

Guidelines

Advancing Groundbreaking Research

in Alzheimer's & Parkinson's Diseases

Team Award

Letter of intent deadline: February 2, 2026 at 4:30 p.m. PT

Full application deadline: March 26, 2026 at 4:30 p.m. PT



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Help with your application

For questions regarding this funding opportunity (e.g. eligibility, relevant research topics, etc.) please contact:

Emily McCulloch
Partnerships Coordinator
emcculloch@healthresearchbc.ca

For information about the Michael Smith Health Research BC (Health Research BC) ApplyNet system or help with login information, please contact:

Health Research BC Help Desk

helpdesk@healthresearchbc.ca

604.714.6609 | 866.673.4722 (toll-free) | Press 3 to reach the Help Desk line

1. Introduction

Alzheimer's disease (AD) and Parkinson's disease (PD) are the two most common neurodegenerative disorders primarily affecting older adults. They present a significant and growing public health challenge across Canada.

To tackle this challenge, a group of partners has launched a new initiative. The Advancing Groundbreaking Research in Alzheimer's and Parkinson's Diseases Team Award supports bold and novel research to address knowledge gaps on AD and PD.

This opportunity emphasizes interdisciplinary collaboration, knowledge exchange, and building research networks across British Columbia (BC). It supports early-stage researchers to participate in team awards and strengthens BC's capacity for interdisciplinary research.

This funding opportunity is made possible by the Canada Brain Research Fund (CBRF), an innovative arrangement between the Government of Canada (through Health Canada) and the Brain Canada Foundation, in partnership with the Alzheimer Society of BC and Yukon, Branch Out Neurological Foundation, CLEAR Foundation, Health Research BC, Parkinson Society BC, and the Patrick & Dulcie Lenox Endowment, collectively "the partners." A description of each funding partner can be found in [Section 13](#).

Key information for applicants

- This funding opportunity will support projects that align with at least one of the following:
 - Identifying and advancing an understanding of the causes and disease mechanisms
 - Identifying and advancing approaches to support earlier detection and diagnosis
 - Identifying, developing, and advancing therapeutic approaches for treatment or management
 - Co-designing, developing, and testing new or improved programs and interventions to support people with these diseases
 - Co-designing, developing, and testing new or improved care strategies or approaches to improve the quality of care
- AD and PD share some overlapping or common elements across biological, clinical and care aspects, including genetic and other risk factors, as well as pathological changes. Where relevant,

we encourage proposals that examine common mechanisms or overlapping elements of these and other neurodegenerative diseases.

- Teams are encouraged to meaningfully engage with research users, particularly people with lived experience (PWLE)¹ (see [Section 7](#)). Potential top-up funding is available to support PWLE participation.
- Applications are encouraged from across BC.

Objectives

- Supporting innovative BC-led research on AD and PD
- Developing the next generation of BC-based researchers in neurodegenerative diseases
- Building capacity for interdisciplinary research by integrating PWLE, community partners, and other research users throughout the research process
- Strengthening relationships among researchers, PWLE, and partners

2. Funding opportunity dates

Action	Target Date
Letter of intent opens	January 5, 2026
Letter of intent deadline	February 2, 2026, 4:30 p.m. PT
Full application deadline (applicant)	March 26, 2026, 4:30 p.m. PT
Full application deadline (host institution)	April 2, 2026, 4:30 p.m. PT
Anticipated notice of funding decision	June 2026
Award term	September 1, 2026 – August 31, 2029

3. Amount and duration

A total of \$2.5M is available to support five team awards. A team can request up to \$500,000 over three years to undertake research activities. In addition, applicants may receive additional funding (up to \$15,000 per application) to support PWLE engagement. A complete list and description of allowable expenses for the team award and PWLE engagement can be found in [Appendix B](#).

The funding partners intend to award the top-ranked applications, with two awards for applications focused on PD and two awards for applications focused on AD. Funds are available for one additional team award which emphasizes the common mechanisms or overlapping elements of PD and AD. To be considered for this funding, applicants will need to describe how their research focuses on common mechanisms or overlapping elements of PD and AD in their application.

To qualify, proposals must be ranked within the top applications. If there are no fundable applications with a focus on common mechanisms, then the funds designated for that award may be redistributed to

¹ PWLE include individuals with personal experience of a health issue, informal caregivers/care partners including family and friends, and public and community partners who have knowledge or experience with a problem or topic (for this funding opportunity, they should have lived experience with AD and/or PD).

a fundable application focused on either AD or PD. Funding decisions will be made collectively by all partners based on the outcomes of peer review. The final distribution of awards will depend on the specific applications received and the results of the review process.

4. Team composition

Teams must consist of at least two researchers (a primary applicant and a co-lead) and at least one trainee (see descriptions below). Additional team members (e.g. additional research co-leads or collaborators, research users, etc.) may be included. The following requirements must be met for an application to be eligible:

- The primary applicant must have and maintain an eligible appointment at a BC-based institution that holds an institutional agreement with Health Research BC from the list in [Appendix A](#) and is authorized as a CIHR-eligible institution to administer grants and awards for the entire duration of the award. Appointments must have started by the full application submission deadline.
 - Inclusion of an early-career researcher² as primary applicant or co-lead is encouraged.
 - The primary applicant's appointment must allow that person to conduct autonomous research activities, hold operating grant funds, and publish research results. Post-doctoral fellows, research associates, or adjunct faculty are not eligible to apply as primary applicants.
 - Applicants may serve as primary applicant on one application only but may be designated as a team member on one other application.
- In addition to the primary applicant, the research team must include at least one additional researcher as co-lead. The co-lead should be from a different host institution than the primary applicant or a different department within the same host institution. Interdisciplinary collaborations are encouraged. Post-doctoral fellows and research associates are not eligible to hold a co-lead position.
- The application must identify a clear role in the proposed research for at least one trainee. Trainees may be graduate students or post-doctoral/clinical research fellows (or equivalent) who are engaged in formal training or education programs. The individual(s) who will fill the trainee role(s) may be identified after the notice of funding decision is made.
- Teams are encouraged to include research users³ (including PWLE) as team members, if appropriate⁴.

Note: Government of British Columbia employees are not eligible to apply as a primary applicant or co-lead but may be named as team members. Employees of organizations funded directly by the government, such as health authorities, are eligible to serve as primary applicants and co-leads. Health Research BC employees and staff, including BC SUPPORT Unit, are not eligible to apply and may not be listed as team members. If in doubt, applicants should contact Health Research BC at

² An early-career researcher is defined as a researcher who is within the first five years of their first academic appointment (at an assistant professor level or equivalent) in alignment with the Tri-Agency policy on leave credits for early-career researchers. Career interruptions for parental leave, medical leave, care-taking leave and bereavement leaves receive leave credits of twice the amount of time taken. For example, for a parental leave of six months, the applicant will receive a leave credit of 12 months. Other career interruptions will receive leave credits equal to the amount of time taken. This includes all interruptions related to career development, such as residency training, clinical licensing, or time spent in a non-research-related position, etc. If you have questions about your status as an early-career researcher, please contact emcculloch@healthresearchbc.ca

³ Research users are individuals who might use, benefit or be impacted by the results of research but are not necessarily involved in their production. These include but are not limited to: physicians, nurses, PWLE, caregivers/care partners, community leaders, decision-makers, other researchers, etc.

⁴ Involvement of research users may include co-creation of the design, implementation, evaluation and dissemination of the research.

emcculloch@healthresearchbc.ca to determine team member eligibility before being listed in the application.

5. Responsible conduct of research

Applicants must comply with the ethical and research policies of the host institution and the [Tri-Agency Framework: Responsible Conduct of Research](#). This includes but is not limited to:

- [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans \(2022\)](#)
- [Canadian Council on Animal Care Policies and Guidelines](#)
- [Canadian Biosafety Standards and Guidelines](#)

Responsible conduct of Indigenous health research

The partners expect applicants to approach research and knowledge translation (KT) activities using culturally safe practices that demonstrate humility, integrity, accountability, and respect for Indigenous self-determination.

Applications that propose a project with a central focus on meaningful and culturally safe Indigenous-led research⁵, or research involving First Nations, Métis, and/or Inuit Peoples, communities, knowledge, or data, will receive an independent assessment by an Indigenous health research expert during the peer review process (see [Section 9](#)).

Applicants must comply with the ethical and research policies outlined in [Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada](#) of the [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans \(2022\)](#). When appropriate, applicants must also describe their data management plan in accordance with the principles of [OCAP®: Ownership, Control, Access and Possession](#), and/or Indigenous partnering community/organizational ethical guidelines.

Integrating equity, diversity, and inclusion (EDI)

Inequities disproportionately and negatively affect groups historically underrepresented among researchers and academia, including Indigenous, Black and people of colour, LGBTQ2S+, and people with disabilities. Applicants are encouraged to consult appropriate resources, access training and professional development, and seek input from experienced mentors (See [Appendix D](#)).

Use of generative artificial intelligence (AI)

We discourage the use of generative AI tools (such as ChatGPT) in application development. Content created using generative AI tools may contain intellectual property of others, ideas and/or content used without consent or credit, false information, and/or biases. Applicants must ensure their application complies with the [Tri-Agency Framework: Responsible Conduct of Research](#), especially pertaining to research integrity.

⁵ Research is Indigenous-led if it is led or co-led by First Nations, Métis, and/or Inuit Peoples, communities, or organizations. The research must involve Indigenous Peoples and/or communities; the research may also involve the lands and waters of those Indigenous Peoples and communities. The research may be grounded in Indigenous science, and/or use Indigenous research methods. Indigenous Peoples include First Nations communities, whether recognized as Treaty, Status, or Non-Status; Métis and Inuit Peoples, and members of Métis organizations. This includes Indigenous people living on reserve and those living in urban and rural communities.

6. Assessment of research outputs

In keeping with the principles of the [Declaration on Research Assessment](#), journal-based metrics, such as Journal Impact Factor, article citation counts, or H-index, should not be used as surrogate measures of research quality or researcher excellence. Do not include these metrics in your application.

Applicants are encouraged to highlight research and KT achievements in the biographical sketch under the Contributions to Research and Knowledge Translation section of the application. The onus is on the applicant to demonstrate the quality and impact of their contribution. Applicants should provide enough information about their achievements to allow peer reviewers outside their field to assess their contributions.

Peer reviewers will assess the Contributions to Research and Knowledge Translation section while taking into consideration the entire biographical sketch submitted.

Outputs that applicants may wish to highlight may include: peer-reviewed publications, pre-print articles, or other publications as exemplars; datasets or software; presentations or speaking engagements; contributions to intellectual property, patents, or commercial output; contributions to a public policy or change in practice; peer-reviewed grants; contributions to leadership; prizes or awards; and engagement or relationship development with patients, members of the public, and Indigenous community partners.

7. Pathway to impact

Applications must identify KT activities that improve the use of research evidence in practice, policy, and further research. Possible activities include synthesis of research evidence, knowledge exchange between researchers and research users, targeted dissemination, and implementation of research evidence. We acknowledge that applicants may use other terms for these activities, including knowledge exchange and knowledge mobilization.

Including research user engagement in your research and KT activities

Engaging research users, including PWLE, as partners throughout the research process and KT activities can increase the relevance, usefulness, and useability of research evidence. Applicants are encouraged to engage research users, and top-up funding is available to support PWLE engagement (See [Appendix B](#)).

Pathway to impact resources

Health Research BC's [Knowledge Translation, Patient-Oriented Research & Implementation Science Resources](#) guide provides examples by research theme of KT and patient-oriented research as well as implementation science activities and resources to support development and implementation of your pathway to impact activities (See [Appendix D](#) for additional resources).

8. How to apply

The application process is composed of two stages. Applicants are encouraged to refer to the evaluation criteria when completing their applications at each stage (see [Appendix C](#)). All applications are processed through a Health Research BC ApplyNet account. To apply, sign in, or create an

account follow the instructions on ApplyNet. Additional information is available on Health Research BC's website.

Ensure the application is completed and submitted by each deadline below. Incomplete or late applications will not be considered.

Letter of intent (LOI):

At the first stage, LOIs will be screened for eligibility and relevance (see [Section 9](#)).

- Deadline: February 2, 4:30 p.m. PT
- Complete the brief LOI form, which includes:
 - Research project overview
 - Names and contact details of key team members

Approved LOIs will be invited to the second stage.

Full application submission:

- Deadline: March 26, 4:30 p.m. PT
- Complete the full application form, which includes:
 - Description of team and collaboration plan
 - Research project
 - Pathway to impact (KT) plan, including plan for engagement of PWLE
 - Budget, including a budget for PWLE engagement
 - Letter(s) of support⁶ (upload, if applicable)

9. Review process

Applications will be evaluated through a process that incorporates six principles of peer review: integrity, accountability, transparency, balance, confidentiality, and impartiality. For more details, see the [overview of Health Research BC's peer review process](#).

All applications will be assessed against a defined set of evaluation criteria (see [Appendix C](#)). To be considered for funding, the application must receive a minimum rating of 3.5.

At the LOI stage, applications will be screened for team eligibility and relevance by Health Research BC staff. Applications not deemed relevant to the funding opportunity will be removed from the competition.

At the full application stage, a panel of external reviewers with scientific expertise in the field will review applications and provide funding recommendations. For highly specialized applications, external readers with relevant expertise will provide independent assessments for the review panel. Indigenous health research applications (see [Section 5](#)) will receive an independent assessment by an Indigenous health research expert. Applications from across BC will be reviewed fairly and equitably, consistent with the partners' commitment to rigorous peer review.

Successful applications will be reviewed by a panel of PWLE. This panel will provide recommendations for the PWLE top-up funds.

⁶ A signed letter of support is required for partners secured by the applicant who provide cash or in-kind contributions in support of the activities described in the application. Letters of support must include how the partner is involved in the proposed work, describe the potential benefits the partner may derive from participating in the proposed work, and detail any cash or in-kind contributions.

Evaluation criteria

Applications will be assessed against the criteria and weightings below. A full description can be found in [Appendix C](#). It is recommended all applicants refer to this appendix when completing applications.

Criterion	Weighting
Relevance and potential impact of the research	30%
Research approach	40%
Team	30%

Rating scale

Descriptor	Range	Outcome
Outstanding	4.5 – 4.9	May be funded (min. score of 3.5)
Excellent	4.0 – 4.4	
Very good	3.5 – 3.9	
Fair	3.0 – 3.4	Not fundable
Less than adequate	0 – 2.9	

Evaluation criteria for PWLE top-up

PWLE reviewer assessment will focus on the clarity of the lay summary, the project's relevance, and the overall impact of the proposed research on PWLE. For applicable applications these reviewers will also provide feedback on the proposed budget and work plan for the use of the funds. More details on PWLE evaluation criteria can be found in [Appendix C](#).

Funding decisions

Final funding decisions will be made by the partners based on the review process. Applicants will be notified after the review results have been approved. There is no appeal process.

Applicants will receive the reviewers' comments, including feedback from external readers and Indigenous health research experts and PWLE reviews, where applicable. Successful applications will be published on the partners' websites.

10. Award start date

Team award funding starts September 1, 2026. Successful applicants must confirm acceptance and complete Brain Canada's institutional approvals process prior to the deadline in the award notification package. Deferral is not permitted.

11. Additional opportunities

Support for teams working with PWLE

During the full application phase, applicants will be invited to participate in virtual learning activities to support PWLE engagement. More details will be provided in 2026.

Learning opportunities for funded teams

Successful teams will be requested to set aside time and travel costs for two learning and knowledge sharing events, one virtual and one in person.

Virtual learning event

This will be held in the first year of funding. The primary applicant and at least one trainee must attend. If the team includes PWLE, at least one PWLE team member must also attend. Co-lead attendance is optional and encouraged.

In-person learning event

This will be held in Vancouver in the second year of funding. The primary applicant and at least one trainee must attend. If the team includes PWLE, at least one PWLE team member should also attend. Co-lead attendance is optional.

12. Reporting requirements

Award recipients must submit annual written progress reports to Health Research BC. Health Research BC, on behalf of the partners, will provide reporting information in advance. The information gathered in these reports is used for administration, evaluation, government reporting, and communication purposes, and helps the partners improve future funding opportunities.

Recipients must also submit annual financial reports to Brain Canada and/or Health Research BC, as applicable, outlining the use of funds. Recipients must also submit a final report and financial statement in the last year of their award. Both are required within three months following award completion. All written and financial reports will be shared with funding partners. Any unspent funds must be returned to Health Research BC and/or Brain Canada.

Other requirements

The funding partners reserve the right to contact award recipients up to five years after the end of the award to determine outcomes and impacts.

Award recipients will be invited to provide feedback to Health Research BC staff to determine areas of improvement for this funding opportunity.

Note: Applicants may not submit an application for any other Health Research BC funding opportunity until all outstanding award information (e.g. final report, financial statement, etc.) requested by Health Research BC for previous awards has been received.

13. Funding partners

Alzheimer Society of BC and Yukon

The Alzheimer Society of BC and Yukon, in conjunction with people with lived experience, champions research that has both short- and long-term impact. The Society supports research in three key areas:

1) risk reduction (i.e., individual and systemic actions to help delay the onset of dementia); 2) diagnosis (i.e., strategies to diagnose dementia earlier and more effectively); and 3) treatment, care and support (i.e., evidence-based, enhanced approaches to treatment and care, inclusive of all stages of the dementia journey).

Brain Canada

Brain Canada plays a unique and invaluable role as a national convener of those who support and advance brain research. A greater understanding of how the brain works contributes to the prevention, diagnosis, treatment, and cure of disorders of the brain, ultimately improving the health outcomes of people in Canada and around the world.

Branch Out Neurological Foundation

Branch Out Neurological Foundation will fund research that focuses on solutions (e.g., treatments, prevention, therapies, etc.) for AD and PD that are non-pharmaceutical in nature. This includes nutraceuticals, mind-body therapies, personalized treatments, and/or tech-based solutions. More specifically, this could include exercise, diets, supplements, brain stimulation, neurofeedback, wearables, app-based solutions, knowledge translation materials, and microbiome, from basic science all the way up through translational and clinical research.

CLEAR Foundation

Canadians for Leading Edge Alzheimer Research (CLEAR Foundation) is a non-profit organization with a singular yet powerful mission. CLEAR Foundation funds leading-edge research for Alzheimer's disease and other dementias right here in Canada. Every donation made supports Alzheimer's research, accelerating discoveries towards, prevention, treatments, and a cure.

Health Research BC

Funded by the provincial government, Health Research BC activities support the health research system to improve health and health care and strengthen the economy. We fund people and research, and we partner on shared opportunities. Our programs build research careers, our investments advance priority research, and our expertise accelerates the use of research evidence. Learn more at www.healthresearchbc.ca.

Parkinson Society British Columbia

Parkinson Society BC is a donor-funded non-profit and supports research that enhances the understanding (causes and progression) and treatment of Parkinson's disease (PD). This includes prevention, earlier detection, diagnosis and disease management, as well as advances in treatment and care strategies that have the potential to enhance health outcomes and quality of life for those living with PD and their caregivers.

Patrick & Dulcie Lenox Endowment

The Patrick & Dulcie Lenox Endowment supports neuroscience research in British Columbia through funding for research projects, equipment, and training. Its purpose is to advance understanding of the causes of neurological diseases, particularly Parkinson's disease, and to contribute to improved treatments and the eventual prevention or cure of conditions with common features.

Appendix A – Eligible host institutions

Host institutions must be located in BC and be eligible to hold funding from both Health Research BC and Brain Canada.

Only the following are eligible for this opportunity:

- Fraser Health
- Interior Health
- Island Health
- Royal Roads University
- Simon Fraser University
- Thompson Rivers University
- Trinity Western University
- University of British Columbia
- University of Northern British Columbia
- University of the Fraser Valley
- University of Victoria
- Vancouver Island University

If you have any questions about host institution selection, please contact:
emcculloch@healthresearchbc.ca.

Appendix B – Eligible expenses

This funding opportunity will support the following costs that are reasonably and properly incurred to carry out the proposed research.

Applicants must provide justification for funds being requested, including a breakdown of estimated costs for eligible expenses, within the budget section of the online application. Eligible costs must be incurred within the funding period. The funding partners will not support any expenses incurred prior to or after completion of the funding period.

Additional contributions

Applicants should engage other organizations and interested parties, when appropriate. Organizations may co-develop and implement research programs or provide additional funding through cash or in-kind⁷ support.

Any additional in-kind or cash support should be indicated in the budget section of the application and appropriately captured in a signed letter of support outlining the nature and amount of the contribution.

Eligible expenses for the team award

Funds must contribute to direct costs of the research project for which they were awarded and should be directly attributable to the project or activity being performed. Funds can only be disbursed and used within Canada. At least 80% of expenses must be incurred in BC (i.e., a maximum of 20% of expenses may be incurred in other Canadian provinces and territories). Exceptions may be considered on a case-by-case basis with clear justification and prior approval from Health Research BC and Brain Canada.

Eligible costs

Funds may support any aspect of the research project, including:

- Supplies and materials
- Provision of special services and user fees
- Salaries for technical personnel
- Stipends of trainees that are part of the research team
- Costs related to engaging PWLE in the planning, performance and assessment of outcomes of the study (see Eligible expenses for the PWLE engagement award (below)).
- Maintenance of essential equipment and/or purchase of equipment that is currently unavailable but essential for the project. Equipment must be directly related to, and used primarily for, the proposed activities. Purchase of equipment may not exceed 10% of the total project budget. (The host institution's policy on ownership of equipment will apply.)
- KT and dissemination costs including, but not limited to, travel of the primary applicant, co-lead(s), trainee(s), and other team members for collaboration and presentation of results at conferences, publication costs in peer-reviewed and open-access journals or repositories (including article

⁷ Cash-equivalent goods or services that represent an incremental expense that the partner would not normally incur, and which would have to be purchased by award funds if not donated. This can include research and technical staff, providing direction and direct participation in the project, or the provision of access to specialized and/or proprietary equipment, tools or technology.

processing charges), and other activities (such as workshops, brochures, books, webinars, and podcasts).

Ineligible costs

- Salaries and consulting fees of any independent investigators (including the primary applicant, co-leads and collaborators)
- Indirect costs or overhead costs associated with managing the research project
- Equipment purchases for general office/lab use (i.e., computer, etc.)
- Sabbatical, course release, or maternity/parental leave
- General office supplies

This list is not exhaustive, and Health Research BC must be consulted on expenses that are not listed here, so that Health Research BC and Brain Canada can determine the eligibility of other categories of expenditure. Approval may be needed for budget modifications during the award term. Please see the conditions of award for additional information.

Eligible expenses for the PWLE engagement award

The funds must contribute to direct costs of PWLE engagement related to the research project for which they were awarded. Funds can only be disbursed and used within Canada. At least 80% of expenses must be incurred in BC (i.e., a maximum of 20% of expenses may be incurred in other Canadian provinces and territories). Exceptions may be considered on a case-by-case basis with clear justification and prior approval from Health Research BC.

Eligible costs

- Honoraria payments for PWLE to show appreciation for their participation in the proposed activities
 - As a guideline, we recommend payments should not exceed \$1,000 per year per individual.

Note: Applicants should check with their institutions regarding internal policies that govern compensation to PWLE to ensure the budgeted expenses can be facilitated. If teams experience difficulties related to compensating PWLE partners, and/or would like additional guidance regarding compensation amounts for PWLE and/or other community members, please contact emcculloch@healthresearchbc.ca.

- Fees for consultants, knowledge brokers, translators, or similar
- Travel and transportation for PWLE to participate in research activities and for other team members to participate in PWLE engagement activities
 - When travelling by air, individuals must obtain the most economical airfare which, in most cases, is economy class. First or business class travel may only be authorized in specific circumstances where warranted (e.g., to meet the accessibility needs of travelers), and if allowed by the host institution's financial policies and approved by Health Research BC and the appropriate financial officer at the host institution.
- Hosting events, gatherings, and meetings that support PWLE engagement in the research and pathway to impact activities

- Caregiving services (e.g. childcare or eldercare) to allow PWLE to participate in project activities
- The [Tri-Council Policy Statement 2 \(Chapter 9 Research Involving the First Nations, Inuit and Métis Peoples of Canada\)](#) recognizes the importance of respecting the cultures and traditions of Indigenous Peoples. To facilitate culturally safe activities, eligible expenses may include (but are not limited to):
 - Costs related to Indigenous community mobilization and engagement, including culturally relevant promotional items such as, tobacco, cloth, feasting and gift giving for honouring ceremonies, and cash reimbursements (in a method acceptable to the individual or community being reimbursed) to compensate community participation
 - Contracts and/or consultant fees for knowledge translation and communication activities for Indigenous Elders, community members, and Indigenous Knowledge Holders involved in activities related to the Indigenous community

Ineligible costs

- Compensation, including partial or full salary support, for team members who are not PWLE or who receive compensation for their activities as part of the team through their existing employment
- Costs relating to hiring or training team members who are not PWLE
- Purchase of alcohol
- Reimbursement for airfare purchased with personal frequent flyer points.
- Direct costs of the research project that are not directly related to PWLE engagement and participation
- Other expenses already funded by another source (Health Research BC or otherwise)

All items not specified should be deemed as non-eligible expenses unless prior approval from Health Research BC is received. If the applicant can demonstrate the added value and make a case for an item identified as an ineligible expense, then Health Research BC will evaluate the merit of the argument. Such a case must be made before the expense is incurred.

Appendix C – Evaluation criteria

Peer review panel – team award

- Relevance and potential impact of the research (30%)
 - Potential of the proposed research for short- and/or long-term impact to improve the lives of those with AD and/or PD, including new scientific insights and knowledge, informing healthcare decision-making, improving services in the health system, and/or enhancing health outcomes
 - The originality of the proposed research; the extent to which it builds on and advances the latest methods, concepts, information and techniques; the potential of the research to result in innovation and/or transformational impacts.
 - Overall quality of the KT plan with specific consideration of the following:
 - Quality of plans to disseminate and mobilize research findings to the intended research user(s)
 - Extent and quality of the roles and contributions of research user(s) (including PWLE and other interested parties), in advancing the research and KT objectives, as appropriate for the proposed research
 - Appropriateness and quality of EDI considerations, including accessibility considerations
 - For applications involving First Nations, Inuit and Métis Peoples or communities and/or applications involving Indigenous knowledge or data: Appropriateness and quality of cultural safety considerations and alignment with Tri-Council Policy Statement Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada and/or Indigenous partnering community/organizational ethical guidelines

- Research approach (40%)
 - Appropriateness and originality of the research question(s), theories, research design, research methods, and project timeline
 - Quality and appropriateness of plan to include EDI considerations at all stages of the research process. This includes the incorporation of biological variables (e.g., sex, age) and/or sociocultural identity factors (e.g., gender, race, ethnicity, language) into the research proposed, where applicable.
 - Anticipation of difficulties that may be encountered in the proposed research and KT activities and plans for management
 - The availability of adequate environment and support to support the proposed research and KT activities
 - The extent to which the budget is appropriate and justified in relation to the proposed activities
 - Evidence of meaningful engagement of research users(s) (including PWLE), as appropriate, throughout the research process
 - For applications involving First Nations, Inuit and Métis Peoples or communities and/or applications involving Indigenous knowledge or data:
 - Does the application name the people, communities and organizations with whom they plan to work? Does the application describe how they will work together? Is the described approach to working with people and communities clearly detailed and appropriate?
 - Does the proposed work abide by the [Tri-Council Policy Statement Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada](#) and/or Indigenous partnering community / organizational ethical guidelines?
 - Do the research and KT activities respect Indigenous values and ways of knowing and sharing, and ensure that the research is returned to the communities for their benefit?

- Team (30%)
 - Appropriateness of the experience and expertise of the primary applicant, co-lead(s) and team members in the proposed area(s) of research
 - For applications including First Nations, Inuit and Métis Peoples or communities and/or applications involving Indigenous knowledge or data:
 - Evidence that the applicant(s) have developed (or are developing) good quality relationships with the people, communities and organizations that are involved in the research
 - Applicants acknowledge their roles, responsibility, and privileges that enable their research and KT activities in an appropriate way
 - Appropriateness of team composition to carry out the proposed research and to support inclusive, accessible KT
 - Evidence that at least one trainee will be included in a meaningful way as part of the team. Appropriateness of the mentorship plan(s) for trainee(s)
 - Effectiveness of strategies to support effective communication and collaboration across the team

PWLE review panel – engagement top-up

- To ensure clear and accessible information, researchers should communicate their work in ways that are understandable and meaningful. Strong applications will:
 - Use plain language and avoid unnecessary jargon
 - Clearly describe:
 - The problem the research is addressing
 - Why it matters to people affected by Alzheimer's or Parkinson's disease
 - What difference the research could make (now or in the future)
 - Be written so that a person with lived experience can understand the purpose and potential impact of the study without prior scientific training.
- Meaningful engagement with PWLE requires that researchers clearly describe how people with lived experience will be involved, not just informed.
 - Engagement may include but is not limited to advisory or co-design roles, input into research questions, outcomes or priorities, or feedback on study materials, procedures or dissemination plans.
 - Strong applications will:
 - Specify who will be engaged (e.g., people living with dementia, care partners, family members)
 - Describe how their lived experience is relevant to the work that you're doing
 - Describe when and how engagement will occur across the project lifecycle (e.g., study design, interpretation of findings, knowledge sharing)
 - Explain why PWLE input is important at those stages
 - Demonstrate that engagement is purposeful and respectful, not tokenistic
- Relevance and impact for people affected by Alzheimer's or Parkinson's
 - Researchers should articulate the relevance and impact of the project to people affected by Alzheimer's or Parkinson's and how their involvement strengthens the research.
 - Strong applications will:
 - Clearly link the research aims to real-world issues, needs or gaps experienced by PWLE
 - Explain how PWLE engagement will:
 - Improve the quality, relevance, or applicability of the research
 - Shape decisions or influence outcomes

- A budget and workplan for lived experience engagement funds must be included.
 - Budgets should reflect meaningful participation, including removing barriers to engagement (e.g., time, accessibility, cognitive or physical considerations).
 - Strong applications will demonstrate that compensation and supports are fair, appropriate and respectful

Appendix D – Additional resources

Responsible conduct of Indigenous health research

- [First Nations Health Authority](#)
- Health Research BC's [Indigenous Research Ethics Resources](#)

Integrating EDI

- [NSERC Guide on Integrating Equity, Diversity and Inclusion Considerations in Research](#)
- [SSHRC Guide to Addressing Equity, Diversity and Inclusion in Partnership Grant Applications](#)
- [CIHR Resources on Integrating Sex and Gender Considerations into Research](#)

Knowledge translation

- [Health Research BC Knowledge Translation](#)
- [REACH BC](#)
- [A Guide to Researcher and Knowledge-User Collaboration in Health Research](#)
- [Moving into action: We know what practices we want to change, now what? An implementation guide for health care practitioners](#)

Engaging with people with lived experience and community member partners

- [BC SUPPORT Unit Information for Researchers](#)
- [Patient Engagement for Beginners](#)
- [CIHR Patient Engagement Training course](#)
- [A Journey Through Public & Patient Engagement in Health Research: A Road Map](#)
- [BC SUPPORT Unit: How patient oriented is your research?](#)
- [Workbook to guide the development of a patient engagement in research \(PEIR\) plan](#)
- [Alzheimer Society of BC and Yukon Collaborate, Gather, Share: A Workbook Towards Dementia-Friendly Research](#)
- [How-to guide for patient engagement in the early discovery and preclinical phases](#)
- [Engaging Patients as Partners in Preclinical Laboratory Research](#)
- [Patient engagement in preclinical laboratory research: A scoping review](#)