, distributed over five years.

**Institutional Challenge Grant:** The Institutional Challenge Grant encourages research institutions to build sustained research-practice partnerships with public agencies or nonprofit organizations in order to reduce inequality in youth outcomes. Applications are welcome from partnerships in youth-serving areas such as education, justice, child welfare, mental health, immigration, and workforce development.

**Funding Details:** $650,000 over three years.

**Youth Services Grant:** The Youth Services Improvement Grants support community-based organizations in New York City to enhance their services for children and youth, ages 5 to 25. These grants fund specific, standalone projects that make services more effective and provide young people with better experiences.

**Funding Details:** $25,000 each and support projects lasting one year.

**Additional Details**

**LOI Deadline:** August 1, 2019

**National Multiple Sclerosis Society: Research Grants**

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**

**Pre-application Deadline:** July 31, 2019
**Internal HRS Deadline:** July 24, 2019
**Sponsor Deadline:** August 7, 2019

**Stem Cell Network: Research Funding Programs**

The Stem Cell Network is pleased to launch a new national research funding competition comprised of four translational research programs in stem cell and regenerative medicine. The first funding competition is for projects and clinical trials up to 25 months in length (January 1, 2020 – January 31, 2022). SCN anticipates that a second competition will be launched in early 2020. Together, $11 million will be made available through these peer-reviewed funding competitions to support Canadian stem cell research. Note: Funding is dependent on the completion of SCN’s 2019-22 contribution agreement with the Government of Canada.

**Accelerating Clinical Translation Program:** SCN is pleased to invite full proposals under the Accelerating Clinical Translation Program. The program will support multi-disciplinary research projects focused on stem cell-related technologies or cell therapies expected to reach clinical trials activity within five years. This program will also support translational research activities (including Ethical Legal and Social Implications (ELSI) questions) associated with an ongoing clinical trial that will enable the trials next phase of activity. Projects principally focused on basic research are not eligible for funding.

**Funding Details:** Awards of up to $600,000 for 25 months will be available through this program (January 1, 2020 – January 31, 2022).

**Fueling Biotechnology Partnerships Program:** SCN is pleased to invite full proposals under the Fueling Biotechnology Partnerships Program. The program will support partnerships between Canadian academics and emerging/young Canadian regenerative medicine biotechnology companies to enable and accelerate translational development of innovative technologies or therapies into the market or the clinic. Projects principally focused on basic/discovery research are not eligible for funding.

**Funding Details:** Awards of up to $500,000 for 25 months will be available through this program (January 1, 2020 – January 31, 2022).

**Advancing Clinical Trials Program:** SCN is pleased to invite full proposals under its Advancing Clinical Trials Program. The program will support projects that focus on novel cellular or stem cell-related therapeutic approaches to tissue repair and regeneration for specific diseases. Eligible clinical trials must be testing Canadian innovations at the Phase I or II stage, have received both Research Ethics Board (REB) and Clinical Trials Approval (CTA) from Health Canada, and are not duplicative of other research taking place globally. It is expected
that successful projects will show incremental benefit to the patient and provide a preliminary economic analysis of the potential cost of treatment compared to current standard of care to demonstrate the value to the Canadian health care system.

**Funding Details:** Awards of up to $1,000,000 for 25 months will be available through this program (January 1, 2020 – January 31, 2022).

**Translation and Society Program:** SCN is pleased to invite full proposals under the Translation and Society Program. The program will support ELSI (Ethical, Legal and Social Implications) research projects that focus on impediments to progress in the translation of innovative stem cell research. Topics may include but are not limited to: regulatory modernization, legal and policy challenges of emerging technologies, ethical governance, market access pathways, reimbursement, health system adoption, patient knowledge and engagement, privacy, data collection and usage, public education or awareness for consumers. Where appropriate, SCN encourages ELSI research projects to include wet lab investigators on project teams.

**Funding Details:** Awards of up to $75,000 for 25 months will be available through this program (January 1, 2020 – January 31, 2022).

**Additional Details**

**Internal HRS Deadline:** July 25, 2019  
**Sponsor Deadline:** August 8, 2019

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**Alzheimer’s Drug Discovery Foundation: Request for Proposals - Accelerating Drug Discovery for Frontotemporal Degeneration**

Research investigating the pathogenic mechanisms underlying frontotemporal degeneration (FTD) is advancing, creating new targets for drug discovery. However, there remains a global gap in FTD drug discovery research. The Alzheimer’s Drug Discovery Foundation (ADDF) and The Association for Frontotemporal Degeneration (AFTD) seek to accelerate and support innovative small molecule and biologic (antibodies, oligonucleotides, peptides, gene therapy) drug discovery programs for FTD through this request for proposals (RFP).

The RFP supports:
- Lead optimization of novel disease-modifying compounds, including medicinal chemistry refinement and in vitro ADME.
- In vivo testing of novel lead compounds, biologics, or repurposed drug candidates in relevant animal models for pharmacokinetics, dose-range finding, target engagement, in vivo efficacy, and/or preliminary rodent tolerability studies.

**Funding Details:** $100,000 -$150,000 based on the stage and scope of the research for 1 year (with potential for follow-on funding).

**Additional Details**

**LOI Deadline:** July 12, 2019  
**Internal HRS Deadline:** July 26, 2019  
**Sponsor Deadline:** August 9, 2019

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**Canadian Allergy, Asthma, and Immunology Foundation: Emerging Researcher Awards in Allergic Asthma**

Emerging Researcher Award is expected to:
- Increase Canadian research capacity in the area of asthma;
- Support the research career of promising researchers;
- Produce high-quality research in asthma;
- Contribute to knowledge translation activities.

**Funding Details:** $100,000 per year for up to two years.

**Additional Details**

**Internal HRS Deadline:** August 2, 2019  
**Sponsor Deadline:** August 16, 2019

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**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. With this shift, and greater awareness that this growing population is currently under-recognized and under-served, 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

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**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

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**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

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**Cystic Fibrosis Canada: Research Programs – Basic Science and Clinical Research Grants**

The objective of the Cystic Fibrosis Canada, fall research competition, is to 1) support basic science and clinical leading research into the understanding, management and treatment of, and cure for, cystic fibrosis, and 2) address Cystic Fibrosis Canada’s core principles of funding.

**Funding Details:** A maximum $100,000 per year for 3 years. Budget requests beyond $100,000 per year will be accepted if there is a funding partner.

**Additional Details**

**LOI Deadline:** July 31, 2019  
**Internal HRS Deadline:** September 17, 2019  
**Sponsor Deadline:** October 1, 2019

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**BrightFocus Foundation: Macular Degeneration Research Grants**

The goal of the program is to accelerate advances in fundamental and translational research in age-related macular degeneration, to understand the mechanisms underlying the etiology and pathogenesis of macular degeneration and to develop innovative approaches to better diagnose, prevent or delay the progress of the disease. Preference is made for exciting pilot projects that would not, at their present stage, be competitive for large government or industry awards. Typically, these awards are made to early stage investigators, or to more established investigators who are proposing particularly innovative research. Additionally, Postdoctoral Fellows may be listed as Co-Principal Investigator.

**Funding Details:** $100,000 per year for up to two years.

**Additional Details**

**LOI Deadline:** July 3, 2019  
**Internal HRS Deadline:** September 26, 2019  
**Sponsor Deadline:** October 10, 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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**Burroughs Wellcome Fund: Investigators in the Pathogenesis of Infectious Disease**

The Investigators in the Pathogenesis of Infectious Disease program provides opportunities for assistant professors to bring multidisciplinary approaches to the study of human infectious diseases. The goal of the program is to provide opportunities for accomplished investigators still early in their careers to study what happens at the points where the systems of humans and potentially infectious agents connect. The program supports research that sheds light on the fundamentals that affect the outcomes of these encounters: how colonization, infection, commensalism, and other relationships play out at levels ranging from molecular interactions to systemic ones.

From this year forward, microbiome-related proposals must be infectious disease focused to compete well in this program.
The awards are intended to give recipients the freedom and flexibility to pursue new avenues of inquiry, stimulating higher risk research projects that hold potential for significantly advancing understanding of how infectious diseases work and how health is maintained.

**Funding Details:** $500,000 over five years.

**Additional Details**

**LOI Deadline:** July 15, 2019  
**Internal HRS Deadline:** November 1, 2019  
**Sponsor Deadline:** November 15, 2019

**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.

**LOI Deadline:** September 15, 2019 (FOR LINKED STANDARD RESEARCH INNOVATION GRANTS ONLY)  
**Internal HRS Deadline:** November 23, 2019  
**Sponsor Deadline:** December 7, 2019

**American Foundation for Suicide Prevention: The Focus Grants**

**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

**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 May 8, 2019 (pre-application is due May 6), September 11, 2019 (pre-application is due September 9), January 8, 2020 (pre-application is due January 6).

**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 June 27, September 26 and December 26 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.

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### 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.

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**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.

**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.
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

### 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

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

Department of Defense (DoD) Parkinson’s Research Program (PRP): Early Investigator Research Award
The PRP EIRA supports Parkinson’s disease-focused research opportunities for individuals in the early stages of their careers, under the guidance of a designated Mentor. The Early Investigator is considered the Principal Investigator (PI) of the application and must exhibit strong potential for, and commitment to, pursuing a career as an investigator at the forefront of Parkinson’s disease research; however, the PI is not required to have previous Parkinson’s disease research experience. Applications must include at least one Mentor, appropriate to the proposed research project, who has experience in Parkinson’s disease research and mentoring as demonstrated by a record of active funding, recent publications, and successful mentorship. The selected Mentor(s) should also demonstrate a clear commitment to the development of the PI toward independence as a Parkinson’s disease researcher.

The following are important aspects of the EIRA:

- All applications for the EIRA are to be written by the PI, with appropriate direction from the Mentor(s).
- Principal Investigator: The EIRA supports early-career investigators exploring innovative, high-impact ideas or new technologies applicable to Parkinson’s disease research and/or patient care. The PRP seeks applications from investigators working in a broad spectrum of disciplines including, but not limited to, basic science, engineering, bioinformatics, population science, translational research, and clinical research. The application should demonstrate the PI’s potential for, and commitment to, pursuing a career in Parkinson’s disease research under the guidance of a designated Mentor(s). Evaluated criteria will include mentorship and the mentorship environment with an identified path to independence.
- Researcher Development Plan: The application must outline an individualized Parkinson’s disease-focused Researcher Development Plan. The Researcher Development Plan should include a clearly articulated strategy for acquiring the necessary skills, competence, and expertise that will enable the PI to successfully complete the proposed research project and foster the PI’s development as an independent Parkinson’s disease researcher. An environment appropriate to the proposed mentoring and research at the PI’s institution must be clearly described. Additional necessary resources and/or mentorship may be provided through collaboration(s) with other institutions. If the PI will be utilizing resources at another institution to successfully complete the proposed project, then the PI is strongly encouraged to designate a co-Mentor at the collaborating institution.
- Focus Area: The proposed research must address at least one of the four FY19 PRP Focus Areas stated.
- Research Strategy and Feasibility: Experimental strategies may be novel or may be based on strong rationale derived from previously published preliminary data, or literature review. 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. Preliminary data are not required. Any unpublished, preliminary data provided should originate from the PI, Mentor(s), or member(s) of the collaborating team. The preliminary data must support the feasibility of the study.
- Impact: The proposed research, if successful, should impact an area of paramount importance in Parkinson’s disease. The application must clearly and explicitly describe the potential impact of the proposed study on Parkinson’s disease and convey its level of significance. The research should benefit individuals with Parkinson’s disease, by improving the understanding, prevention, diagnosis, and/or treatment of Parkinson’s disease.

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 PRP EIRA award will not exceed $360,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

Additional Details
LOI Deadline: July 9, 2019 (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: July 10, 2019
Department of Defense (DoD) Parkinson's Research Program (PRP): Investigator-Initiated Research Award

The PRP IIRA supports highly rigorous, multidisciplinary, high-impact research projects that have the potential to make an important contribution to Parkinson’s disease research and/or patient care. This award mechanism supports the full spectrum of research from basic science through clinical research that specifically focuses on scientific and clinical Parkinson’s disease issues, which, if successfully addressed, have the potential to make a major impact in understanding, preventing, diagnosing, or treating Parkinson’s disease or enhancing the wellbeing of individuals experiencing the impact of the disease.

The following are important aspects of the IIRA:

- **Research Strategy and Feasibility:** The scientific rationale and experimental methodology should demonstrate critical understanding and in-depth analysis of Parkinson’s disease. Experimental strategies may be novel or may be based on strong rationale derived from previously published data, presented preliminary data, or literature review. 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. Preliminary data to support feasibility are required. Any unpublished, preliminary data provided should originate from the laboratory of the Principal Investigator (PI) or a member(s) of the research team. The preliminary data must support the feasibility of the study.

- **Impact:** The proposed research, if successful, should impact an area of paramount importance in Parkinson’s disease. The application must clearly and explicitly describe the potential impact of the proposed study on Parkinson’s disease and convey its level of significance. The research should benefit individuals with Parkinson’s disease, by improving the understanding, prevention, diagnosis, and/or treatment of Parkinson’s disease.

- **Focus Areas:** The proposed research must address at least one of the four FY19 PRP Focus Areas.

- **Principal Investigator and Research Team:** The PRP seeks applications from investigators working in a broad spectrum of disciplines including, but not limited to, basic science, engineering, bioinformatics, population science, translational research, and clinical research. The application should demonstrate that the research team’s background is appropriate to successfully achieve the proposed research and contribute to the field of Parkinson’s disease research.

Partnering PI Option: The IIRA mechanism includes an option to fund a maximum of three PIs. 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) (maximum of two) will be identified as Partnering PI(s). Initiating and Partnering PIs each have different submission requirements, as described in Section II, Detailed Information About the Funding Opportunity; however, all PIs should contribute significantly to the development of the proposed research project, including the Project Narrative, Statement of Work, and other required components. The Partnering PI Option requires a Synergy Statement (see Attachment 8). The Synergy Statement discusses in detail the advantages of addressing this problem through the combined expertise of the PIs and how this contributes to the synergy of the application. If recommended for funding, the Initiating PI and each Partnering PI will be named to an individual award within the recipient organization. The PI (and each Partnering PI) must maintain at least 15% dedication of his/her full-time professional effort during the award period to this award. The proposed partnership should result in a level of productivity that is greater than that achievable by each PI independently.

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 PRP Investigator-Initiated Research Award will not exceed $1.5M total costs for a single investigator or $2.4M combined total costs for the Partnering PI option. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**

LOI Deadline: **July 9, 2019** (A pre-application is required and must be submitted through eBRAP)

Internal HRS Deadline: **July 10, 2019**

Sponsor Deadline: **July 24, 2019**

Department of Defense (DoD) Orthotics and Prosthetics Outcomes Research Program (OPORP): Clinical Research Award (CRA)

The FY19 OPORP CRA is intended to support clinical research that evaluates orthotic and/or prosthetic devices using patient-centric outcomes relevant to Service members and Veterans with limb loss and/or limb impairment. The funding opportunity challenges the scientific community to address which orthotic and prosthetic devices, and which characteristics of those devices, generate the best patient outcomes.
The FY19 OPORP CRA is focused on outcomes-based best practices through analysis of prosthetic and/or orthotic device options that are currently available, and not on the development of a new technology or the improvement of an existing technology. Outcomes-focused research is used to support evidence-based practice, which guides providers in the optimization of care to those with limb loss and/or limb impairment. Applications involving multidisciplinary collaborations among academia, industry, the military Services, the Department of Veterans Affairs (VA), and other Federal Government agencies are highly encouraged.

The FY19 OPORP CRA offers funding for two Funding Levels. Only one Funding Level category may be chosen per application; the choice of application category is at the discretion of the applicant. The following are generalized descriptions of the scope of research appropriate for each Funding Level:

- **Funding Level 1:** Pilot research that has the potential to make significant advancements toward clinical translation. Preliminary data are allowed but not required for this Funding Level.
- **Funding Level 2:** Research that is supported by preliminary data and has the potential to make significant advancements toward clinical translation.

**Funding Details:** The anticipated total costs budgeted for the entire period of performance for an FY19 OPORP CRA Funding Level 1 will not exceed $350,000. The anticipated total costs budgeted for the entire period of performance for an FY19 OPORP CRA Funding Level 2 will not exceed $1M. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**

**LOI Deadline:** July 24, 2019 (A pre-application is required and must be submitted through eBRAP)

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

**Sponsor Deadline:** July August 7, 2019

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**Department of Defense (DoD) Orthotics and Prosthetics Outcomes Research Program (OPORP): Clinical Trial Award (CTA)**

The FY19 OPORP CTA is intended to support clinical trials that evaluate orthotic and/or prosthetic devices using patient-centric outcomes relevant to Service members and Veterans with limb loss and/or limb impairment. The funding opportunity challenges the scientific community to address which orthotic and prosthetic devices, and which characteristics of those devices, generate the best patient outcomes.

The FY19 OPORP CTA is focused on outcomes-based best practices through analysis of prosthetic and/or orthotic device options that are currently available, and not on the development of a new technology or the improvement of an existing technology. Outcomes-focused research is used to support evidence-based practice, which guides providers in the optimization of care to those with limb loss and/or limb impairment. Applications involving multidisciplinary collaborations among academia, industry, the military Services, the Department of Veterans Affairs (VA), and other Federal Government agencies are highly encouraged.

The FY19 OPORP CTA supports the rapid implementation of clinical trials with the potential to have a significant impact on improving the health and well-being of Service members, Veterans, and other individuals living with limb deficit. Alternate research designs (e.g., pragmatic and practice-based evidence trials) that provide evidence for adoption of tested orthotic and/or prosthetic devices in real-world clinical practice and inform clinical or policy decisions are particularly encouraged. Clinical trials may be designed to evaluate promising new 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.

Funding from this award mechanism must support a clinical trial. 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. For more information, a Human Subject Resource Document is provided at https://ebrap.org/eBRAP/public/ Program.htm.

**Funding Details:** The anticipated total costs budgeted for the entire period of performance for an FY19 OPORP CTA Funding Level 1 will not exceed $350,000. The anticipated total costs budgeted for the entire period of performance for an FY19 OPORP CTA Funding Level 2 will not exceed $2M. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**

**LOI Deadline:** July 24, 2019 (A pre-application is required and must be submitted through eBRAP)

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

**Sponsor Deadline:** July August 7, 2019

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Department of Defense (DoD) Lung Cancer Research Program (LCRP): Career Development Award

The FY19 LCRP Career Development Award supports early-career, independent investigators to conduct impactful research under the mentorship of an experienced lung cancer researcher as an opportunity to obtain the funding, mentoring, and experience necessary for productive, independent careers at the forefront of lung cancer research. This award is intended to support impactful research projects with an emphasis on discovery. Submissions from and partnerships with investigators at Department of Defense (DoD) military treatment facilities and laboratories, and Department of Veterans Affairs (VA) medical centers and research laboratories are strongly encouraged.

Preliminary data are not required. However, logical reasoning and a sound scientific rationale for the proposed research must be demonstrated.

Key elements of this award are as follows:

- Principal Investigator (PI): PIs must be research- or physician-scientists at an early stage of their independent research careers. PIs must be within 5 years of their first faculty appointment (or equivalent) and exhibit a strong desire to pursue a career in lung cancer research.
- Mentorship: The Mentor must be an experienced lung cancer researcher as demonstrated by a strong record of funding and publications in lung cancer research. In addition, the Mentor must demonstrate a commitment to developing the PI’s career in lung cancer research.
- Career Development: A Career Development Plan is required and should be prepared with appropriate guidance from the Mentor. A clearly articulated strategy for acquiring the necessary skills, competence, and expertise to have a career at the forefront of lung cancer research should be included. The plan should outline how the PI will gain experience in lung cancer research. Because career development is the focus of this award, the PI’s institution must demonstrate a commitment to the PI through a minimum of 40% protected time for lung cancer research, though more protected time is highly desirable.
- Impact: Research that has high potential impact may lead to major advancements and significantly accelerate progress toward eradicating deaths and suffering from lung cancer.
- Relevance to Military Health System Beneficiaries: The application should clearly articulate how the proposed research is relevant to Service members, Veterans, and their families.

Relevance to Military Health: The LCRP seeks to support research that is relevant to the healthcare needs of military Service members, Veterans, and their families. Relevance to military health will be considered in determining relevance to the mission of the DHP and FY19 LCRP during programmatic review. Investigators are strongly encouraged to consider the following characteristics as examples of how a project may demonstrate relevance to military health:

- Use of military or Veteran populations, biospecimens, data/databases, or programs in the proposed research
- Collaboration with DoD or VA investigators
- Involvement of military consultants (Army, Air Force) or specialty leaders (Navy, Marine Corps) to the Surgeons General in a relevant specialty area
- Description of how the knowledge, information, products, or technologies gained from the proposed research could be implemented in a dual-use capacity to address a military need that also benefits the civilian population
- Explanation of how the project addresses an aspect of lung cancer that has direct relevance to military Service members, Veterans, or other Military Health System beneficiaries, including environmental exposures other than tobacco

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 LCRP Areas of Emphasis.

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

Funding Details: The anticipated direct costs budgeted for the entire period of performance for an FY19 LCRP Career Development Award will not exceed $250,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

Additional Details

LOI Deadline: August 1, 2019 (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: August 7, 2019
Sponsor Deadline: August 21, 2019
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
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
The FY19 GWIRP Idea Award supports innovative, high-risk/high-reward research in the earliest stages of development that will contribute to markers or treatments for GWI. The Idea Award targets the Discovery phase of the research pipeline as outlined in Section II.A.2.

Innovation: Research deemed innovative may represent a new paradigm, challenge current paradigms, look at existing problems from new perspectives, or exhibit other highly creative qualities. Adaptation of concepts from symptom-based disorders with some overlapping symptomatic features, such as chronic fatigue syndrome or fibromyalgia, to GWI may also be deemed innovative. Multidisciplinary projects are especially encouraged.

Preliminary Data: To foster research with clearly defined potential to yield new avenues of investigation, presentation of preliminary data is not required. Any unpublished, preliminary data that is provided should originate from the laboratory of the Principal Investigator (PI) or a member(s) of the research team. Whether or not preliminary data is included, applications should be based on a sound scientific rationale that is established through logical reasoning and/or critical review and analysis of the literature.

Impact: Applications must articulate how results will lead to a clinical impact for Veterans with GWI even if a clinical impact is not an immediate outcome. All applications must focus on features of GWI and Veterans of the 1990-1991 Gulf War affected by GWI. It is the responsibility of the PI to clearly and explicitly articulate the project’s potential impact on GWI.

FY19 GWIRP Idea Award Topics of Special Interest: The FY19 GWIRP Idea Award has a special interest in the exploration of the topics listed below. Elucidation of mechanisms outside the context of GWI is not within the scope of this funding opportunity. Applicants are not restricted to this list and may propose studies in any other GWI research area relevant to the mission of the GWIRP and in the context of the Overarching Challenges.

- Epidemiology of comorbidities and mortality, including gender or ethnic differences, or sinus, respiratory, gastrointestinal, sleep, or dermatological abnormalities as a component of GWI
- Interactions among individual symptoms of GWI, including non-refreshing sleep, and how these symptom clusters affect health outcomes and Veterans’ health overall
- Genetic factors predisposing individuals to GWI
- Molecular signatures (e.g., biomarkers) underlying symptom clusters via genomic, proteomic, metabolic, or epigenetic technologies
- Dysregulation of, or abnormal crosstalk between, human body organ systems (e.g., neuroinflammation, autonomic dysfunction). Particular emphasis is placed on the systems listed below. Note: Examination of parameters at both baseline and after challenge (stress, exercise, immune, etc.) and attention to long-term and latent effects of toxicant exposures to closely represent the current status of GWI patients should be considered.
  - Neurological system (central, peripheral, autonomic, and/or neuromuscular)
  - Immune system
  - Endocrine, exocrine, and/or excretory systems, with special attention to kidney and liver (including Cytochrome P450 abnormalities)

Biorepository Contribution Option: In FY17, the GWIRP awarded infrastructure support for a GWI Biorepository. The Boston Biorepository, Recruitment, and Integrative Network (BBRAIN) for GWI has now been established for the retention and distribution of Gulf War Veteran biospecimens and/or data related to GWI research. Applicants to the FY19 GWIRP are encouraged to contribute Gulf War Veteran biospecimens and data to this repository network. The FY19 GWIRP Idea Award offers a nested Biorepository Contribution Option with higher levels of funding for qualified applications as described in Section II.D.5, Funding Restrictions. For the application to qualify for a higher level of funding, the applicant must submit a Biorepository Contribution Statement (see Attachment 11) providing a detailed accounting of proposed costs and a commitment to work with protocols and Standard Operating Procedures (SOPs) developed by the BBRAIN for quality assurance purposes. For additional details about BBRAIN, refer to the section below titled Access to Data and/or Previously Collected Biospecimens from Veterans of the 1990-1991 Gulf War.

Funding Details: The anticipated direct costs budgeted for the entire period of performance for an FY19 GWIRP Idea Award will not exceed $150,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information. If applying under the Biorepository Contribution Option, direct costs will not exceed $170,000.

Additional Details

LOI Deadline: July 12, 2019 (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: September 19, 2019
Sponsor Deadline: October 3, 2019
Clinical endpoints in large cohort large enough to produce a statistically meaningful outcome. Biomarker study outcomes shall provide validation of use as clinical endpoints in large-scale (Phase IIb-III) clinical trials.

Clinical trials may be designed to evaluate pharmacologic agents (drugs or biologics), devices, clinical guidance or other approaches, and technologies supported by strong objective evidence in the GWI field. Clinical trials may also examine repurposing of existing U.S. Food and Drug Administration (FDA)-approved drugs. Biomarker investigations must expand preliminary findings in a GWI cohort large enough to produce a statistically meaningful outcome. Biomarker study outcomes shall provide validation of use as clinical endpoints in large-scale (Phase IIb-III) clinical trials.

The FY19 GWIRP Research Advancement Award supports applied research in GWI that is aimed at continued expansion and validation of markers and treatments that are supported by evidence in the GWI field. The Research Advancement Award targets the Qualification phase of the research pipeline as outlined in Section II.A.2.

Preliminary Data: Inclusion of preliminary data in the field of GWI and other supporting information is required. The project should include a well-formulated, testable hypothesis based on existing evidence in the GWI field that holds translational potential.

Impact: Applications must articulate how results will lead to a clinical impact for Veterans with GWI even if a clinical impact is not an immediate outcome. All applications must focus on features of GWI and Veterans of the 1990-1991 Gulf War affected by GWI. It is the responsibility of the Principal Investigator (PI) to clearly and explicitly articulate the project’s potential impact on GWI.

The types of activities supported include, but are not limited to, expansion of limited data on candidate markers, mechanistic targets; therapeutics and interventions; validation and advanced research on druggable mechanistic targets, identification and development of leading compounds, and collection of preclinical data for repurposing an existing approved drug or for new Investigational New Drug (IND) application submissions to the U.S. Food and Drug Administration (FDA). Applicants proposing to test FDA-approved drugs in animal models for efficacy must explain why preclinical testing is required prior to clinical pilot trials in humans.

Biorespository Contribution Option: In FY17, the GWIRP awarded infrastructure support for a GWI Biorepository. The Boston Biorepository, Recruitment, and Integrative Network (BBRAIN) for GWI has now been established for the retention and distribution of Gulf War Veteran biospecimens and/or data related to GWI research. Applicants to the FY19 GWIRP are encouraged to contribute Gulf War Veteran biospecimens and data to this repository network. The FY19 GWIRP Research Advancement Award offers a nested Biorepository Contribution Option with higher levels of funding for qualified applications as described in Section II.D.5, Funding Restrictions. For the application to qualify for a higher level of funding, the applicant must submit a Biorepository Contribution Statement (see Attachment 10) providing a detailed accounting of proposed costs and a commitment to work with protocols and Standard Operating Procedures (SOPs) developed by the BBRAIN for quality assurance purposes. For additional details about BBRAIN, refer to the section below titled Access to Data and/or Previously Collected Biospecimens from Veterans of the 1990-1991 Gulf War.

Funding Details: The anticipated direct costs budgeted for the entire period of performance for an FY19 GWIRP Research Advancement Award will not exceed $700,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information. If applying under the Biorepository Contribution Option, direct costs will not exceed $720,000.

Additional Details
LOI Deadline: July 12, 2019 (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: September 19, 2019
Sponsor Deadline: October 3, 2019

The FY19 GWIRP Clinical Evaluation Award supports translation of validated GWI research, including qualified and replicated preclinical findings, to a Gulf War Veteran population. The Clinical Evaluation Award targets the Verification phase of the research pipeline as outlined in Section II.A.2. Statistically powered biomarker trials with the potential to validate use of biomarkers as clinical endpoints or proof-of-concept intervention trials (e.g., pilot, first in human, Phase I-Ila) are encouraged under this funding opportunity. While studies of treatments repurposed from other disorders sharing GWI symptomatology will be considered (with appropriate rationale), the FY19 GWIRP encourages studies that translate qualified results from the GWI research community.

New FY19 clinical trial 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.

Clinical trials may be designed to evaluate pharmacologic agents (drugs or biologics), devices, clinical guidance or other approaches, and technologies supported by strong objective evidence in the GWI field. Clinical trials may also examine repurposing of existing U.S. Food and Drug Administration (FDA)-approved drugs. Biomarker investigations must expand preliminary findings in a GWI cohort large enough to produce a statistically meaningful outcome. Biomarker study outcomes shall provide validation of use as clinical endpoints in large-scale (Phase IIb-III) clinical trials.
Funding from this award mechanism must support research in a Gulf War Veteran population. Proof of availability and access to necessary cohort(s) and/or critical reagents must be provided. Applications must state a realistic timeline for clinical investigation.

The requested budget must be commensurate with the phase and size of the trial proposed. Refer to Section II.D.5, Funding Restrictions for detailed funding information.

Biorepository Contribution Option: In FY17, the GWIRP awarded infrastructure support for a Gulf War Illness Biorepository. The Boston Biorepository, Recruitment, and Integrative Network (BBRAIN) for GWI has now been established for the retention and distribution of Gulf War Veteran biospecimens and/or data related to GWI research. Applicants to the FY19 GWIRP are encouraged to contribute Gulf War Veteran biospecimens and data to this repository network. The FY19 GWIRP Clinical Evaluation Award offers a Biorepository Contribution Option with higher levels of funding for qualified applications as described in Section II.D.5, Funding Restrictions. For the application to qualify for a higher level of funding, the applicant must submit a Biorepository Contribution Statement (see Attachment 10) providing a detailed accounting of proposed costs and a commitment to work with protocols and Standard Operating Procedures (SOPs) developed by the BBRAIN for quality assurance purposes. Applicants interested in collaborating with this network should refer to the Research Resources link (https://cdmrp.army.mil/gwirp/resources/gwirpresources) on the GWIRP website.

Clinical Consortium Collaboration Option: In FY17, the GWIRP awarded a Clinical Consortium Award to create a network of institutions focused on designing and executing phase I and II clinical trials. The Gulf War Illness Clinical Trials and Interventions Consortium (GWICTIC) has now been established to investigate promising therapeutics for GWI. Applicants to the FY19 GWIRP are encouraged to make use of the established infrastructure of the GWICTIC, such as recruitment networks, existing protocols, Common Data Elements (CDEs), and data management procedures. Clinical Consortium Collaboration Option applications shall adhere to the GWICTIC policies and procedures with respect to biospecimens and data and therefore are not eligible to also submit under the Biorepository Contribution Option. A letter of commitment/collaboration from the GWICTIC is required, outlining the services that will be shared to bring value to the Government. The FY19 GWIRP Clinical Evaluation Award offers a Clinical Consortium Collaboration Option with higher levels of funding for qualified applications as described in Section II.D.5, Funding Restrictions. For the application to qualify for a higher level of funding, the applicant must submit a Clinical Consortium Collaboration Statement (see Attachment 10) providing a detailed accounting of proposed costs and a commitment to work with protocols and SOPs developed by the GWICTIC.

Activities not supported under this Program Announcement include:

- Studies focusing on psychiatric disease or psychological stress as the primary cause of GWI or implementation of care guidelines placing significant emphasis on psychiatric pathologies or psychiatric remedies.
- Applications focusing on ALS research. However, applications that focus on GWI symptomatology may include Gulf War Veterans with ALS if the latter disorder is included in the study’s GWI case definition. For those interested in pursuing ALS-focused studies, the CDMRP offers funding opportunities through the ALS Research Program (see https://cdmrp.army.mil/alsrp).

**Funding Details:** The anticipated direct costs budgeted for the entire period of performance for an FY19 GWIRP Clinical Evaluation Award will not exceed $1,000,000. If applying under the Biorepository Contribution Option, direct costs will not exceed $1,020,000. If applying under the Clinical Consortium Collaboration Option, direct costs will not exceed $1,200,000. Clinical Consortium Collaboration Option applications shall adhere to the GWICTIC policies and procedures with respect to biospecimens and data and therefore are not eligible to also submit under the Biorepository Contribution Option. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**

**LOI Deadline:** July 12, 2019 (A pre-application is required and must be submitted through eBRAP)

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

**Sponsor Deadline:** October 3, 2019

**Department of Defense (DoD) Gulf War Illness Research Program (GWIRP):**

**Therapeutic/Biomarker Trial Award**

The FY19 GWIRP Therapeutic/Biomarker Trial Award supports large-scale, pivotal (e.g., Phase IIb-III) clinical trials that will revolutionize the clinical management of GWI. The Therapeutic/Biomarker Trial Award targets the Confirmation phase of the research pipeline as outlined in Section II.A.2. The proposed research should lead to an approach that is fundamentally better than interventions already approved or in clinical development. Objective biomarkers to measure the biological effect of an investigational therapeutic or predictive/cohort-selective biomarkers that indicate whether a specific therapy will be effective in an individual Gulf War Veteran or Gulf War Veteran subgroup must be included in the trial design. Development of markers for the
purposes of diagnosis, prognosis, or measurement of disease progression without consideration of the therapeutic development process will not be supported.

Principal Investigators (PIs) are expected to have experience in successfully leading large-scale projects and demonstrated ability (through personal experience or via a commitment from a collaborating clinical investigator) to implement a clinical project successfully.

Funding from this award mechanism must support a clinical trial. Investigators seeking funding for a preclinical research project should consider one of the other FY19 GWIRP Program Announcements being offered.

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. The term “human subjects” is used in this Program Announcement to refer to individuals who will be recruited for or who will participate in the proposed clinical trial. For more information, a Human Subject Resource Document is provided at https://ebrap.org/eBRAP/public/Program.htm.

For proposed research that will require U.S. Food and Drug Administration (FDA) involvement, project readiness requirements at the time of application submission include: proof of availability of and access to clinical reagents (e.g., therapeutics) that meet regulatory compliance guidelines, proof of availability of and access to appropriate subject population(s), validated projections for patient recruitment, and submission of an Investigational New Drug (IND) or Investigational Device Exemption (IDE) application to the FDA that meets all requirements under the Code of Federal Regulations, Title 21, Part 312 (21 CFR 312). It is the responsibility of the applicant to provide evidence from the Institutional Review Board (IRB) of record or the FDA if an IND or IDE is not required.

If an IND is required, the IND application must be submitted to the FDA by the Therapeutic/Biomarker Trial Award application submission deadline. The IND should be specific for the product (i.e., the product should not represent a derivative or alternate version of the investigational agent described in the IND application) and indication to be tested in the proposed clinical trial. For more information on IND applications, the FDA has provided guidance at https://www.fda.gov/drugs/developmentapprovalprocess/howdrugsaredevelopedandapproved/approvalapplications/investigationalnewdrugindapplication/default.htm.

If an IDE is required, the IDE application must be submitted to the FDA by the Therapeutic/Biomarker Trial Award application submission deadline. The IDE should be specific for the device (i.e., should not represent a derivative or modified version of the device described in the IDE application) and indication to be tested in the proposed clinical trial.

Refer to Attachment 8, Regulatory Strategy, for additional details on documentation of FDA applications. The Government reserves the right to withdraw funding if an IND or IDE application and/or international regulatory application is necessary but has not been submitted prior to the application submission deadline.

Biorepository Contribution Option: In FY17, the GWIRP awarded infrastructure support for a Gulf War Illness Biorepository. The Boston Biorepository, Recruitment, and Integrative Network (BBRAIN) for GWI has now been established for the retention and distribution of Gulf War Veteran biospecimens and/or data related to GWI research. Applicants to the FY19 GWIRP are encouraged to contribute Gulf War Veteran biospecimens and data to this repository network. The FY19 GWIRP Therapeutic/Biomarker Trial Award offers a nested Biorepository Contribution Option with higher levels of funding for qualified applications as described in Section II.D.5, Funding Restrictions. For the application to qualify for a higher level of funding, the applicant must submit a Biorepository Contribution Statement (see Attachment 13) providing a detailed accounting of proposed costs and a commitment to work with protocols and Standard Operating Procedures (SOPs) developed by the BBRAIN for quality assurance purposes. Applicants interested in collaborating with this network should refer to the Research Resources link (https://cdmrp.army.mil/gwirp/resources/gwirpresources) on the GWIRP website.

Clinical Consortium Collaboration Option: In FY17, the GWIRP awarded a Clinical Consortium Award to create a network of institutions focused on designing and executing Phase I and II clinical trials. The Gulf War Illness Clinical Trials and Interventions Consortium (GWICTIC) has now been established to investigate promising therapeutics for GWI. Applicants to the FY19 GWIRP are encouraged to make use of the established infrastructure of the GWICTIC, such as recruitment networks, existing protocols, Common Data Elements (CDEs), and data management procedures. Clinical Consortium Collaboration Option applications shall adhere to the GWICTIC policies and procedures with respect to biospecimens and data and therefore are not eligible to also submit under the Biorepository Contribution Option. A letter of commitment/collaboration from the GWICTIC is required, outlining the services that will be shared to bring value to the Government. The FY19 GWIRP Therapeutic/Biomarker Trial Award offers a nested Clinical Consortium Collaboration Option with higher levels of funding for qualified applications as described in Section II.D.5, Funding Restrictions. For the application to qualify for a higher level of funding, the applicant must submit a Clinical Consortium Collaboration...
Statement (see Attachment 13) providing a detailed accounting of proposed costs and a commitment to work with protocols and SOPs developed by the GWICTIC.

**Funding Details:** The anticipated direct costs budgeted for the entire period of performance for an FY19 GWIRP Therapeutic/Biomarker Trial Award will not exceed $5,000,000. If applying under the Biorepository Contribution Option, direct costs will not exceed $5,020,000. If applying under the Clinical Consortium Collaboration Option, direct costs will not exceed $5,500,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**

**LOI Deadline:** July 12, 2019 (A pre-application is required and must be submitted through eBRAP)

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

**Sponsor Deadline:** October 3, 2019

**Department of Defense (DoD) Gulf War Illness Research Program (GWIRP): Patient-Provider and Health Communications Award**

The FY19 GWIRP Patient–Provider and Health Communications Award supports projects aimed at tools and processes to raise awareness of GWI research and clinical findings within communities, including Veterans with GWI and/or their caregivers or advocates; healthcare providers who serve Veterans with GWI; or public health professionals relevant to Veterans with GWI. Strategies developed under this funding opportunity should consider GWI findings at any phase of the research pipeline.

**Impact:** Activities supported by the Patient–Provider and Health Communications Award will have potential for major impact on quality of life for Veterans with GWI by increasing awareness, understanding, and education of current evidence-based GWI research in diverse audiences. The impact should be near-term and demonstrate strong potential to help Veterans, caregivers, or clinicians communicate effectively about GWI, potential treatments, and disease management.

**Gulf War Veteran Involvement:** Applications are required to include involvement of at least one Gulf War Veteran with GWI. This individual(s) will be integral throughout the planning and implementation of the research project. The Gulf War Veteran(s) should be involved in the development of the research idea, project design, oversight, and evaluation to help ensure a substantial positive impact on Gulf War Veterans with GWI. Interactions between the Veteran(s) and other team members should be thoroughly integrated into the project and ongoing, not limited to attending seminars or semi-annual meetings. A Gulf War Veteran’s role in the project should be independent of their employment, i.e. they cannot be employees of any of the organizations participating in the application. They may, however, receive compensation as consultants or collaborators. A Gulf War Veteran(s) role should be focused on providing objective input on the communication strategy or other project deliverables and the potential for substantive impact on individuals with GWI. The Gulf War Veteran(s) should have a high level of knowledge and understanding of GWI symptoms and the scope of GWI’s impact on Veterans with GWI, (2) current GWI issues including clinical care challenges, and (3) existing GWI research to be able to successfully contribute to the project.

**Communication and Dissemination Strategies:** This award will support development of health communication strategies including media, technical and organizational platforms, or other venues that will disseminate current research findings contributing to a state-of-the-science understanding of GWI. The strategies should encourage adoption of new evidence-based approaches to understanding, managing, and treating GWI; refute professional, personal, or institutional stigmas or barriers associated with GWI; or otherwise generate interest in becoming and staying well-informed regarding GWI. Applications should address the following components:

- Identification of one or more of the following GWI community groups as the target audience and identification of the information gaps and needs of that target audience: (1) Veterans with GWI; (2) healthcare providers who serve Veterans with GWI; (3) public health professionals relevant to Veterans with GWI; or (4) caregivers of Veterans with GWI.
- An effective and viable communication strategy aimed at informing and engaging the target audience(s). The strategy should demonstrate consideration of optimal media, technical and organizational platforms, and venues to achieve maximal effectiveness in the target audience(s). When the target audience includes health professionals, the plan must include well-rationalized approaches for engagement and participation.
- A process for evaluating and ranking GWI research or clinical information prior to its inclusion in the dissemination process. Approaches for the continuous accrual of evidence-based research findings or healthcare information should be considered.
- A system of ongoing assessments employing metrics to gauge the effectiveness of the communication tool within the GWI community. For example, scoring of pre- and postintervention knowledge; measurements of changes in practice of clinicians, patients, or caregivers. Mechanisms that enable improvement through community feedback are encouraged.
- Evidence of processes, partnerships, organizations, or agreements as necessary for the maintenance and sustainment of the established process, tool, or material beyond the end of the award period.
**Department of Defense (DoD) Gulf War Illness Research Program (GWIRP): New Investigator Award**

The FY19 GWIRP New Investigator Award supports investigators new to the field of GWI research at different stages of career development. This award enables such investigators to compete for funding separately from investigators with established programs of GWI research. The New Investigator Award aligns to the Discovery or Qualification phase as outlined in Section II.A.2. Previous experience in GWI research is allowed, but not required. However, applications naming a Principal Investigator (PI) with limited background in GWI research are strongly encouraged to include collaboration with investigators who are experienced in GWI research and/or possess other relevant expertise to strengthen the application. The application should describe how the collaboration(s) will augment the PI’s ability to address the research question.

PIs must meet specific eligibility criteria under one of the following categories, as described in Section II.C, Eligibility Information.

- Transitioning Postdoctoral Fellow
- Early-Career Investigator
- New GWI Researcher

Research Scope: The New Investigator Award is designed to promote new ideas in GWI research and establish proof-of-principle for further development in future studies. Basic through clinical research is allowed under this award mechanism.

Preliminary Data: Applications are not required to include preliminary data; however, preliminary data may be used to support the objectives of proposed project. These data are not required to have come from the GWI research field. Applications not supported by preliminary data should be based on sound scientific rationale and may reflect clinical observations or discoveries made in other illnesses.

Impact: Applications must articulate how results will lead to a clinical impact for Veterans with GWI even if a clinical impact is not an immediate outcome. All applications must focus on features of GWI and Veterans of the 1990-1991 Gulf War affected by GWI. It is the responsibility of the PI to clearly and explicitly articulate the project’s potential impact on GWI.

FY19 GWIRP New Investigator Award Topics of Special Interest: The FY19 GWIRP has a special interest in the exploration of the topics listed below. Elucidation of mechanisms outside the context of GWI is not within the scope of this funding opportunity. Applicants are not restricted to this list and may propose studies in any other GWI research area relevant to the mission of the GWIRP and in the context of the Overarching Challenges.

- Epidemiology of comorbidities and mortality, including gender or ethnic differences, or sinus, respiratory, gastrointestinal, sleep, or dermatological abnormalities as a component of GWI
- Interactions among individual symptoms of GWI, including non-refreshing sleep, and how these symptom clusters affect health outcomes and Veterans’ health overall
- Genetic factors predisposing individuals to GWI
- Molecular signatures (e.g., biomarkers) underlying symptom clusters via genomic, proteomic, metabolic, or epigenetic technologies
- Dysregulation of, or abnormal crosstalk between, human body organ systems (e.g., neuroinflammation, autonomic dysfunction). Particular emphasis is placed on the systems listed below. Note: Examination of parameters at both baseline and after challenge (stress, exercise, immune, etc.) and attention to long-term and latent effects of toxicant exposures to closely represent the current status of GWI patients should be considered.
  - Neurological system (central, peripheral, autonomic, and/or neuromuscular)
  - Immune system
  - Endocrine, exocrine, and/or excretory systems, with special attention to kidney and liver (including Cytochrome P450 abnormalities)

Biorepository Contribution Option: In FY17, the GWIRP awarded infrastructure support for a GWI Biorepository. The Boston Biorepository, Recruitment, and Integrative Network (BBRAIN) for GWI has now been established for the retention and distribution...
of Gulf War Veteran biospecimens and/or data related to GWI research. Applicants to the FY19 GWIRP are encouraged to contribute Gulf War Veteran biospecimens and data to this repository network. The FY19 GWIRP New Investigator Award offers a nested Biorepository Contribution Option with higher levels of funding for qualified applications as described in Section II.D.5, Funding Restrictions. For the application to qualify for a higher level of funding, the applicant must submit a Biorepository Contribution Statement (see Attachment 11) providing a detailed accounting of proposed costs and a commitment to work with protocols and Standard Operating Procedures (SOPs) developed by the BBRAIN for quality assurance purposes. For additional details about BBRAIN, refer to the section below titled Access to Data and/or Previously Collected Biospecimens from Veterans of the 1990-1991 Gulf War.

**Funding Details:** The anticipated direct costs budgeted for the entire period of performance for an FY19 GWIRP New Investigator Award will not exceed $500,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information. If applying under the Biorepository Contribution Option, direct costs will not exceed $520,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**

**LOI Deadline:** July 12, 2019 (A pre-application is required and must be submitted through eBRAP)
**Internal HRS Deadline:** September 19, 2019
**Sponsor Deadline:** October 3, 2019

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**Department of Defense (DoD) Reconstructive Transplant Research Program (RTRP): Idea Discovery Award**

The FY19 RTRP Idea Discovery Award is intended to support innovative, untested, high-risk/potentially high-reward concepts, theories, paradigms, and/or methods relevant to reconstructive transplant. The outcome of research supported by this award should be the generation of robust data that can be used as a foundation for new avenues of scientific investigation. Important aspects of this award mechanism include:

- **Innovation:** The proposed research project should be novel and innovative. Innovative research may introduce a new paradigm, challenge existing paradigms, look at existing problems from new perspectives, or exhibit other uniquely creative qualities. Research that is an incremental advance upon published data, or a logical progression of an already established research project, is not considered innovative and will not be considered for funding under this award mechanism.

- **Hypothesis and Rationale:** The proposed research project should include a well-formulated testable hypothesis based on strong scientific rationale and study design.

- **Preliminary Data:** Inclusion of preliminary and/or published data that supports the scientific rationale is strongly encouraged; however, the proposed work should be innovative and untested.

- **Impact:** Projects should address at least one of the FY19 RTRP Focus Areas. The anticipated outcome(s)/product(s), including material and/or knowledge products, should be clearly articulated, as should the anticipated long-term gains from this research trajectory.

- **Military Relevance:** All projects should be responsive to the healthcare needs of military Service members and/or Veterans recovering from traumatic injury, and/or their family members, caregivers or clinicians, as well as the general public. Collaboration with military researchers and clinicians is encouraged.

Because the FY19 RTRP Idea Discovery Award is designed for preliminary investigations, projects involving human subjects or anatomical substances will not be supported unless they are exempt under Title 32, Code of Federal Regulations, Part 219, Section 104(d) (32 CFR 219.104[d]) or eligible for expedited review under 32 CFR 219.110 or 21 CFR 56.110. Studies that do not qualify for exempt status or expedited review will be administratively withdrawn and will not be funded. Therefore, clinical trials are not allowed under this funding opportunity. 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 total costs budgeted for the entire period of performance for an FY19 RTRP Idea Discovery Award will not exceed $500,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**

**LOI Deadline:** July 17, 2019 (A pre-application is required and must be submitted through eBRAP)
**Internal HRS Deadline:** October 2, 2019
**Sponsor Deadline:** October 16, 2019

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**Department of Defense (DoD) Reconstructive Transplant Research Program (RTRP): Investigator-Initiated Research Award**
The FY19 RTRP Investigator-Initiated Research Award is intended to support studies that have the potential to make an important contribution to reconstructive transplant research, patient care, and/or quality of life. Though the RTRP Investigator-Initiated Research Award mechanism supports groundbreaking research, all projects must demonstrate solid scientific rationale with military-relevant utility. Multi-institutional collaborations among clinicians and research scientists are encouraged. Important aspects of this award mechanism include:

- **Study Design and Feasibility:** The proposed study design should be clearly described, rigorous, and support maximal reproducibility and translational feasibility. A statistical plan with appropriate power analysis should be included, as applicable.
- **Impact:** The short- and long-term impact of the proposed research should be clearly articulated. Projects should address at least one of the FY19 RTRP Focus Areas.
- **Military Relevance:** All projects should be responsive to the healthcare needs of military Service members and/or Veterans recovering from traumatic injury, and/or their family members, caregivers or clinicians, as well as the general public. Collaboration with military researchers and clinicians is encouraged.
- **Preliminary Data:** Observations that drive a research idea may be derived from laboratory discovery, population-based studies, a clinician’s first-hand knowledge of patients, or anecdotal data. Preliminary and/or published data that are relevant to reconstructive transplantation and that support the rationale for the proposed study must be included.

Investigator-Initiated Research Award applications may focus on any phase of research from basic through translational, including preclinical studies in animal models, human subjects, human anatomical substances, as well as correlative studies associated with an existing clinical trial. Clinical trials are not allowed under this funding opportunity. New FY19 definition: A clinical trial is defined as 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.

**Multiple Principal Investigator (PI) Option:** The Investigator-Initiated Research Award mechanism includes an option for up to four PIs. 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 a 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 research project, including the Project Narrative, Statement of Work (SOW), and other required components. If recommended for funding, each PI will be named to an individual award within the recipient organization. Multi-institutional collaborations are encouraged.

**Funding Details:** The anticipated total costs budgeted for the entire period of performance for an FY19 RTRP Investigator-Initiated Research Award will not exceed $1M for Single PI applications, and $1.5M for applications submitted under the Multiple PI Option. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**

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

**Internal HRS Deadline:** October 2, 2019

**Sponsor Deadline:** October 16, 2019

**Department of Defense (DoD) Melanoma Research Program (MRP): Idea Award**

The FY19 MRP Idea Award supports innovative, untested, high-risk/potentially high-reward concepts, theories, paradigms, and/or methods in melanoma research. The advancement of knowledge in melanoma research, patient care, and/or treatment options in the Military Health System (MHS) is critical to active duty Service members, Veterans, other military beneficiaries, and the American public.

The Idea Award is not intended to support a logical progression of an already established research project. The proposed research should be innovative. A key characteristic of this funding opportunity is innovation. Innovative research may introduce a new paradigm, challenge existing paradigms, look at existing problems from new perspectives, or exhibit other highly creative qualities. Incremental advances, the next logical step, or switching a model system from one cancer to another cancer is not considered innovative. The proposed research project should include a well-formulated, testable novel hypothesis based on strong scientific rationale and study design.

The FY19 MRP is not requesting research into established macrometastatic disease, models of metastatic disease using established cell lines, or treatment of macrometastatic disease. Studies involving non-melanoma skin cancers are not allowed under the FY19 MRP.

Inclusion of preliminary data is not required. This award is not intended to support ongoing research in the applicant’s laboratory; therefore, inclusion of preliminary data other than serendipitous findings is not consistent with the exploratory nature of this award.
The outcome of research supported by this award should be the generation of robust preliminary data that can be used as a foundation for future research projects to understand the mechanisms of initiation or progression of melanoma, the quality of life during and following treatment, etc.

**Funding Details**: The anticipated direct costs budgeted for the entire period of performance for an FY19 MRP Idea Award will not exceed $300,000. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

**Additional Details**

- **LOI Deadline**: July 26, 2019 (A pre-application is required and must be submitted through eBRAP)
- **Internal HRS Deadline**: October 9, 2019
- **Sponsor Deadline**: October 23, 2019

**Department of Defense (DoD) Melanoma Research Program (MRP): Team Science Award**

The FY19 MRP Team Science Award (TSA) supports hypothesis-driven studies across the entire spectrum of research to tackle the overarching FY19 MRP Challenge Statement and FY19 MRP Focus Areas. The TSA is intended to advance studies in melanoma through a multidisciplinary team, bringing together divergent disciplines to foster a novel approach to melanoma research. The TSA requires that investigators jointly design a single project. However, each partner will be recognized as a Principal Investigator (PI), must submit a separate application, and will be the named PI on an individual award. The application must clearly define the synergistic components that will facilitate and accelerate progress in melanoma in a way that could not be accomplished through independent efforts. Each team member should offer unique skill sets and offer different perspectives on the project. Research projects funded by the TSA should address critical knowledge gaps with the FY19 MRP Challenge Statement covering at least one of the required FY19 MRP Focus Areas. The Team Science Award is not intended to study research into established late-stage disease models or the clinical utility of PD-1 in combination with other therapeutics. Studies involving non-melanoma skin cancers are not allowed under the FY19 MRP. Funding for clinical trials is not allowed.

The TSA may support studies in animal models, human subjects, and human anatomical substances. Accordingly, development or use of relevant preclinical models may be included. The TSA is not intended to support high-throughput screenings, sequencing, etc.

Important aspects of the TSA mechanism are as follows:

- **Collaboration**: The success of the project depends on the unique skills and contributions of each partner. At least two, and up to three, PIs must partner in one overarching study in at least one of the required FY19 MRP Focus Areas consistent with the FY19 MRP Challenge Statement. The proposed study must include clearly stated plans for interactions among all PIs and institutions involved. The combined efforts of the PIs should result in a level of productivity that is greater than that achievable by each PI working independently. Participating institutions must be willing to resolve potential intellectual and material property issues and remove institutional barriers to achieving high levels of cooperation. The inclusion of an early-career investigator is encouraged.
  - An early-career investigator is defined as 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 to be named as Partnering PIs.
  - At least one military or VA investigator is encouraged to be included as an equal partner in the research, offering both intellectual investment and research effort.
  - A military or VA investigator is defined as an investigator who is active duty, active reserve, active duty detailed to agencies outside of the DoD, civilian DoD investigators, or an investigator at a VA research facility. The military/VA investigator should have a substantial role in the research and should not be included only for access to active duty military and/or VA populations.
  - Multidisciplinary Research: The team will partner on one overarching project. The multidisciplinary approach to the research question should engage the partners to draw on their specific expertise and knowledge towards a hypothesis, methodology, and strategy in the proposed study. Each investigator must have an intellectual role in the study and should not be named as a partner if only providing samples. Collectively, the members of the teams should represent the appropriate diversity of expertise necessary for addressing the research question.
  - Impact: The proposed research should have the potential to have a significant impact on melanoma research and/or patient care and the potential to accelerate the movement of promising ideas (in prevention, detection, diagnosis, prognosis, treatment, and/or survivorship) into clinical applications.
  - Preliminary Data Required: Applications must include preliminary data to support feasibility of the study. Any unpublished, preliminary data provided should originate from the laboratory of the PIs or other member(s) of the research team.
Department of Defense (DoD) Melanoma Research Program (MRP): Translational Research Award

The FY19 MRP Translational Research Award supports hypothesis-driven, translational, high impact research. The Translational Research Award mechanism encourages applications with mature research projects that specifically focus on critical scientific or clinical melanoma issues, which, if successfully addressed, have the potential to make a major impact. Important factors under consideration will be continuity of research, clinical applicability, and leveraging of clinical samples from clinical trials and/or biorepositories. The Translational Research Award supports identifying scientific outcomes, through rigorous, robust research, that are translatable toward treatment and/or preventive strategies. Research proposed should aim to accelerate promising findings toward clinical applicability and leverage research results to maximize impact. Proposed studies should focus on the commonalities in melanoma research to advance the understanding of the field. The Translational Research Award is not intended to study research into established late-stage disease models, clinical utility of PD-1 in combination with other therapeutics, or established cell lines.

The MRP is not requesting research into established macrometastatic disease, models of metastatic disease using established cell lines, or treatment of macrometastatic disease. Studies involving non-melanoma skin cancers are not allowed under the FY19 MRP.

The critical components of this award mechanism are:

- **Translation**: The Translational Research Award is intended to support research that demonstrates the potential to have a major impact on an area of paramount importance in melanoma. The proposed study should demonstrate how the research will be translated to improved patient care in at least one of the FY19 MRP Focus Areas and has potential near-term outcomes. The research should make a significant shift toward clinical applicability in at least one of the FY19 MRP Focus Areas. Proposed projects should include translational research. Clinical trials are not allowed. The applicant must articulate the potential translational impact the proposed project will have on melanoma research and/or patient care. Translational research will, if successful, accelerate the movement of promising ideas into clinical applications. The Translational Research Award is intended to support established projects that have moved beyond the realm of basic research and have the potential to result in a near-term impact in clinical research or the clinic.

- **Preliminary Data**: The Translational Research Award is intended to support translational investigations that leapfrog the melanoma research field forward by utilizing previous DoD FY19 Melanoma Translational Research Award 5 research findings. The Translational Research Award is not intended for basic research to generate preliminary data. Applications must include preliminary data to support feasibility of the study. Any unpublished, preliminary data provided should originate from the laboratory of the Principal Investigator (PI) or a member(s) of the research team.

- **Correlative Research**: Studies funded by the Translational Research Award should leverage clinical samples from established biobanks, biorepositories, and/or ongoing or completed clinical trials. If samples from a biobank or biorepository will be used, then a letter from the manager or lead investigator in charge of the samples must be submitted (Attachment 7). If samples from an ongoing/completed clinical trial will be used, then a letter of collaboration from the lead investigator of the clinical trial must be submitted (Attachment 7). Funding for clinical trials is not allowed under the FY19 MRP Translational Research Award.

FY19 MRP encourages collaborations with military/VA investigators.

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

**Additional Details**

- **LOI Deadline**: July 26, 2019 (A pre-application is required and must be submitted through eBRAP)
- **Internal HRS Deadline**: October 9, 2019
- **Sponsor Deadline**: October 23, 2019

Department of Defense (DoD) Defense Medical Research and Development Program (DMRDP): Accelerating Innovation in Military Medicine (AIMM) Research Award
The AIMM Research Award is intended to support highly creative and conceptually innovative high-risk research with the potential to accelerate critical discoveries or major advancements that will significantly impact military health and medicine. AIMM initiative funding supports novel research concepts and other efforts that initiate or enhance potential game-changers that may not be supported by other funding mechanisms or core programs.

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

Important aspects of the AIMM initiative are as follows:

- **Innovation:** Research deemed innovative may represent a new paradigm, challenge existing paradigms, look at existing problems from new perspectives, or exhibit other uniquely creative qualities. Research may be innovative in study concept or research methods, or provide disruptive technology or novel adaptations of existing methods or technologies. Research that represents an incremental advance on previously published or ongoing work or research that merely suggests an improvement to an already existing developed technology or product is not considered innovative.

  Due to this award mechanism’s emphasis on innovation, presentation of preliminary data is not required, though not prohibited. Logical reasoning and a sound scientific rationale for the proposed work must be provided in the application.

- **Impact:** The proposed research is expected to make an important and original contribution to advancing solutions relevant to military health and medicine and ultimately lead to improved outcomes for Service members, Veterans, military beneficiaries, and/or the American public.

  The ultimate impact or outcomes of projects proposed under the AIMM Research Award should help to accelerate progress in at least one of the Department of Defense (DoD) medical research program areas (i.e., medical simulation and information sciences, military infectious diseases, military operational medicine, combat casualty care, radiation health effects, and clinical and rehabilitative medicine).

  Cross-cutting, broadly applicable research projects with the potential to benefit multiple DoD medical research program areas are highly encouraged. A list of websites that may be useful in identifying additional information about ongoing DoD areas of research interest can be found in Appendix 2.

Funding for this award mechanism supports applied research. Applied research utilizes studies to understand the means to meet a recognized and specific need. It is an expansion and application of knowledge to develop useful materials, devices, and systems or methods. It may be oriented, ultimately, toward the design and development of prototypes and new processes to meet general mission area requirements.

Applied research may translate promising basic research into solutions for broadly defined military needs, short of system development. Applied research may include hypothesis-testing and/or proof-of-concept studies as well as work that refines concepts and ideas into potential solutions with a view toward evaluating technical feasibility of emerging approaches, technologies, and promising new products.

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

**Additional Details**

**LOI Deadline:** July 26, 2019 (A pre-application is required and must be submitted through eBRAP)

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

**Sponsor Deadline:** October 30, 2019

**Department of Defense (DoD) Hearing Restoration Research Program (HRRP): Focused Research Award (FRA)**

The FY19 HRRP FRA mechanism is intended to support promising research that will accelerate drug discovery and therapeutic development for hearing restoration or accelerate advances in the assessment, diagnosis, and treatment of auditory dysfunction. 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.

Compared to the general public, military personnel face higher risks of noise-induced hearing loss and auditory system injury. Service members are exposed to high levels of noise (e.g., gunshots, helicopters, explosions, aircraft take-off from carrier deck, etc.) unique to military operating and training environments. In contrast with exposure to noise in construction, agriculture, and recreation, encountering combat noise is not predictable, and protection against combat noise is further complicated by the need for
Warfighters to hear sound and to communicate. Exposure to loud noise triggers hearing loss and auditory dysfunction that not only put the affected Service member at increased risk on the battlefield, but may also endanger others in the unit and the mission. Currently, no drug has been approved by the U.S. Food and Drug Administration (FDA) to treat hearing loss. Although significant progress has been made in the molecular and cellular understanding of hearing loss and regeneration mechanisms in the inner ear, the majority of research is preclinical, and the findings need to be verified in more clinically relevant research and translated to clinical applications.

Noise exposure may induce auditory dysfunction such that an individual’s hearing sensitivity is within normal limits but the capacity to listen and understand speech is substantially impaired. This type of auditory dysfunction is often referred to as “hidden hearing loss” because it is not readily diagnosed through typical hearing tests. The underlying cause for hidden hearing loss is not well understood; proposed causes include synaptopathy and central auditory processing disorder. If a Service member cannot effectively hear battlefield communication and sounds, s/he may pose a danger to self, others in the unit, and the mission. There is a great need for validated and reliable techniques and methods to detect and assess this type of auditory dysfunction, especially techniques and methods that can be applied by a non-specialist (e.g., physician assistant, medic, or corpsman) in the operational/austere environment (e.g., Forward Operating Base or Battalion Aid Station) to quickly screen Service members for combat readiness. Techniques and methods are further needed to identify the damaged component(s) of the auditory system or pathway. The ability to diagnose and measure sensory, neural, synaptic, or central auditory integrity/function is crucial for the design and implementation of successful clinical trials and hence for the development of therapeutics and intervention.

Funding Details: The anticipated direct costs budgeted for the entire period of performance for an FY19 HRRP FRA Funding Level 1 will not exceed $250,000. The anticipated direct costs budgeted for the entire period of performance for an FY19 HRRP FRA Funding Level 2 will not exceed $1,000,000 or $1,250,000 for applications with a pilot clinical trial option. Refer to Section II.D.5, Funding Restrictions, for detailed funding information.

Additional Details
LOI Deadline: July 16, 2019 (A pre-application is required and must be submitted through eBRAP)
Internal HRS Deadline: October 31, 2019
Sponsor Deadline: November 14, 2019