Diabetes Canada
2026 End Diabetes Awards Guide

Our vision

A world free of the effects of diabetes.

Our aspiration

To improve the quality of life of those diagnosed with diabetes

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Disclaimer

The 2026 End Diabetes Award Guide supersedes all previous End Diabetes Awards guides and applications. Applicants should always refer to the latest version. Diabetes Canada may, without notice, alter the programs or terms of an award. Any major changes will be announced immediately on the Diabetes Canada Funding Opportunities website. Diabetes Canada reserves the right to interpret these guidelines and policies. Applicants should contact research@diabetes.ca for clarification, as required.

Diabetes Canada reserves the right to reject incomplete applications without appeal. It is the responsibility of the applicant to ensure the application is complete prior to submission.

Contacts

For information regarding research programs, governing policies, eligibility and application submissions, please contact:

- Research & Science, Diabetes Canada
  Email: research@diabetes.ca

For technical support related to ProposalCentral:

- Visit https://proposalcentral.com/Help.asp for tutorials
- Visit https://docs.proposalcentral.com/FAQ-Applicant.pdf for applicant FAQs
- Contact by phone (toll-free): 800-875-2562 (Toll-free U.S. and Canada)
- Contact by email: pcsupport@altum.com

Application Submission Deadline

Application submissions must be made online through ProposalCentral. ProposalCentral is a secure grants management platform for applicants to electronically submit grant applications and obtain funding-related information.

All application submissions are due online on ProposalCentral by July 10, 2026, 8:00pm EDT. Additional time allowances will not be granted for any reason.

Notices of Decision will be shared in mid-December 2026. Funding is projected to be disbursed starting in January 2027.

1.0 Funding Opportunity

1.1 Overview

Diabetes Canada is proud to be a leading supporter of diabetes research in Canada and to collaborate with partners on this award program. Diabetes Canada is committed to supporting research that contributes to its vision of a world free of the effects of diabetes in two interconnected ways:

1. By advancing knowledge and solutions that address the issues and challenges identified by the diabetes community in Canada; and
2. By strengthening capacity to conduct relevant and impactful diabetes research in Canada.

The End Diabetes Awards accepts funding proposals from all four pillars of health research, to ensure that we are funding the best in biomedical, clinical, health services, and/or population health research towards a vision of a word free of the effects of diabetes.

Diabetes Canada, together with its partners, aims to award $5 million through the 2026 End Diabetes Awards. Applicants can request up to $150,000 per year for up to three years, for a total of $450,000 per grant. New this year, there is a seed funding pool that is only open to early career researchers, who can apply and request up to $50,000 per year for up to two years.

Each application goes through a rigorous review process across multiple review committees. A scientific review committee (scientific and clinical experts in diabetes), and a lived experience review committee (people living with diabetes, family, caregivers) will review each application. Funding decisions are made based on the scientific review process, input from the lived experience reviewers, and the expert recommendations of Diabetes Canada's National Research Council (NRC).

1.2 Objective

The objectives of the 2026 End Diabetes Awards are:

1. To support researchers in the discovery of biomedical, clinical, health services, and/or population health factors that lead to the onset and progression of all types of diabetes and its complications.
2. To develop solutions to improve the quality of life of people living with diabetes
3. To address challenges in diabetes health services, and design and implement solutions that improve healthcare delivery, health policies, and access to care for all communities and populations affected by diabetes.

1.3 How to Apply

Application submissions must be made online through ProposalCentral. ProposalCentral is a secure grants management platform for applicants to electronically submit grant applications and obtain funding-related information.

To begin an application:

1. Visit https://proposalcentral.com/ and select the Applicant or Awardee tab
2. Login with an existing account or register for a new account
3. Select the Grant Opportunities tab
4. Search "Diabetes Canada" in the search bar
5. Find the End Diabetes Awards program and select "Apply Now" to begin the application.

Please review Diabetes Canada's ProposalCentral Application Instructions for full details on the requirements to completing each application section in ProposalCentral.

Please note that all attachments must be uploaded in PDF format.

Please ensure review this 2026 End Diabetes Awards Guide before applying. This guide includes full details on the award being offered, including eligibility and assessment criteria, application and award policies, and review process and evaluation.

2.0 2026 End Diabetes Awards Eligibility and Assessment Criteria

a. Eligibility: The Nominated Principal Applicant must be an independent researcher. The Nominated Principal Applicant and Co-Applicant(s) must have an academic or research appointment with a Canadian post-secondary, academic, or research institution.

Nominated Principal Applicants are only eligible to hold one End Diabetes Award at any time. If a previous End Diabetes Award will be completed and the work as outlined in the grant fully completed by December 2026, the Nominated Principal Applicant may apply for a 2026 End Diabetes Award. If a previous Award is still underway or will require a no cost extension into 2027, the Nominated Principal Applicant is not eligible to apply for a new award. Partnered grants awarded through another funder are not included in this limit.

If, at the time of applying, the applicant does not have an independent faculty position (due to a requirement by their institution that they must secure independent peer-reviewed operating grant funding prior to the position being finalized), then a detailed letter from the department Chair or Dean providing details regarding the faculty position must be included in the application. Failure to provide this letter will result in the application being streamlined and not considered for funding. Diabetes Canada reserves the right to request additional information to clarify the position offered. Diabetes Canada reserves the right to request additional information to confirm independence. See definitions for details.

b. Assessment Criteria:

All applications are reviewed by two scientific review committee members from the diabetes research community and, whenever deemed appropriate by the Co-Chairs because additional expertise is required, a third reviewer. Applications are also reviewed by two people living with diabetes including family and caregivers), who will review from the unique lens of lived experience.

Scientific Review Criteria:

Two scientific reviewers assigned to each application will conduct a thorough review and provide written feedback and a numeric score for the application based on the following criteria:

1. **Research Question:**
   - Is the research question and rationale clearly defined?
   - Does the research proposed advance knowledge and solutions that address the issues and challenges identified by the diabetes community?
   - Where appropriate, did people with lived experience and/or community perspectives help identify the research question?
   - Is the importance of the project and its relevance to creating a world free of the effects of diabetes substantial?
   - Is the study compelling and does it fit the objectives of the program?

2. **Methods:**
   - Is the research design appropriate to address the research question?
   - Do the proposed methods align with the project objectives and expected outcomes?
   - Is the study well-outlined and the methods justified?
   - Are contingency plans provided where appropriate?
   - Will the study as outlined successfully answer the research question?
   - Are the expected outcomes of the research clearly defined?

3. **Impact:**
   - Does the research address an important gap in existing diabetes knowledge or care?
   - Does the study propose innovative research?
   - Does the research address populations disproportionately affected by diabetes?
   - Is the impact on diabetes research and now, or in the future, on people with diabetes a meaningful step forward?
   - Is the knowledge mobilization plan appropriate and sufficient?

4. **Feasibility:**
   - Is the proposed budget and timeline feasible for the project goals?
   - Are the resources available to the applicant sufficient to ensure success of the proposal?
   - Have any barriers to participation for lived experience engagement been identified and mitigated?

- Will the team and environment enable success of the project?
- Are the necessary collaborations in place to support the work?

The expectation of the proposed budget is that it is fully justified and takes into consideration the needs of the research project and any anticipated changes in requirements over the term of the grant. If the work proposed is not feasible given the $150k/year budget (or $50k/year budget for applicants in the Early Career Researcher Seed Funding Pool), the application will not be considered for funding.

There are two scientific review committees: Committee I will review applications focused on biomedical research, and Committee II will review applications focused on clinical, health services, and population health research. Scientific reviewers are assigned to applications based on their area of expertise, and with consideration of any real or perceived conflicts of interest.

Prior to the review committee meetings, scientific reviewers will submit their scores to Diabetes Canada via ProposalCentral. Only applications competitive for funding will be discussed at the review committee meetings. After a detailed discussion, a consensus rating will be negotiated, around which each scientific review committee member scores. The average of all scores allows for a ranking of applicants, and the top scoring applications are funded.

Lived Experience Review Criteria:

Two lived experience reviewers assigned to each application will conduct a thorough review on some parts of the application, from the unique lens of living with diabetes. Lived experience reviewers will be asked to review only the lay abstract (500 words), lived experience engagement and knowledge mobilization plan (500 words), and research impact for people diagnosed with diabetes (250 words) sections of the application. Lived experience reviewers will provide written feedback and a numeric score for each application based on the following criteria:

1. **Lived Experience Engagement and Knowledge Mobilization Plan:**
    - Are people living with diabetes integrated where appropriate and meaningfully into the research question and the research plan?
        - Have people living with diabetes/community partners been appropriately identified?
        - Have any barriers to participation been identified and mitigated?
        - Where appropriate, are people living with diabetes/communities engaged in project design and ongoing throughout the project?
        - Are partnerships with people living with diabetes reciprocal and respectful?
        - Is lived experience/community expertise valued and appropriately compensated?

- Is there a plan in place for knowledge mobilization that considers sharing research findings outside the research community where appropriate?

2. **Impact:**
   - Is the relevance to a world free of the effects of diabetes significant?
   - Where appropriate, did people with lived experience and/or community perspectives help identify the research question? Will they help inform research decisions?
   - Does the engagement plan include populations disproportionately affected by diabetes where appropriate?
   - Will this study potentially make a significant impact for people diagnosed with diabetes?
   - Would funding this research contribute to reducing disparities in diabetes outcomes?

There are two lived experience review committees: Committee I will review applications focused on biomedical research, and Committee II will review applications focused on clinical, health services, and population health research. Lived experience review assignments will consider any real or perceived conflicts of interest.

Lived experience reviewers will submit a numeric score and written feedback to Diabetes Canada via ProposalCentral. Only applications competitive for funding, based on scientific reviewer initial scores, will be discussed at the lived experience review committee meetings. A summary of the lived experience reviewers' discussions and final scores will be presented during the scientific review committee meeting, for consideration of scientific reviewers in their discussions and consensus scoring. In 2026, the lived experience numeric score will not be combined with the scientific numeric score.

Note: If an application selected for funding receives a below average score from the Lived Experience Review Committee, Diabetes Canada will request that the applicant revise their Lived Experience Engagement and Knowledge Mobilization Plan and/or Impact sections of their applications, using the feedback provided. This updated plan must be reviewed and approved by Diabetes Canada prior to beginning funding disbursement.

c. Funding Level and Duration of Support:

End Diabetes Awards General Pool: The maximum amount that can be requested is $150,000 annually for a period of up to three years, for $450,000 total. The final budget and duration of the award is at the discretion of the review committees and the NRC, and subject to the availability of funds.

NEW THIS YEAR: Early Career Researcher Seed Funding Pool: This seed funding pool is only open to early career researchers, who can apply and request up to $50,000 per year for up to two years, for $100,000 total. Applicants to the Early Career Researcher Seed Funding Pool must adhere to that pool's budget maximums, as outlined in section 4.4 of this guide.

d. **Progress Reporting:** If granted an End Diabetes Award, the subsequent years of funding are contingent upon the submission of an annual progress report by November of each year, and of Diabetes Canada's review and approval of this report. The following reports are required through the grant period:
    - An annual progress report, submitted by November 1st of each year of funding
    - A Revenue and Expense Report, submitted by November 1st of each year of funding
    - A final report, submitted within six months of the end of funding
    - A post-grant report, submitted two years after the end date of the award
    - A post-grant report, submitted five years after the end date of the award

e. **Termination of Award:** If, at any time during the tenure of the award, the Nominated Principal Applicant resigns or is terminated from their position, Diabetes Canada must be notified in writing within 2 weeks. If a Nominated Principal Applicant is unable to continue their research, the grant may be transferred to a Co-Applicant who is already listed on the research application. See 8.10 Transfer of Grants for details.

f. **Location of Research:** These awards are held at academic and research institutions in Canada. Applicants who are not currently based in Canada but will be transferred to a Canadian institution as of 2027 may apply, and mut include a Letter of Support from their intended Canadian host institution confirming their appointment. A grant agreement will only be issued and funding disbursed once the applicant begins their position at their Canadian institution. Canadian-based applicants and teams may collaborate with international colleagues, who should be included on the application in the role of Collaborator.

g. **Co-Funding Opportunities:** Application for an End Diabetes constitutes permission to be considered for partnership opportunities between Diabetes Canada and other research partners through co-funding opportunities that may arise during the year of their application submission or funding years. Diabetes Canada may share parts of the research application with potential partners, after signing a confidentiality agreement, including but not limited to: applicant/co-applicant information, lay abstract, research proposal, and budget. Should co-funding for an award be received, Diabetes Canada will notify the awardee, and the awardee should acknowledge both Diabetes Canada and the partner organization as a source of funding.

3.0 Funding Priorities

Diabetes Canada seeks partners to co-fund or fully fund grants to increase the funds available to the program and see that more research is awarded. In some cases, Diabetes Canada and the funding partner will identify a funding priority and develop a funding pool for that topic. Applicants will be asked to indicate if their application is relevant to any funding pool(s) in the application, and relevance will be confirmed by Diabetes Canada and the funding partner. The top ranked application(s) in the funding pool will be awarded, with a minimum score of 4.0 from

the scientific reviewers required. If an application is relevant to the funding pool but not the top ranked awarded application, it will remain in the general funding pool and be eligible for funding based on rank-order as usual.

Diabetes Canada will make every effort to identify funding partners ahead of the application deadline. In some cases, a partnership may be secured later in the program and Diabetes Canada will work to make applicants aware of the funding pool.

Funding pools will be listed in the application on ProposalCentral.

4.0 Early Career Researcher (ECR) Seed Funding Pool

Through the 2026 End Diabetes Awards, Diabetes Canada will award up to four (4) grants designed specifically for early career researchers to help launch their research programs. **Entering this funding pool is optional**; early career researchers may apply to be evaluated within this pool **or** within the general End Diabetes Awards.

Applicants who choose to be included in the Early Career Researcher (ECR) Seed Funding Pool must follow all eligibility criteria and budget maximums outlined in this section. Outside of this additional eligibility criteria and reduced funding amount and duration, the ECR Seed Funding Pool will follow the general End Diabetes Awards policies set out in this guide. Any questions about this funding pool can be directed to research@diabetes.ca.

4.1 How to Apply

Early Career Researcher Seed Funding applicants will follow the same application process as outlined in section 1.3 of this guide. Within the application sections, there is a section titled Early Career Researcher (ECR) Seed Funding Pool. In this section applicants will select 'yes' to be included in the early career researcher seed funding pool, or 'no' to be included in the general awards pool.

4.2 Eligibility

All applicants who select 'yes' to be included in the ECR seed funding pool must meet the following criteria:

a) The Principal Applicant must be an early career researcher. An early career researcher is a researcher **within five years** from the date of their first independent research-related or faculty appointment, minus eligible delays in research, where:
   - research-related appointments are defined as those where the individual has the autonomy to conduct research independently; and
   - all eligible leaves (e.g., maternity, parental, medical, bereavement) are credited as twice the amount of time taken, and professional leaves (e.g., training, sabbatical, administrative) are not credited.

(Early career researcher as defined by the Canadian Institutes of Health Research (CIHR))

b) The Principal Applicant has never received an End Diabetes Award from Diabetes Canada.

c) The Principal Applicant does not hold a competitive, project grant valued at more than $200,000. If, at the time of applying the applicant meets this criteria but then receives other project funding prior to End Diabetes Awards funding decisions, the applicant must notify Diabetes Canada in writing to research@diabetes.ca.

4.3 Assessment Criteria

All applications to the ECR seed funding pool will follow the same review process outlined in section 2.0 2026 End Diabetes Awards Eligibility and Assessment Criteria. Applicants in this funding pool will be evaluated relative to opportunities to date and evaluated amongst other ECR applications in the pool. Reviewers will consider the ECR status and seed funding research project in their scoring of the application, but applicants must score at least a 4.0 (excellent research) to be eligible for the award.

Applicants in this pool are encouraged to include with their applications a letter of support from their host institution.

The Principal Applicant's narrative CV must include the direction of their research program, and how this funding will support the applicant's next steps in their diabetes research career.

4.4 Funding Level and Duration of Support

All applicants who select 'yes' to be included in the early career researcher seed funding pool may request up to **$50,000 annually for a period of up to two years ($100,000 total),** with no renewals. The final budget and duration of the award is at the discretion of the review committees and the NRC, and subject to the availability of funds.

5.0 IDEA, Sex and Gender-Based and Race and Ethnicity-Based Analysis and Reporting

Diabetes Canada is firmly committed to advancing inclusion, diversity, equity, and accessibility (IDEA) as core drivers of scientific excellence, health equity, and national impact in diabetes research. IDEA is fundamental to ensuring that research reflects the full diversity of people affected by diabetes and contributes to reducing inequities in prevention, treatment, and outcomes. This commitment is grounded in the recognition that diabetes does not affect all populations equally, and that research must intentionally address structural barriers, systemic inequities, and gaps in representation that have historically limited participation in and benefit from research.

Inclusion is defined as the intentional and sustained practice of creating research environments where individuals and communities are meaningfully welcomed, respected, and empowered to

contribute. Inclusion ensures that diverse perspectives, lived experiences, and forms of knowledge are actively integrated into research design, implementation, and knowledge mobilization, strengthening both the rigor and real-world relevance of research.

Diversity is defined as the presence and representation of differences across the full range of human identities, lived experiences, and social contexts. This includes, but is not limited to, race, ethnicity, Indigenous identity, place of origin, immigration and newcomer status, language, religion, disability, sex, sexual orientation, gender identity, gender expression, socioeconomic status, geographic location, and age. Diversity strengthens research by ensuring it reflects the populations most affected by diabetes and enhances the applicability and impact of findings across Canada's population.

Equity is defined as the intentional and proactive identification and removal of systemic barriers, structural inequities, and institutional practices that have historically limited access to participation, leadership, and benefit within research. Equity recognizes that achieving fair and just outcomes requires more than equal treatment; it requires targeted and responsive approaches that account for differences in access, opportunity, and exposure to risk. Diabetes Canada applies the principle of targeted universalism, which establishes shared goals for improving diabetes outcomes while supporting tailored strategies that address the specific barriers experienced by disproportionately affected communities. Equity in research ensures that those most impacted by diabetes have equitable opportunity to participate in, inform, and benefit from research advancements.

Accessibility is defined as the intentional design of research processes, environments, communications, and outputs to ensure they are usable, inclusive, and responsive to people with diverse abilities, needs, languages, and lived experiences. Accessibility involves anticipating, identifying, and removing barriers that may limit participation or benefit, ensuring research is inclusive by design rather than retrofitted for compliance.

Diabetes Canada recognizes that systemic inequities, including racism and other forms of structural discrimination, contribute to disparities in diabetes prevalence, access to care, and health outcomes. An anti-racism approach within research involves critically examining and addressing policies, practices, and assumptions that may perpetuate inequities in research participation, representation, and impact. This includes recognizing how historical and structural factors influence who is included in research, whose experiences are reflected in evidence, and how research benefits are distributed. Integrating anti-racism and equity principles strengthens scientific validity and supports research that contributes to reducing inequities in diabetes outcomes.

Sex and Gender-Based and Race and Ethnicity-Based Analysis and Reporting acknowledges that both biological and social determinants influence diabetes risk, progression, treatment response, and health outcomes. Sex refers to biological attributes, while gender reflects socially constructed roles, norms, identities, and lived experiences. Race and ethnicity reflect complex social, historical, and structural processes that influence health risks, access to care, and exposure to systemic barriers. Integrating these analyses into research design, implementation, analysis, and reporting strengthens scientific rigor and ensures findings are relevant, inclusive,

and applicable to diverse populations. These approaches support the identification of disparities and the development of interventions that improve outcomes across all communities.

Diabetes Canada is committed to advancing inclusive, diverse, equitable, and accessible diabetes research by embedding IDEA principles, along with sex and gender-based and race and ethnicity-based analysis and reporting, across the full research lifecycle. This includes research design, recruitment, methodology, analysis, interpretation, and dissemination. Applicants are required to meaningfully integrate these principles into their research design and practices where appropriate. Applications that do not incorporate IDEA principles, sex and gender-based and race and ethnicity-based analysis and reporting must provide a clear, evidence-informed rationale explaining why these considerations are not relevant to the proposed research.

Embedding IDEA principles and advancing health equity strengthens scientific excellence, improves the relevance and applicability of research, and ensures that research contributes to reducing inequities in diabetes prevention, care, and outcomes across Canada.

IDEA in research may include:

- Consideration of sex as a biological variable within research design, recruitment strategies, methodology, analysis, interpretation, and dissemination of findings, where relevant to the research question.
- Consideration of gender as a socio-cultural determinant of health, including how gender roles, norms, identities, and lived experiences may influence diabetes risk, access to care, disease management, and health outcomes.
- Integration of diversity considerations throughout the research lifecycle, including attention to populations disproportionately affected by diabetes and the structural, social, and cultural contexts that influence health, such as age, disability, sexual orientation, gender identity, socioeconomic status, immigration and newcomer status, Indigenous identity, language, race, ethnicity, culture, and geographic location.
- Application of an equity and anti-racism lens to research design and implementation, including identifying and mitigating barriers to participation, ensuring inclusive recruitment strategies, and supporting equitable access to the benefits of research.
- Clear articulation of why specific identity, social, or structural factors were selected for inclusion and analysis, and how their inclusion strengthens scientific rigor, relevance, and/or health equity impact.
- Meaningful and respectful engagement with intended study populations and communities, including describing processes to build trust, foster reciprocal relationships, ensure cultural relevance, and incorporate community perspectives throughout the research lifecycle.
- Consideration of how research findings will contribute to improving equitable diabetes outcomes and reducing disparities among populations disproportionately affected by diabetes.

Resources:

- CIHR, "How to integrate sex and gender into research" for guidelines, tools, and resources to help researchers and better account for sex and gender in all pillars of health research.
- Government of Canada, "Best Practices in Equity, Diversity and Inclusion"
- CIHR, "Equity, Diversity and Inclusion in the Research System"
- CIHR, "Equity, diversity and inclusion resources"
- CMAJ, "Guidance on the reporting of race and ethnicity in research articles" for guidance for reporting race and ethnicity in research manuscripts.
- CIHI, "Guidance on the Use of Standards for Race-Based and Indigenous Identity Data Collection and Health Reporting in Canada" for standards for collecting race-based and Indigenous identity data in health research.

All applicants are strongly encouraged to complete the CIHR Institute of Gender and Health online training modules and the CIHR Bias in Peer Review Training Module.

6.0 Lived Experience Engagement and Knowledge Mobilization Plan

All applications are required to include a **plan for engaging people with diabetes lived experience and knowledge mobilization (500 words or less).** Separately, the application requires the inclusion of an impact statement for persons affected by diabetes, by answering the question "**How will the completion of this project impact people diagnosed with diabetes?" (250 words or less)**. Please ensure that the plan is written using simple language understandable by a general public audience. This section of the application will be reviewed by both scientific reviewers and lived experience reviewers. If lived experience engagement or knowledge mobilization is not appropriate for the proposed project, this must be well justified.

Engaging people living with diabetes in Diabetes Canada's research program is part of a multi-phase initiative to ensure that the research being conducted is relevant and valuable to the people that it affects, and to ensure that people with lived experience with diabetes are included in all of Diabetes Canada's mission activities.

Lived experience engagement in research is about meaningful inclusion and collaboration – "nothing about us, without us". People with lived experience with diabetes can be actively engaged in research governance, priority setting, developing research questions, and even performing certain parts of the research itself. Lived experience partners can also collaborate with the research team to summarize or share the results with target audiences (especially other people living with diabetes) and with policy makers or other decision makers who may apply the results in a health or community setting.

Levels of Lived Experience Engagement:

Diabetes Canada offers the following guidance related to lived experience engagement planning. Applicants are also encouraged to review the CIHR Strategy for Patient-Oriented Research - Patient Engagement Framework and consult the toolkit created by the University Health Network Pride in Patient Engagement in Research (PiPER).

Lived Experience engagement in all pillars of health research may occur at multiple levels*. The engagement plan should demonstrate how the research team plans to include people living with diabetes at the most appropriate level(s) for the research.

- **Inform/Knowledge Mobilization:** Provide information, listen, and answer questions honestly through orientation and information sessions, and/or media campaigns in an open atmosphere for sharing (ex. consider people living with diabetes and caregivers in information dissemination plans, education opportunities).
- **Consult:** Seek input from people living with diabetes on an ad hoc basis while conducting research through quantitative, qualitative, or mixed research methods (ex. focus groups, priority setting activities, surveys, people living with diabetes as research subject or participant).
- **Involve:** Work with people living with diabetes as standing members of an advisory group (ex. members of working groups and research advisory councils).
- **Collaborate:** Partner equally with people living with diabetes as team members (ex. as project collaborators, research partners, or members of research steering committee).
- **Empower:** People living with diabetes lead research activities and researcher supports lived experience decision-making (ex. lived experience community steering committee).

***Adapted from 'level of patient and researcher engagement in health research', Manafo, Petermann, Mason-Lai, and Vandall-Walker (2018).*

Researchers should consider the questions below when describing their engagement plan for people with lived experience:

- Is the engagement plan appropriate for this study design?
- Is the engagement process and role expectations clear?
- Is support available for people living with diabetes throughout the engagement process?
- Are the method(s) for engaging people living with diabetes appropriate?
- Are the method(s) for engaging people living with diabetes feasible?
- Does the plan demonstrate how the lived experience role and contributions will have a direct impact on research outcomes, if any?
- Does the research consider the environmental, economic, or cultural factors that may impact the lived experience and process of engagement?
- Is the engagement plan mutually beneficial for both researchers and people living with diabetes? (ex. both perceive improved research/value added)

Goals of Engaging People with Lived Experience:

Lived Experience engagement in research is ultimately aimed at achieving benefits that matter to both people living with diabetes and researchers:

- Improved health
- Improved access to the health care system
- The right treatment at the right time
- Being an active and informed partner in health care
- Quality of life that is tied to lived experience-oriented outcomes
- Contribute to improving the cost effectiveness of the health care system

Ways to Engage:

Diabetes Canada offers the following examples of ways to incorporate engagement in each pillar of health research, where relevant and appropriate to the proposed research process. Note that these examples are not intended to be prescriptive or exhaustive. Applicants can choose to include some, but not all, activities and are encouraged to include additional innovative approaches not described here.

Inform/Knowledge Mobilization

Consider people with lived experience with diabetes in information dissemination plans and educational opportunities. This could include:

- Share information about the project via **website/mail-out,** identifying for people livinf with diabetes the key research objectives, milestones, and outcomes of the project in lay language.
- **Press release and publications** about the project provided to lived experience-centered groups.
- **Presentation** to lived experience groups by research team at milestone intervals of project completion, giving people living with diabetes the opportunity to learn more and ask questions about the outcomes of the research project.

Consult

Seek input from people living with diabetes to inform new research priorities, questions, outcomes, and areas and methods of evaluation. This could include:

- Conduct a **focus group or interviews** to facilitate open discussions between people living with diabetes and researchers, to address a specific research decision (e.g., “how will we evaluate success in this project?”) or build the research project priorities (e.g., “what would be most impactful to you as someone living with diabetes?”).
- Provide a **survey** to obtain individual feedback and perspectives from a wide, diverse lived experience audience, to support project evaluation.
- Hold a **public meeting** in which people living with diabetes are invited to witness how decisions are made within the research team, and give the opportunity to ask questions and provide comments around research decisions.

Involve

- Host a **workshop** to encourage small group discussion, brainstorming, varying perspectives, and debate, to help build the research project or address a research decision.
- Invite people living with diabetes to **share their stories** together and identify common themes, to ensure that the outcomes important to people living with diabetes are supported and measured in the project.
- Conduct **Deliberative Polling®** to guide research decisions: people with lived experience are polled at the very beginning of the activity, and then following the activity, to see whether opinions change as a result of information sharing and deliberation.

Collaborate

- Form a **lived experience advisory group** that meets regularly to help inform, provide insight, and provide different perspectives around important research decisions.
- Invite people living with diabetes to **observe and analyze existing research/ healthcare services** to provide their perspective on gaps and potential areas of improvement, which can be used to inform research decisions.
- Work with people living with diabetes to **co-develop tools and products** specifically for people with diabetes, as part of the research project

Empower

- Accept **lived experience decision making** which permits people living with diabetes to collaboratively make research decisions that are acceptable to all involved, and gives researchers a deeper understanding of the lived experience perspective, concerns, and reasoning.
- Recruit a **lived experience steering committee** to facilitate highly focused dialogue and decision making on key research decisions, and provide a report back to the researchers,
- Engage in **lived experience-led research** by employing a person living with diabetes as a co-investigator on the research project and have them conduct research and/or make key research decisions.

Examples of Engagement Plans:

Diabetes Canada offers the following examples of effective engagement plans for each pillar of health research.

Biomedical Research

"The research team will recruit an advisory panel of 4–6 people with lived experience of type 1 or type 2 diabetes. With support from community partners, we will ensure diverse representation across age, gender, and cultural backgrounds.

This advisory panel will be involved at key points in the project, including:

- Helping refine the research focus
- Providing feedback on planned experiments
- Interpreting results to ensure they reflect community experience
- Co-designing public-facing materials

The panel will meet quarterly, either online or in person. Members will receive clear expectations, plain-language materials, training, and honoraria. Members of the research team with experience in working with lived experience partners will help support these interactions.

The research team will work together with the advisory panel to co-develop plain-language summaries, infographics, and short videos explaining the key findings of the research at various milestones. These will be shared through community organizations, clinics, social media, and public events.

Findings will also be shared through academic publications, conferences, and webinars. The advisory group will help shape messaging and may co-present or co-author public-facing content.

This study has potential to move toward human clinical trials, and input from people living with diabetes will help ensure future trial design reflects their priorities and experiences.

This engagement plan is practical and grounded in mutual respect and two-way learning. People living with diabetes will help identify meaningful research questions, interpret findings in a real-world context, and guide how results are shared. Their involvement will strengthen both the scientific value and the community impact of the research."

Clinical Research

"This proposal was developed in collaboration with a group of 25 people living with diabetes, who helped identify their concerns about hypoglycemia and explore strategies to reduce its impact. According to their feedback, reducing the frequency and burden of daily hypoglycemia and improving self-management are top priorities.

People with diabetes report that healthcare professionals often underestimate the wide-ranging effects of hypoglycemia. A single universal rule for managing non-severe hypoglycemia is unlikely to work because these episodes have diverse causes. Existing research models—typically based on insulin administration—do not reflect real-life situations, where most non-severe episodes occur during everyday activities.

This project uses an integrated knowledge-sharing approach in which researchers and diabetes lived experience partners collaborate throughout all stages—from project design to publication and dissemination. Knowledge translation activities include registering clinical trials in public databases, publishing in scientific venues, presenting to policymakers, and sharing findings with stakeholders in the diabetes community. Evidence generated through this program is expected to inform future guidelines and position statements.

A large existing engagement initiative will serve as a model for dissemination. Findings will be shared with people living with diabetes, caregivers, and healthcare professionals through an established online platform, webinars, newsletters, lay-language articles, media outreach, and regular meetings with partners. Study results will also be incorporated into online self-training resources for both people living with diabetes and healthcare providers. The platform covers a wide range of topics relevant to people living with type 1 diabetes, including women's health, aging, technology, and physical activity.

Team members are committed to presenting research at community-focused events and through organizations that support the diabetes community. Diabetes lived experience partners remain actively involved throughout the entire research process, from shaping research questions to helping share results."

Health Services Research

"This proposal has received strong support from people living with type 2 diabetes (T2D). Direct consultation with individuals who have lived experience, along with data from a large sample of community members, has informed the design of our previous studies.

While developing this proposal, the research team consulted three adults living with T2D. Qualitative feedback showed that participants felt the program was safe, found the equipment suitable, noticed rapid improvements in physical function, and believed further research is needed to better understand this approach for managing T2D and preventing complications.

People living with diabetes have played a central role in shaping this proposal from the earliest stages. Their input directly influenced the structure and design of the planned trial. They will continue to be involved throughout the research process and after the trial concludes.

During the trial, people living with type 2 diabetes will advise on recruitment and adherence strategies through an advisory committee. This committee will meet before the trial begins, at the midpoint, and after completion. With participant consent, the committee will also be invited to contribute to data analysis and interpretation, a strategy we have successfully used in previous studies. After the trial, the committee will collaborate with the research team to develop a knowledge-translation plan. They will also have opportunities to participate in dissemination activities, including attending conferences and community events to help share results with the public and others living with T2D. In past projects, these events have provided a space for participants to review and discuss study findings, with people living with diabetes taking on leadership roles.

We are committed to inviting people living with diabetes to join the research team as co-researchers in the larger trial. Recruitment is expected to be feasible through an established provincial registry, which has previously supported engagement of individuals with lived experience in health research. All people living with diabetes involved in the study will be compensated according to established guidelines."

Population Health Research

"People living with diabetes will be engaged through an existing network facilitated by a co-investigator. This work involves partnerships with several community health teams that support diverse populations at elevated risk of diabetes and historically underrepresented in research. The initiative focuses on identifying community needs and research priorities to co-design a digital diabetes intervention based on national clinical practice guidelines for low–glycemic index diets. The people living with diabetes who are involved in this work will be invited to join the advisory council for the proposed project.

The advisory council will participate in biannual team meetings, providing a safe and supported environment for discussion. Members will be encouraged to ask questions, share experiences, identify shared values, and contribute to project objectives, interpretation of findings, and knowledge-mobilization plans. This approach ensures that people living with diabetes are active

partners in decision-making and that the research design and dissemination strategies reflect their needs and preferences. Meetings will also include a council of certified diabetes educators (CDEs) and representatives from national diabetes organizations as key stakeholders. The project will follow an established knowledge-to-action framework and draw on expertise from a national knowledge-translation program.

To share findings with healthcare providers, the research team will present results at clinical rounds, webinars, conferences, accredited continuing-education events, and guideline workshops. The CDE council will support dissemination through professional networks, and results will be shared in open-access publications. Institutional media teams will coordinate broader outreach.

To mobilize knowledge within communities, events will be held in partnership with community health teams. Advisory council members will be supported to take leadership roles in presenting and communicating findings to their peers. Co-designed materials—such as infographics—will be shared at events and made available through community organizations. All people livinf with diabetes who participate in meetings and events will receive food, beverages, and honoraria to support their involvement."

Resources:

Parts of this document have been adapted, with thanks, from the following resources. Visit each site to learn more about lived experience engagement strategies and methods.

- Strategy for Patient-Oriented Research - Patient Engagement Framework (CIHR)
- University Health Network Pride in Patient Engagement in Research (PiPER).
- Methods of Patient and Public Engagement (Centre for Healthcare Innovation)
- Diabetes Action Canada Patient Engagement Resources

7.0 Review Process

All recipients of an End Diabetes Award are committed to serving at least a one-year term as a scientific reviewer.

Conflict of Interest and Confidentiality

All reviewers will be required to read and agree to Diabetes Canada's Conflict of Interest and Confidentiality policies before beginning their reviews. Diabetes Canada considers that a conflict of interest exists when the reviewers personal or financial interests affect, or may be perceived to affect, their objectivity. These policies have been developed by Diabetes Canada to ensure the effective management of real or perceived conflicts of interest in the review process and to ensure that all applicant and reviewer information is kept confidential, to ultimately encourage a culture of trust and transparency in the research funding process.

Relevance Review

Diabetes Canada staff (and external partners for co-founding opportunities) will review all submitted applications prior to reviewer assignment to ensure that applications are in alignment with the objectives and research areas of the funding opportunity. Research funding applications that are not deemed relevant to the call will be withdrawn from the awards.

Please note, Diabetes Canada rejects incomplete applications without appeal. It is the responsibility of the applicant to ensure the application is complete prior to submission.

Review of Applications – Scientific Review Committee

The End Diabetes Awards review committees are volunteer committees. Each scientific review committee member has demonstrated scientific expertise in diabetes or a related area. Appointment of committee members takes into consideration required expertise, regional distribution, gender, and language skills to ensure a fair and balanced review process. Members are appointed for a one-year term. Any reviewer who is a Co-Applicant or Collaborator on an End Diabetes Award application for 2026 may not be present when their application is being assessed and must recuse themselves from the discussion.

Applications are reviewed by two scientific committee members and, whenever deemed appropriate by the Co-Chairs, a third reviewer when additional expertise is required. Each reviewer conducts a written review and scores the application based on the **Scientific Review Criteria** in section 2.0 2026 End Diabetes Awards Eligibility and Assessment Criteria.

There are two scientific review committees: Committee I will review applications focused on biomedical research, and Committee II will review applications focused on clinical, health services, and population health research. Scientific reviewers are assigned to applications based on their area of expertise, and with consideration of any real or perceived conflicts of interest.

Prior to the review committee meetings, scientific reviewers will submit their scores to Diabetes Canada via ProposalCentral. Only applications competitive for funding will be discussed at the review committee meetings. After a detailed discussion, a consensus rating will be negotiated, around which each scientific review committee member scores. The average of all scores allows for a ranking of applicants, and the top scoring applications are funded.

Review of Applications – Lived Experience Review Committee

Each member of this review committee is a person with lived experience with diabetes, either as a person living with diabetes or as a family member or caregiver for someone living with diabetes.

Applications are reviewed by two lived experience reviewers. Each reviewer conducts a written review and scores the application based on the **Lived Experience Review Criteria** in section 2.0 2026 End Diabetes Awards Eligibility and Assessment Criteria

There are two lived experience review committees: Committee I will review applications focused on biomedical research, and Committee II will review applications focused on clinical, health services, and population health research. Lived Experience review assignments will consider any real or perceived conflicts of interest.

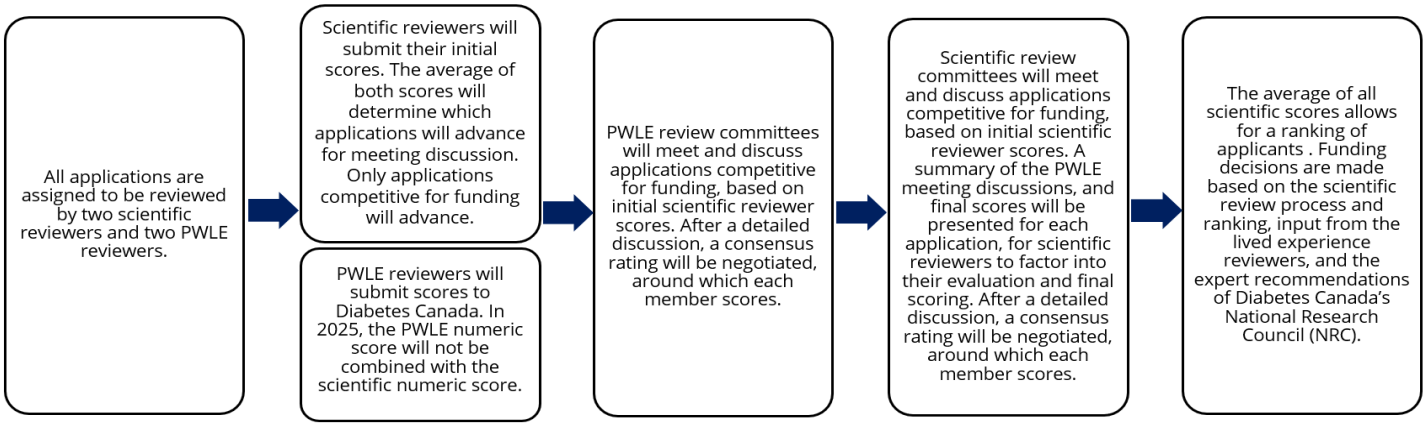
Lived Experience reviewers will submit a numeric score and written feedback to Diabetes Canada via ProposalCentral. Only applications competitive for funding, based on scientific reviewer initial scores, will be discussed at the lived experience review committee meetings. A summary of the lived experience reviewers' discussions and final scores will be presented during the scientific review committee meeting, for consideration of scientific reviewers in their discussions and consensus scoring. In 2026, the lived experience numeric score will not be combined with the scientific numeric score.

Note: If an application selected for funding receives a below average score from the Lived Experience Review Committee, Diabetes Canada will request that the applicant revise their Lived Experience Engagement and Knowledge Mobilization Plan and/or Impact sections of their applications, using the feedback provided. This updated plan must be reviewed and approved by Diabetes Canada prior to beginning funding disbursement.

Rank and Rating Scale

Descriptor	Range
Outstanding	4.50-4.99
Excellent	4.00-4.49
Very good	3.50-3.99
Good	3.00-3.49
Needs revision	2.50-2.99
Needs major revision	2.00-2.49
Seriously flawed	1.00-1.99
Unacceptable/ Rejected	0.00-0.99

Review Process:



8.0 Governing Policies

8.1 Application Submission Requirements

Nominated Principal Applicants are only eligible to hold one End Diabetes Award at any time. If a previous End Diabetes Award will be completed and the work as outlined in the grant fully completed by December 2026, the Nominated Principal Applicant may apply for a 2026 End Diabetes Award. If a previous Award is still underway or will require a no cost extension into 2027, the Nominated Principal Applicant is not eligible to apply for a new award. Partnered grants awarded through another funder are not included in this limit.

An application must be submitted through the institution that will administer the funds.

All applications will require a 500-word (max.) Plain Language Project Summary written in non-scientific language that includes a clear explanation of the research project and how it is relevant to diabetes, including the impact for people living with diabetes. Please ensure that the Plain Language Project Summary is written using simple language understandable by a general public audience, and includes an overview of the methods, sample sizes, and project plan/anticipated outcomes. This section of the application will be reviewed by both scientific reviewers and lived experience reviewers.

Please review Diabetes Canada's guide for writing an effective non-scientific summary before writing the Plain Language Project Summary.

In order to ensure fairness and consistency, all word counts and page limitations be strictly applied. Any submitted text or graphics exceeding that amount will be truncated and will not be sent to reviewers.

The following formatting requirements apply to all attachments and appendices:

- Use black type, 11-point Arial font or similar. Smaller text in tables, charts, figures, and graphs is acceptable, if it is legible when the page is viewed at 100%.
- Use a minimum of single line spacing.
- Margin sizes must be a minimum of 2 cm (3/4 inch) around the page.
- Follow the outline word limit/page limitations. Any submitted text or graphics exceeding the outlined word limit/page limitations will be truncated and will not be sent to reviewers.
- All attachments must be a PDF file on a letter size document (21.25 X 27.5 cm / 8.5" X 11").

8.2 Definitions of Nominated Principal Applicant, Co-Applicant, and Collaborator

The Nominated Principal Applicant (i.e., Principal Investigator) directs the intellectual and scientific design of the research project and takes financial and project management responsibility for ensuring completion of the project within budget projections. The Nominated Principal Applicant must be an independent researcher. Nominated Principal Applicant and Co-Applicant(s) must have an academic or research appointment with an eligible Canadian institution.

Co-Applicants (i.e., Co-Investigators) make significant contributions to the intellectual and scientific direction of the research, project management, and may, with direction from the Nominated Principal Applicant, have some responsibility for financial aspects of the research activities. All Co-Applicants must sign the application and, in so doing, agree to abide by all policies laid out in the End Diabetes Awards Guide.

Post-doctoral fellows are not eligible to apply as a Nominated Principal Applicant or Co-Applicant on End Diabetes Award applications, but support of trainees is an allowable expense for the research initiative.

Collaborators are individuals who provide and may be reimbursed for expertise, services, materials, advice, etc. to facilitate completion of the proposed research activities. Collaborators must sign a letter of agreement briefly outlining the nature of the collaboration.

8.3 Funding Period of Award

Funding decisions will be made in mid-December 2026 and Notice of Decision letters will be posted at that time. Funding is projected to be disbursed starting in January 2027.

Special requests for delayed starts due to extenuating circumstances may be granted on a case-by-case basis and should be made in writing to research@diabetes.ca. Diabetes Canada and any co-funding partners do not assume any financial obligation beyond the funding period specified in the notification letter.

Up to 15 per cent of annual funding may be carried over for use in the next funding year or for up to 6 months after the end date of the grant. Authorization for extensions to the funding period must be requested in writing to research@diabetes.ca.

8.4 Funding from Other Institutions

The awardee must notify Diabetes Canada during the term of this award if duplicate or supplementary funding is received. In the event that funding for the project submitted to Diabetes Canada is offered by another agency, the applicant must notify Diabetes Canada, in writing, within 2 weeks of receiving the offer. If the funding obtained is from a public granting agency (e.g., Tri-Council), and if the amount is equal to or greater than that requested from Diabetes Canada, then the applicant must accept funding from the public agency, and all remaining funding from the Diabetes Canada grant will be withdrawn. If the funding is for a lower funding amount or from a non-public granting agency, Diabetes Canada will work with the awardee to find the best solution.

8.5 Awards Results and Feedback

All applicants will receive notification through ProposalCentral of final funding decisions. Successful applicants will be required to read and sign a Grant Agreement and email it to Diabetes Canada within one week of receiving notification. Failure to do so will be interpreted by Diabetes Canada as declining the award.

Copies of written reviews will be available on ProposalCentral. **Please note, the identity of reviewers is confidential and will not be disclosed.**

8.6 Annual Progress and Final Reports

Diabetes Canada is tracking the impact that our funded researchers are making on diabetes research in Canada. Awardees are required to submit the following reports throughout the grant period, submitted electronically to research@diabetes.ca on the templates provided:

- An annual progress report, submitted by November 1st of each year of funding
- A Revenue and Expense Report, submitted by November 1st of each year of funding
- A final report, submitted within six months of the end of funding
- A post-grant report, submitted two years after the end date of the award
- A post-grant report, submitted five years after the end date of the award

Failure to submit an annual progress report and a revenue and expense report each year will jeopardize ongoing and future funding from Diabetes Canada. Sufficient progress made to research objectives must be demonstrated in the annual progress report for Diabetes Canada to release subsequent years of funding. Subsequent years of funding will be withheld until these reports have been received and reviewed by Diabetes Canada. Diabetes Canada reserves the right to audit any or all awards funded in any given year.

8.7 Knowledge Mobilization

Diabetes Canada expects awardees to disseminate knowledge created from Diabetes Canada funding to various users (e.g., the public, health-care practitioners, the media, scientists, and policy makers) and facilitate knowledge mobilization into improved health, more effective products or services, and/or a strengthened healthcare system.

In all knowledge mobilization activities, awardees must prominently acknowledge the support provided by Diabetes Canada and any co-funding partners, if applicable, and refer to themselves as recipients of an End Diabetes Award.

If granted an End Diabetes Award, there is an expectation that the Principal Applicant will serve on a review committee for Diabetes Canada. In addition, Diabetes Canada strongly encourages all award recipients to submit an abstract to the Diabetes Canada/Canadian Society of Endocrinology and Metabolism Professional Conference and Annual Meetings during the tenure of the award. Diabetes Canada or any co-funding partners may also ask the Principal Applicant or a member of their research team to speak about their research, on behalf of our organization, for a range of audiences including donors.

8.8 Media Relations

All recipients of the End Diabetes Award engaging in media-related activities related to the work supported by Diabetes Canada must advise and send copies of relevant materials, in advance of the release, to research@diabetes.ca. This does not apply to papers for presentations at various

scientific meetings or when there is casual discussion with the news media on matters not related to Diabetes Canada awards.

8.9 Proprietary Rights

Diabetes Canada claims a proprietary rights interest in any patent rights or copyrights resulting from research supported by its funds of 20 per cent of the investigator's share that is in excess of $25,000. Any question of the amount or extent of such interest is to be determined by agreement between the researcher and Diabetes Canada and in default of agreement by a sole arbitrator under the Ontario Arbitration Act. Diabetes Canada must be notified in writing upon receipt of patent rights or copyrights related to any research that it has funded.

8.10 Transfer of Grants

If a Nominated Principal Applicant is relocating from the institution where their grant was awarded, permission must be obtained from Diabetes Canada and co-funding partners, if applicable, to transfer grant funding. In the event a grantee is unable to continue as the Nominated Principal Applicant at the institution administering the funds, it is the responsibility of the grantee/institution to provide an estimated Statement of Expenditures for the research project and submit it to the Diabetes Canada before the request can be considered. Diabetes Canada will make every effort to authorize the proposed change, but does reserve the right to terminate the grant. Should the grantee request to move equipment purchased with Diabetes Canada funding, the institution co-owning the equipment is encouraged to accede to such a request.

If, at any time during the tenure of the award, the Nominated Principal Applicant resigns or is terminated from their position, Diabetes Canada must be notified in writing within 2 weeks. If a Nominated Principal Applicant is unable to continue their research, the grant may be transferred to a Co-Applicant who is already listed on the research application. Please note, transfers of awards cannot be made to Collaborators or post-doctoral fellows. Also, transfers cannot be made to institutions outside of Canada.

8.11 Parental Leave

Awardees must advise Diabetes Canada when applying to their institution for parental/maternity leave. Diabetes Canada will work with the awardee to determine the best approach for the leave, for example, pausing the grant, assigning a co-applicant, or providing a no-cost extension.

8.12 Misrepresentation or Dishonesty

Misrepresentation of facts or academic dishonesty will result in disqualification of the application and possible suspension of the applicant from future Diabetes Canada research awards.

9.0 Ethics Approval

All research funded by Diabetes Canada must conform to ethical standards. The responsibility for ethical conduct lies with the principal investigator of the research project and their institution, which must have the appropriate ethics committees in place to review and authorize research proposals. Award recipients must respect all relevant guidelines involving human subjects, animals, biohazards, or stem cells. For example:

- Canadian Biosafety Standard (CBS) 2nd Edition (2015). Public Health Agency of Canada
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council, Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, December 2018.
- Research involving laboratory animals must comply with the Guidelines of the Canadian Council on Animal Care
- Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, 2nd Edition (TCPS2), Chapter 12, Section F (2014)
- Research involving radioactive materials must comply with regulations of the Canadian Nuclear Safety Commission

10.0 Use of Award Funds

10.1 Budget Justification

Details need to be provided for the distribution of the award funds for the program of research. If part of the funding will be used to supplement salary, this must be clearly indicated. Each budget item must be explained and justified, providing sufficient detail for reviewers to assess whether the resources requested are appropriate. If the work proposed is not feasible given the $150K/year budget (or $50k/year budget for applicants in the Early Career Researcher Seed Funding Pool), the application will be declined.

10.2 Administration of Funds

The institution administering the funding must have the necessary accounting systems and financial controls in place to hold funds in trust for the applicant. Payments will be distributed twice annually from Diabetes Canada to the administering institution. Payments from co-funding partners, if relevant, may differ. Award holders will, in turn, be paid by the institution in accordance with their policies.

10.3 Accountability and Auditing

Awardees and their institutions are at all times accountable for the use of Diabetes Canada funds in accordance with the policies set out by Diabetes Canada, as well as any policies from co-

funding partners related to their funds. Diabetes Canada reserves the right to audit any or all grants/awards funded in any given year.

Annual financial statements are due to Diabetes Canada by November of each year and should be completed on the Revenue Expense Report form. Diabetes Canada staff will forward this form to institution financial officers in September of each year, and they may be returned to research@diabetes.ca. Failure to submit the completed Revenue Expense Report form to Diabetes Canada will delay subsequent payments.

10.4 Eligible Expenses for Award Funds

- Supplies and Materials: All supplies and materials related to the research are considered eligible expenses.
- Personnel: Award funds may be used for salaries and benefit for support staff, technicians, graduate students, and post-doctoral fellows. Annual stipend levels for students and fellows must conform to the following funding levels: up to $40,000 for doctoral students; and up to $70,000 for post-doctoral fellows.
- Reasonable compensation for lived experience partners in research project.
- Equipment: Purchases of equipment up to $20,000 per grant. The title to equipment purchased with Diabetes Canada funding will be given jointly to the grantee and the institution administering the funds.
- Service contracts, common equipment usage fees, and glassware cleaning are eligible expenses in wet laboratories, while network and firewall expenses are eligible in research involving secure database applications.
- Fieldwork Travel: Fieldwork travel expenses must be clearly outlined and justified (e.g., for data collection or transportation of subjects).
- Knowledge Mobilization: Costs related to the dissemination of research to various users (see Section 8.7 for details). Cost related to publishing research findings must not exceed $3,000 per year. In all knowledge mobilization activities, awardees must prominently acknowledge the support provided by Diabetes Canada and any co-funding partners, if applicable.
- Subject Payment: A modest honorarium for subjects may be included in the budget and subjects can be reimbursed for expenses incurred as part of their participation in the research (e.g., travel, parking, food, or supplements).
- Small Modifications to Budget: A grantee is expected to use the money for the purposes outlined in the application. Small variations to the budget are considered acceptable; however, permission must be obtained from Diabetes Canada and co-funding partners, if applicable, if the grantee makes significant changes to the budget (i.e., 25% or greater).
- Carry Over: Up to 15% of the annual award fund budget may be carried over for use in the next grant year or for up to 6 months after the end date of the grant. A final Revenue Expense Report must be submitted no later than 6 months after this 6-month extension, at which time any unused funds must be returned to Diabetes Canada and co-funding partners, if

applicable. Requests for approval of extenuating circumstances must be made in writing to research@diabetes.ca.

- Conference Travel: A maximum of $3,000 per funding year can be used for conference and/or meeting-related travel. Any unspent conference travel funds from year 1 may be used in year 2 or year 3; otherwise, all conference travel funds must be spent in travel or used to fund the research without carry over.

10.5 Ineligible Expenses for Award Funds

Diabetes Canada reserves the right to request reimbursement of funds in the event that any of these expenses are incurred on a Diabetes Canada award.

- Indirect Costs: Administrative and indirect costs to institutions administering the funds (included but not limited to heating, lighting, infrastructure and space maintenance, ethics reviews, facilities for animals used in research, central research, and financial services, management of intellectual property, providing resources, such as library and computer information, environmental assessment, and safety compliance).
- Sabbatical Leave: Expenses incurred as a result of the award recipient taking sabbatical.
- Professional Training: Costs related to professional training or development (e.g., computer or language training).
- Membership Fees: Fees for professional associations or scientific societies.
- Citizenship Fees: Fees for post-doctoral fellows applying for citizenship.
- Cell Phone: Cell phone charges cannot be expensed unless clearly documented as a method of data collection.
- Investigator Salaries: Nominated Principal Applicant and/or Co-Applicant salaries.
- Funding outside of Canada: Diabetes Canada research funding is intended for research conducted in Canada; however, if an exceptional need for collaboration outside of Canada is identified, it should be addressed at the time of application in order to seek approval from the review committee and NRC.

11.0 End Diabetes Awards Frequently Asked Questions

1. Who is eligible to apply as the Principal Applicant on an End Diabetes Award?

The Principal Applicant must be an independent researcher (see Canadian Institute of Health Research Glossary of Funding-Related Terms for definition of independent researcher), and must have an academic or research appointment with a Canadian post-secondary, academic, or research institution.

Principal Applicants are only eligible to hold one End Diabetes Award at any time. If a previous End Diabetes Award will be completed and the work as outlined in the grant fully completed by December 2026, the Principal Applicant may apply for a 2026 End Diabetes Award. If a

previous Award is still underway or will require a no cost extension into 2027, the Principal Applicant is not eligible to apply for a new award. Partnered grants awarded through another funder are not included in this limit.

A researcher can only apply for one End Diabetes Award in the role of Principal Applicant. There is no limit to the number of applications on which a researcher can be included as a co-applicant or collaborator.

2. What is the word limit and/or page limits for each section of the application?

All word or page limits are outlined within the specific application section in Proposal Central. Proposal Central will not allow for submission of a text box or attachment of a file that exceeds the character or page limit. Please note that for text boxes, Proposal Central provides a character count limit, with the suggested number of words noted in the description. Typically, the character-limit is the word-limit multiplied by 8.

Additional information for each section can be found in Diabetes Canada's ProposalCentral Application Instructions.

- Lay Summary for Public (350 words max.)
- Plain Language Project Summary (500 words max.)
- Roles and responsibilities of Nominated Principal Applicant and Co-Applicant(s) (250 words max. for each role)
- CVs for Nominated Principal Applicant and Co-Applicant(s) (5 pages max., and **must** follow the Canadian Institutes of Health Research (CIHR) tri-agency CV template)
- Research proposal (5 pages max.)
- Research proposal appendix - relevant tables, charts, figures, photographs, and accompanying legends (5 pages max.)
- Summary of research proposal (1 page max.)
- Summary of Progress (1 page max.)
    - Renewal applications – Applicants must summarize their progress under their most recent Diabetes Canada grant that is relevant to this application. Include a list of all publications that resulted from this Diabetes Canada funding.
    - New application submissions – Applicants are encouraged to summarize any previous work relevant to this proposal. This section can also be used to present preliminary data.
- Plan for people with diabetes lived experience engagement, and knowledge mobilization (500 words max.)
- Impact for people affected by diabetes (250 words max.)
- Response to Reviewers - for resubmissions only (2 pages max.)
- Budget Information (2 pages max.)
- Publication attachments (optional) (3 attachments max.)

3. What are the formatting requirements for attachments?

The following formatting requirements apply to all attachments and appendices:

- Use black type, 11-point Arial font or similar. Smaller text in tables, charts, figures, and graphs is acceptable, if it is legible when the page is viewed at 100%.
- Use a minimum of single line spacing.
- Margin sizes must be a minimum of 2 cm (3/4 inch) around the page.
- Follow the outline word limit/page limitations. Any submitted text or graphics exceeding the outlined word limit/page limitations will be truncated and will not be sent to reviewers.
- All attachments must be a PDF on a letter size document (21.25 X 27.5 cm / 8.5" X 11")

4. Is there a template to follow for uploaded CVs?

CVs may be a maximum of 5 pages and **must** follow the Canadian Institutes of Health Research (CIHR) tri-agency CV template.

CV submissions that do not follow this template will result in the application being streamlined and not considered for funding.

This template includes three sections:

- Personal statement
- Most significant contributions and experiences
- Supervisory and mentorship activities

It is recommended that applicants utilize the downloadable template provided by the Canadian Institutes of Health Research (CIHR).

Note that CV's are not required for anyone in the role of Collaborator or Person with diabetes lived experience.

For applicants to the Early Career Researcher Seed Funding Pool: The Principal Applicant's CV must include the direction of their research program, and how this funding will support the applicant's next steps in their diabetes research career.

5. Can I include a person living with diabetes on my research team?

Yes, people living with or affected by diabetes may be added to the research team on an application. To add this person as a team member on the application you will require their email address and basic contact information. Select their role as "Person with diabetes lived experience". For Institution and Department, you may enter "Not Applicable".

6. Can I give members of my team the ability to edit my application in Proposal Central?

Yes, this can be done in section three of the application in Proposal Central, "Enable Other Users to Access this Proposal". To give a user access, enter their email address or User ID into the provided space at the bottom of the page, and click "Find User". If the User is not

found, they will need to create a Proposal Central account before you can give them access. For the User to have access to edit the application, change their permissions (drop-down menu) from "View" to "Edit", and click "Save". For the User to have access to edit as well as submit the application, change their permissions to "Administrator", and click "Save".

7. What are the timelines for the 2026 End Diabetes Awards?

- Application submission open on ProposalCentral: May 4, 2026
- Application submission deadline: July 10, 2026 - 8:00pm EDT
- Review period: August – November 2026
- Notification of funding decisions: December 2026
- Funding begins: January 2027

8. Can the End Diabetes Awards support trainees?

Yes. Applicants are encouraged to include salary support for their trainees as part of their budget. A full list of eligible and ineligible expenses for award funds can be found in this guide in section 10.0 Use of Award Funds.

9. Who do I contact if I have any questions about the program or my application?

For information regarding the funding opportunity and requirements, contact Diabetes Canada's Research & Science department: research@diabetes.ca

For technical support related to ProposalCentral:

- Visit https://proposalcentral.com/Help.asp for tutorials
- Visit https://docs.proposalcentral.com/FAQ-Applicant.pdf for applicant FAQs
- Contact by phone: 800-875-2562 (Toll-free U.S. and Canada)
- Contact by email: pcsupport@altum.com

Full ProposalCentral application instructions can be found in Diabetes Canada's ProposalCentral Application Instructions.