



2025/26

Heart & Stroke

**Postdoctoral Fellowship
Award**

Submission Guidelines

(Fall 2024 Competition)

27 June 2024

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A. General Information

Overview Table – 2025/26 Heart & Stroke Postdoctoral Fellowship Awards	
Competition launch date	June 27, 2024
Application deadline	September 5, 2024 @ 4:00pm ET
Award notification date	May 2025
Award start date	July 1, 2025 to December 31, 2025
Value	Heart & Stroke will contribute a maximum of \$60,000 (\$30,000 per year for up to two (2) years) per award recipient, and the host institution will contribute at least the same amount per year per award recipient
Duration	Up to 2 years
Application Process	See C. 7 How to Apply
Contact	Email: research@heartandstroke.ca
All applicants are strongly encouraged to carefully read and follow the instructions and requirements outlined in this guideline document. The Guidelines are available in both English and French.	

1) Postdoctoral Fellowship awards

Heart & Stroke's personnel award programs provide salary support to Canada's top researchers across the career continuum. This support helps ensure the training, retention and success of Canada's cardiovascular and cerebrovascular researchers. Heart & Stroke is pleased to launch the Postdoctoral Personnel Awards for the 2025/26 funding year. The objective of the competition is to increase the number of researchers and clinician-scientists in Canadian universities and research institutions devoted specifically to cardiovascular and/or cerebrovascular health. The stipends awarded will enable Postdoctoral Fellows to pursue their program of research and engage with mentors as part of their training.

2) Funds Available and Requirement for Institutional Contribution

Heart & Stroke is contributing a total of up to \$1,000,000 CAD for the 2025/26 Heart & Stroke Postdoctoral Fellowship Awards. For each successful Postdoctoral fellowship recipient, Heart & Stroke will contribute a maximum of \$60,000 (\$30,000 per year for up to two (2) years), and the award recipient's institution will contribute at least the same amount per year. The maximum amount contributed by the award recipient's institution will be determined by the institutional stipend policy for postdoctoral or clinical fellows. Funds from the applicant's institution must come from non-Heart & Stroke related sources of funding. At the time of submission, the applicant's institution must provide a signature on the Signatures Page (see C.7 How to Apply) committing to the contribution per year should the applicant be successful. The institutional signature must be by an individual with signing authority for the institution.

3) Application Submission Deadline

Applications must be submitted no later than **4:00 PM ET September 5, 2024** using **CIRCUIlink** – Heart & Stroke's online research programs portal. **CIRCUIlink** will not accept submissions after this deadline. **Any applications attempted or submitted after the deadline will NOT be accepted. There will be no appeal process to late submissions. It is the applicant's responsibility** to ensure that a completed application, including letters of support and all required signatures, is submitted online via CIRCUIlink prior to the deadline.

Applications will not be accepted by email.

Heart & Stroke will decline late or incomplete applications. There will be no appeal process.

4) Incomplete/Unacceptable Applications

All applicants are strongly cautioned to carefully read and follow the instructions and requirements outlined in this guideline document. All submissions are considered final. No alterations or changes will be accepted.

In order to maintain the principle of fairness to all applicants, regulations must be adhered to in the preparation of a Postdoctoral Fellowship application. Any infraction of the rules will lead to the truncation or immediate rejection (**without appeal**) of the application.

Any incomplete applications, applications without required signatures or support letters, and/or applications that do not respect the set-page limitations as noted in this guideline document, will not be admissible to the competition.

5) Competition Results

Official letters will be sent to all applicants by end of May 2025. A public announcement of the award recipients will be posted at a later date on the [Heart & Stroke Research](#) website.

6) Non-Employee Status

The granting of an award is deemed to establish neither an employer-employee relationship nor a partnership between Heart & Stroke and the award recipients.

7) Self-Identification Information

All applicants are required to complete the Self-Identification section in [CIRCUIlink](#) when applying for funding; however, applicants may select “I prefer not to answer” for any or all of the questions, without consequences to the application. This self-identification information will be used by Heart & Stroke for statistical purposes, and will NOT be shared with members of the Selection Committee or Lay Reviewers in an identifiable form. Self-identification statistics will always be reported in aggregate form to ensure confidentiality.

8) Communicating Research to the Public and Donors

Successful applicants need to be aware that the title of their proposed research and the lay summary could be placed into the public domain or included in Heart & Stroke’s publications without notification. Applicants are cautioned not to disclose information in these sections that could endanger a proprietary position.

Successful applicants may be asked to help us communicate the importance of research to Heart & Stroke donors and the public. Raising funds to support research is difficult and more than ever funders need to let donors and the public know that their donations are being used to support world class research. As successful applicants are well-positioned to explain the role of research in increasing heart and/or brain health and reducing the burden of heart conditions, stroke and vascular cognitive impairment, they may be asked by Heart & Stroke to participate in interviews and meetings with donors to communicate the importance of research to donors and the public.

9) Ethical Requirements for Conducting Research

By signing and submitting applications to this competition, applicants and their supervisors undertake the responsibility to ensure any experimentation will be acceptable to the institution on ethical grounds and comply with the following guidelines and host institution research policies, as applicable:

- [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans](#)
- [Good Clinical Practice \(GCP\)](#)
- [Good Laboratory Practice \(GLP\)](#)
- [Canadian Council on Animal Care](#)
- [Canadian Biosafety Standards and Guidelines](#)
- [Guidelines for Human Pluripotent Stem Cell Research](#) (The institution must notify Heart & Stroke as to the results of the review by the CIHR Stem Cell Oversight Committee.)
- [TCPS2 \(2022\) – Chapter 9: Research Involving the First Nations, Inuit, and Métis Peoples of Canada](#)

10) Sex- and Gender-Based Analysis Plus (SGBA+), Equity, Diversity and Inclusion (EDI)

Heart & Stroke is committed to advancing SGBA+ and EDI towards enhancing the specificity, representativeness, rigour and transparency of research and sustaining positive change in the heart and/or brain research ecosystem. The applicants are therefore encouraged to become familiar with the principles of SGBA+, EDI, and the framework for ethical conduct of research involving Indigenous Peoples (First Nations, Inuit and Métis), with the goal of integrating such principles, if applicable, into future research practice and design.

Equity¹ is defined as the removal of systemic barriers and biases, enabling all individuals to have equal opportunity to access and benefit from the research, with a focus on those bearing a disproportionate burden of disease which includes but is not limited to: women, Indigenous peoples, persons with disabilities, members of visible minorities/racialized groups, and members of LGBTQ2+ communities.

Diversity is defined as differences in race, colour, place of origin, religion, immigrant and newcomer status, ethnic origin, ability, sex, sexual orientation, gender identity, gender expression and age.

Inclusion is defined as the practice ensuring that all individuals are valued and respected for their contributions and are equally supported.

To create and sustain positive change in the heart and stroke research ecosystem, principles of EDI need to be integrated across the research system, including in research practice and in research design. Applying an EDI lens enhances the specificity, representativeness, rigour and transparency of research.

As part of a larger body of EDI resources being developed across the Tri-Agencies, the Social Sciences Research Council (SSHRC) has developed a robust guideline to support the integration of EDI principles into research. They provide distinct descriptions of what this means in terms of both research practice and research design:

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

EDI in research design (EDI-RD) involves designing research so that it takes EDI into account through approaches that may include intersectionality, sex and gender-based analysis and reporting (SGBAR), anti-racism, and disaggregated data collection and analysis, among others. These approaches necessitate consideration of diversity and identity factors such as, but not limited to: age, culture, disability, education, ethnicity, gender expression and/or gender identity, immigration and/or newcomer status, Indigenous identity, language, neurodiversity, parental status/responsibility, place of origin, religion, race, sexual orientation, and socio-economic status.

Applicants are encouraged to describe how EDI considerations have been integrated in their research design (EDI-RD), as appropriate. For example, applicants may elect to provide a description of why specific diversity or identity factors were selected for inclusion and analysis in their research (race, immigration or newcomer status), describe the process of developing and maintaining a respectful relationship with the intended study population, or discuss why they do or do not intend to collect, analyze and report disaggregated data.

EDI considerations will not be explicitly included in the evaluation criteria in the 2025-2026 competition. Heart & Stroke anticipates further incorporating and formalizing evaluation of EDI considerations into grant review in subsequent competitions.

¹ EDI terminology has been adapted from: [Guide to Addressing Equity, Diversity and Inclusion Considerations in Partnership Grant Applications \(SSHRC, 2021\)](#)

All applicants are required to complete [CIHR's Institute of Gender and Health online training modules](#).

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

11) Patent Rights

Heart & Stroke has no intellectual property (IP) claims on the outputs of the funded research. However, institutions of funded award recipients are expected to have appropriate policies in place to protect the IP of the outputs that arise from the funded research.

12) Open Science and Open Access and Data Sharing Policy

All award recipients are required to make their research outputs and findings (see below) publicly available as soon as possible but no later than twelve (12) months after research project completion or final publication. Only under exceptional circumstances, such as ongoing review of a final manuscript, will delays in data release beyond 12 months from completion of the project be acceptable. Award recipients should become familiar with the guiding principles that enable sharing data, information, tools and resources, and that respect Indigenous data governance and sovereignty.

- The [Roadmap for Open Science](#) outlines the principles governing the practice of making federal science freely available with minimal restrictions and with full respect for privacy, security, ethical considerations, and appropriate intellectual property protection.
- [FAIR: Findable, Accessible, Interoperable, and Reusable](#) are guiding principles to inform data management and stewardship of digital assets.
- [CARE \(Collective Benefit, Authority to Control, Responsibility, Ethics\)](#) are guiding principles for Indigenous Data Governance.
- First Nations [Principles of OCAP® \(Ownership, Control, Access and Possession\)](#) guide how First Nations' data should be collected, protected, used and shared.
- [ClinicalTrials.gov](#) is a database of privately and publicly-funded clinical trials around the world.
- [PROSPERO](#) is an international database of prospectively registered systematic reviews that have health-related outcomes.

Research outputs and findings may include peer-reviewed journal publications, research data, and the results of clinical trials that will not be published in peer-reviewed journals. Research findings may also be shared in ways that are culturally relevant and in formats that are functional, useful and practical to distinct needs of Indigenous (First Nations, Inuit and Métis) communities. Indigenous Peoples share some histories and concepts; however, each community has specific methods for knowledge synthesis, translation, and exchange. For Indigenous knowledge mobilization to be successful, [meaningful and culturally safe](#), engagement with Indigenous communities is encouraged as they are best positioned to guide researchers towards the co-development of knowledge mobilization practices that work best for their communities.

13) Acknowledging Publications

Recipients of Personnel Awards must acknowledge the support of Heart & Stroke in all scientific communications and press releases related to their award with the following wording: “*This work was supported by the Heart and Stroke Foundation of Canada*”. To facilitate the implementation of Heart & Stroke's program for knowledge transfer and exchange and to demonstrate accountability for use of research funding, Heart & Stroke must be notified in advance of the publication date of any major publications arising from research funded by Heart & Stroke by email at: research@heartandstroke.ca

14) Four Themes of Health Research

Postdoctoral applicants must estimate what proportion of the proposed research falls under the four (4) health research themes.

The four (4) themes of health research as defined by the CIHR are:

Basic Biomedical (I)

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

Clinical (II)

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

Health Services/Systems (III)

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

Social, Cultural, Environmental and Population Health (IV)

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

15) Multiple Submissions

Multiple submissions from a single individual for a Heart & Stroke Postdoctoral Fellowship Award are not permitted. Applicants may submit applications to multiple Heart & Stroke Personnel Award competitions, however if successful they may not hold more than one (1) Heart & Stroke Personnel Award at a time. This includes awards through the Heart and Stroke open competition and strategic initiatives.

16) Triaging of applications

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

17) Transfer of Award

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

18) Award Termination

When work under an award is complete, or if for any reason the work cannot be continued, the award will be closed. Any remaining funds will be frozen and cannot be reallocated to other uses. The institution will prepare a final [Financial Report](#) and return outstanding funds to Heart & Stroke.

19) Partial Awards

Partial awards of less than one (1) year are not available to Postdoctoral Fellowship Award applicants.eed

20) Funding Availability

Financial contributions for this initiative are subject to availability of funds. Should Heart & Stroke’s funding levels not be available or decrease due to unforeseen circumstances, Heart & Stroke reserves the right to reduce, defer or suspend financial contributions to grants received as a result of this funding opportunity.

B. Research Integrity Policy

The primary objective of the [Heart & Stroke Research Integrity Policy](#) is to protect and defend the integrity of the research process and to deal with allegations of scientific misconduct in a timely and transparent fashion. Data related to research by and with Indigenous Peoples (First Nations, Inuit, Métis), whose traditional and ancestral territories are in Canada, must be managed in accordance with data management principles developed and approved by those communities, and on the basis of free, prior and informed consent. This includes, but is not limited to, considerations of Indigenous data sovereignty, as well as data collection, ownership, protection, use, and sharing.

Responsibilities of researchers, institutions and Heart & Stroke with respect to research integrity are outlined in the [Heart & Stroke Framework: Responsible Conduct of Research](#). Heart & Stroke defines research misconduct as actions that are inconsistent with “integrity” as defined in the [Tri-Agency Policy Framework for the Responsible Conduct of Research](#), and that include breaches such as fabrication, falsification, destruction of research records, plagiarism, redundant publications or self-plagiarism, invalid authorship, inadequate acknowledgement, and mismanagement of Conflict of Interest. Heart & Stroke will assess allegations of scientific misconduct in the following manner:

- Any allegation of scientific misconduct will be initially reviewed by Heart & Stroke to determine whether an investigation is warranted. If it is felt that an investigation is required, Heart & Stroke may request that this be conducted by the host institution of the individual considered to have performed the alleged misconduct. In allegations specifically related to the peer review process, the investigation may be conducted jointly by the institution and Heart & Stroke.
- Heart & Stroke will not act on verbal allegations of misconduct. All allegations must be submitted in writing. Although the confidentiality of persons who submit an allegation of scientific misconduct will be protected as much as possible, it must be recognized that due process will often result in the identity of this person being released to the investigating institution.
- The institution will be required to submit a written report upon conclusion of the investigation. This report will summarize the findings of the investigation and any future actions that will be undertaken by the institution as a result of the findings.
- Applicants must certify that all statements made (or answers provided) in the application are correct and complete. Any misrepresentation of these statements (or answers provided) may result in the cancellation of the award.
- In cases where misconduct is concluded to have occurred, Heart & Stroke may apply sanctions against the individual(s) implicated. These sanctions will range from a reprimand letter to a ban from applying for or holding Heart & Stroke funds for a set period of time.

C. Specific Program Information

1) Eligibility Criteria

Equity, diversity, and inclusion (EDI) in research environments enhances excellence, innovation and creativity. Heart & Stroke is committed to excellence through equity and encourages applicants from diverse and equity deserving groups to apply to our funding opportunities.

Applicants must meet the following criteria:

- a. The applicant's institution must provide a signature committing to contribute at least the same monetary amount per year as Heart & Stroke's contribution towards the postdoctoral stipend should the applicant be successful. The signature must be from an individual with signing authority for the institution. The applicant must upload the Signatures Page to [CIRCUlink](#) as part of the submission package (see C.7 How to Apply).
- b. As of the application deadline date, applicants must be Canadian citizens, permanent residents of Canada or Protected Persons under subsection 95(2) of the Immigration and Refugee Protection Act (Canada) as of the application deadline date.
- c. Applicants must hold or be completing either (i) a PhD or (ii) a [regulated health professional degree](#).
- d. At the time of submission, applicants must either (i) have a position as a full-time Postdoctoral Fellow or Clinical Fellow at an [eligible Canadian institution](#); or (ii) have applied for the position of full-time Postdoctoral Fellow or Clinical Fellow at an eligible Canadian institution with a start date of no later than December 31, 2025.
- e. Clinical Fellows must be in a research stream.
- f. Applicants may not hold, or be on leave from, an [independent research](#) position.
- g. Applicants must have an identified research supervisor based at an eligible Canadian institution where the research will be undertaken.
- h. Applicants must submit, from the institution, a written declaration of being enrolled as a full-time Postdoctoral Fellow or Clinical Fellow prior to funds being released.
- i. At the time of submission, and for the duration of the award, award recipients are ineligible if they hold or have already held funding, directly or indirectly, from the tobacco industry.
- j. Applicants cannot currently hold, or have previously held a Heart & Stroke postdoctoral fellowship award.

2) Tenure

- a. The award normally commences on July 1, 2025 (but no later than December 31, 2025) for a period of up to 24 months. The term of the award will include reasonable holiday time according to the arrangement with the award recipient's supervisor and institution.
- b. Partial Postdoctoral Personnel Awards for less than one (1) year of funding are not available.
- c. The award recipient may be eligible for one (1) or two (2) years of funding.
- d. A written request for parental leave must be received by Heart & Stroke 90 days before the leave is due to begin and must include the expected date of return. The length of leave must be in keeping with the institutional policy. For further details, award recipients are encouraged to review the Heart & Stroke Grant Management Guidelines located on the research [website](#).
- e. The award recipient must notify Heart & Stroke if their Postdoctoral registration status changes (e.g., termination of employment, project change, etc.).

3) Stipend and Allowances

- a. Postdoctoral or Clinical Fellow award recipients may be awarded a maximum of \$60,000 CAD (\$30,000 per year for up to two (2) years), and at least the same amount from the host institution. The maximum amount contributed by the institution will be determined by the institutional stipend policy for doctoral students.
- b. These multi-year stipends may be used ONLY for salary support for the award recipient. No part of this stipend is to be used to support other direct or indirect costs associated with any research programs or operating grants.
- c. Award recipients are expected to devote the majority of their time to the proposed research and training throughout the tenure of the award.

4) Disclosure of Other Awards

It is the responsibility of the recipient and/or the supervisor to inform Heart & Stroke if the recipient is currently holding or has received any other stipend award(s) (i.e., NOT travel or poster awards) at the time of HSF offer or within 30 days of receiving another stipend award during the tenure of the award. Disclosure of alternate stipend awards must include the formal offer of the award(s), along with the terms and conditions. Recipients may NOT hold another stipend award(s) valued at \$60,000 per year for two (2) years or higher. Top-up funding is available under this program in order for the recipient to reach the same funding level should they receive another award for less than \$60,000 per year for two (2) years. Heart & Stroke will contribute 50% of the top up amount and the host institution will contribute at least the same amount.

Note: In the scenario where another stipend award for less than \$60,000 per year for two years is offered, the recipient is required to accept that funding in order for Heart & Stroke to maximize the number of awards granted; top-up funding will be provided as noted above.

5) Multiple Heart & Stroke Awards

Applicants may submit applications to multiple Heart & Stroke Personnel Award competitions, however if successful they may not hold more than one (1) Heart & Stroke Personnel Award at a time. Award recipients of a Heart & Stroke Post-doctoral Award will not be eligible for funding of another Heart & Stroke Post-doctoral Award in future years.

6) Prolonged Absence from Work

The awardee or supervisor will notify Heart & Stroke of any causes (parental leave, medical leave, personal leave, vacation time, etc.) necessitating absence from work exceeding thirty (30) successive days. Continuation of the award will be evaluated on a case-by-case basis by the funding partners. Relevant institutional policies will also apply.

7) How to Apply

Applications must be submitted online using [CIRCULink](#) (Heart & Stroke's online research programs portal). [CIRCULink](#) will not accept submissions after the deadline of **4:00 PM ET September 5, 2024**. Any applications attempted or submitted after the deadline will NOT be accepted. There will be no appeal process to late submissions. It is the applicant's responsibility to ensure that a fully completed application with all required signatures is submitted online via [CIRCULink](#) prior to the deadline. **Please note registrations for the funding opportunity will close there (3) hours prior to the submission deadline.**

Once applicants login to [CIRCULink](#), they will see the components of the application laid out on a left-side menu. For some components applicants will type their responses directly into the web fields supplied (see C.7.1). For other components, applicants will use the ATTACHMENT LIST option to upload the required PDF attachments (see C.7.2). Content may be uploaded in stages on [CIRCULink](#) and a "Save" button is available to record progress/updates. The "Submit" button at the end of the application will not be available until all required fields and forms have been filled in/uploaded.

Should any significant changes occur from the time of submission to award notification, Heart & Stroke reserves the right to withdraw that application from the competition. Changes to a research topic beyond the broad fields of heart and/or stroke research will need to be justified. Changes that impact eligibility status such as acceptance of another grant of equal or higher value or evidence of falsifying identity, will result in application withdrawal. Misrepresentation of any content by the applicant may result in cancellation of the award.

7.1 CIRCULink Application Components

Lay Summary of the Research. In a maximum of 7,500 characters (English and French), the applicant should describe the proposed research. This summary should be written in non-scientific everyday

language, at a level no greater than Grade 8, and suitable for a general audience (e.g., patient, caregiver, community member). More information on how to structure the lay summary is provided in CIRCULink.

Personal Statement. In a maximum of 10,000 characters (English and French), applicants should outline the relevant experiences (lived, academic and/or community) that have led up to their current career goals. Include any leaves of absence.

Research Summary. In a maximum of 10,000 characters (English and French), including references, applicants should detail the rationale, hypothesis, objective(s), methodological approach (including sex and gender considerations in the research design), analysis and reporting, timeline, applicant's role, and the expected contributions (i.e. impacts and benefits) of the proposed research.

7.2 CIRCULink Application Attachments

Attachments may be completed in English or French. All application attachments must be in PDF format and included with the submission, single-spaced using either 12-point Times New Roman or 11-point Arial font. Condensed type or spacing is not acceptable. Margins should be set at 2 cm (3/4 inch) all around.

Mentorship & Training Plan. In a co-signed letter the applicant and supervisor should develop a plan that overviews the research and academic training and mentorship environment for the applicant, including: (a) the commitment of the supervisor and institution to support the applicant's proposed research through the allocation of space, resources, programs, facilities and personnel; (b) technical and professional skills that the applicant will acquire during the tenure of the award and how these will support the applicant's career goals; (c) specific competencies around EDI and SGBA+; and (d) the expected research milestones over the course of the award. This letter can not exceed two (2) pages.

Applicant's Canadian Common CV (Heart & Stroke version only). The [Canadian Common CV \(CCV\)](#) allows researchers to enter their CV data once and output it in formats suitable for submission to CCV Network member organizations, including Heart & Stroke and CIHR. Applicants must login to the web-based form to enter their CV information directly online for the categories including, but not limited to: education, recognitions, employment, research funding history, activities (supervisory, mentoring, community and volunteer, knowledge and technology transfer, international collaboration), contributions (presentations, interview and media relations, publications, intellectual property). Please see the [CIHR Academic CCV](#) guide for tips on completing the CCV sections. Upon completing the CCV, output the form in the Heart & Stroke format.

Certificate of Completion of Sex and Gender Based Analysis Plus (SGBA+) Modules. Applicants must complete the [CIHR-ICRH Sex and Gender Training Modules](#), and submit the Certificate of Completion.

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

- Certificate of Canadian Citizenship;
- Birth certificate/copy of an act issued by the proper provincial government authority;
- Valid passport;
- Permanent Resident Card;
- Form IMM 1000;
- Form IMM 5292;
- Letter received indicating a positive decision from the Immigration and Refugee Board;
- Verification of Status (VOS) document with positive Pre-Removal Risk Assessment (PRRA) decision from IRCC; or
- Temporary Resident Permit if you are a Protected Temporary Resident.

Supervisor's Canadian Common CV (Heart & Stroke version only). Applicants are required to submit the supervisor's Canadian Common CV (CCV) as part of their application. This information will not be included in the Evaluation Criteria but is requested so that the Selection Committee can gauge the alignment of a supervisor's research expertise with proposed research of the applicant. The [Canadian Common CV \(CCV\)](#) allows researchers to enter their CV data once and output it in formats suitable for submission to CCV Network member organizations, including Heart & Stroke and CIHR. Supervisors must use the web-based form to enter their CV information directly online for the categories including, but not limited to: education,

recognitions, employment, research funding history, activities (supervisory, mentoring, community and volunteer, knowledge and technology transfer, international collaboration), contributions (presentations, interview and media relations, publications, intellectual property). Please see the [CIHR Academic CCV](#) guide for tips on completing the CCV sections. Upon completing the CCV, output the form in the Heart & Stroke format.

Signatures Page: Applicants are expected to download the Signatures Page from CIRCULink and secure the required signatures (institutional signature, supervisor(s) signature, and applicant signature). The institutional signature must be by an individual with signing authority for the institution.

7.3 Reference Letters

Two (2) Letters of Reference. The two (2) referees who are able to provide insight into the applicant's character and ability to pursue a career in research must email their letters of reference by September 5, 2024 directly to Heart & Stroke [research@heartandstroke.ca]. Please label the file and email subject as follows: Letter of Reference_LAST NAME, First Name of Applicant_Referee Initials_Date of Submission. Each letter of reference should be no more than two (2) pages (English and French). Both letters must be from an academic familiar with the applicant's work/research. Due to conflict of interest, letters of support from Heart & Stroke employees are not permitted.

In order to maintain the principle of fairness to all applicants, Letters of Reference in excess of two (2) pages will not proceed as part of the application submission (without appeal or notice to the applicant).

8) Submission Process and Checklist

Applicants must use [CIRCULink](#) to complete the application. Use the Application Checklist below to confirm that the relevant components have been completed and submitted. [CIRCULink](#) also provides a similar checkbox to track the completion and/or submission of each section of the application with a green checkmark or red 'x'. Applications cannot be submitted in [CIRCULink](#) until all sections are marked with a green checkmark.

Complete (✓ or X)	Application Checklist	Mandatory
	Applicant to add content to CIRCULink fields:	
	Lay Summary of the Research	Yes
	Personal Statement	Yes
	Research Summary	Yes
	Applicant to upload PDF attachments to CIRCULink:	
	Mentorship & Training Plan	Yes
	Applicant's Canadian Common CV (Heart & Stroke Version)	Yes
	Certificate of Completion of Sex and Gender Based Analysis Plus (SGBA+) Module(s)	Yes
	Proof of Citizenship	Yes
	Supervisor's Canadian Common CV (Heart & Stroke Version)	Yes
	Signatures Page	Yes
	Referees to submit to research@heartandstroke.ca:	
	Letter of Reference #1	Yes
	Letter of Reference #2	Yes

9) Evaluation Criteria

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

Adjudicated Components		Relative Weight
Personal Component	Letters of Reference	30%
	Personal Statement	
Research Component	Mentorship & Training Plan	50%
	Research Summary	

Academic Component	Applicant Canadian Common CV	20%
Should any significant changes occur from the time of submission to award notification, Heart & Stroke reserves the right to withdraw that application from the competition. Changes to a research topic beyond the broad fields of heart and/or brain research will need to be justified. Changes that impact eligibility status such as acceptance of another grant of equal or higher value or evidence of falsifying identity, will result in application withdrawal.		

PERSONAL COMPONENT	
LETTERS OF REFERENCE (20%)	PERSONAL STATEMENT (10%)
Indicators of excellence include: <ul style="list-style-type: none"> • extent to which the referee can provide insight into the character and ability of the applicant to pursue a career in research. 	Indicators of excellence include extent to which applicant can demonstrate how the following have led to the proposed research and career goals: <ul style="list-style-type: none"> • lived experience; • community experience; • work experience; • leadership experience; • involvement in academic life; and • volunteerism/community outreach.

RESEARCH COMPONENT	
MENTORSHIP AND TRAINING (30%)	RESEARCH SUMMARY (20%)
Indicators of excellence include extent to which: the applicant's supervisor and institution can support the applicant's proposed research (e.g., space, resources, programs, facilities, personnel); the applicant will acquire specific knowledge and skills; <ul style="list-style-type: none"> • the academic training environment aligns with the applicant's proposed research; • the applicant will acquire specific competencies around EDI and SGBA+; and • the appropriate resources, programs, technologies that are available for the applicant's proposed research and training. 	Indicators of excellence include extent to which: <ul style="list-style-type: none"> • the proposed research is creative, with a sound rationale, well-defined goals and objectives • the approaches and methodologies proposed are appropriate to answer the research questions; • sex- and gender-based analysis and reporting are integrated in the research design and analysis; • the timelines are realistic for completing the proposed research; and the proposed research contributes to heart and/or brain-related knowledge, healthcare, health services or health outcomes.

APPLICANT'S CANADIAN COMMON CV (Heart & Stroke version) (20%)
Indicators of excellence include: <ul style="list-style-type: none"> • academic record; • type of degree program and courses pursued; • relative standing (if available); • recognitions, scholarships and awards; • employment history; • research funding history; • activities (supervisory, mentoring, community and volunteer, knowledge and technology transfer, international collaboration); and • contributions (publications, presentations, interview and media relations, intellectual property).

Awards will be granted in a top-down rank, according to the following grading scheme. The overall score for each applicant will be scored on a scale from 0 to 100% and ranked from Outstanding (91-100%) to Excellent (81-90%) to Very Good (70-80%). The threshold for funding is 70%.

Overall Score	
Outstanding	91-100%
Excellent	81-90%
Very good	70-80%
Threshold for funding	70%

10) Selection Committee and Lay Reviewers

Applications will be adjudicated by a Selection Committee, composed of members from the Heart & Stroke [Scientific Review Committee](#) (SRC). The SRC includes over 180 members overseen by the Executive Chair and Vice-Chair and comprises separate committees to ensure in-depth knowledge and expertise in areas relevant to the mandate of Heart & Stroke. The SRC Executive Chair and Vice-Chair are non-voting members. The Selection Committee may meet in person or virtually at the discretion of the SRC and Heart & Stroke. Lay Reviewers will also be incorporated into the selection process to increase accountability and transparency of the review process, and to ensure that the proposed research is aligned with the objectives of this funding competition. In addition, if Lay Reviewers identify that a lay summary is not suitable for a general audience, the award recipient will be asked to revise and resubmit the lay summary. The Selection Committee and Lay reviewers must agree to respect the privacy, confidentiality and conflict of interest rules of Heart & Stroke.

11) Notification of Results and Award Commencement

All applicants will be notified of the results by end of May 2025. The award is scheduled to start on July 1, 2025, and no later than December 31, 2025.

12) Reporting: Financial, Progress and Final Reports

The award recipient's institution is required to submit (a) an annual consolidated Financial Report for the reporting period for the award recipient, (b) an annual Progress Report for the award recipient; and c) a Final Report for the award recipient. More information about these requirements will be provided in the letter of offer.

In addition, award recipients will be sent links to the report templates within the first year of award funding.

13) Contact Information

For any questions or concerns, the preferred form of communication is email. Your email will go to a research email inbox which is accessed by multiple research team members, and this form of communication is the best way to get a timely response.

Research Department

Heart and Stroke Foundation of Canada

Email: research@heartandstroke.ca

Website: <https://www.heartandstroke.ca/what-we-do/research/for-researchers>

Please note this EMAIL ACCOUNT is only monitored from 9am-5pm ET, Monday to Friday.