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## **Diabetes Canada**

### **2025 End Diabetes Awards Guide**

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#### **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 2025 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](mailto: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](mailto: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](mailto: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 11, 2025, 8:00pm EDT.** Additional time allowances will not be granted for any reason.

Notices of Decision will be shared in mid-December 2025. Funding is projected to be disbursed starting in January 2026.

## 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. The End Diabetes Awards support research to enhance our understanding of diabetes and its prevention, treatment, management, and cure. Diabetes Canada 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 world free of the effects of diabetes.

Diabetes Canada, together with its partners, aims to award \$6 million through the 2025 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.

Each application goes through a rigorous review process. A scientific review committee, consisting of 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 objective of the 2025 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 related complications.
2. To develop solutions aimed at the prevention, management, or finding a cure(s) for diabetes and its complications.
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](https://proposalcentral.com/). 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 2025 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 End Diabetes 2025 Award Eligibility and Assessment Criteria

**a. Description:** Diabetes Canada and its partners offer support for research projects designed to enhance our knowledge of the prevention, management, and cure of all types of diabetes and related complications; including population health, health services, diabetes education, community, and practice-based research.

**b. 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 2025, the Nominated Principal Applicant may apply for a 2025 End Diabetes Award. If a previous Award is still underway or will require a no cost extension into 2026, 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.

**c. 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 (PWLE) (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? Is the importance of the project and its relevance to diabetes and its prevention, causes, management and/or cure 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?
- 3. Impact:** Does the research address an important gap in existing diabetes knowledge or care? Does the study propose innovative research? Are the expected outcomes of the research clearly defined and is the impact on diabetes research and for people living with diabetes justified? Are the PWLE engagement plan and knowledge mobilization plans appropriate?
- 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? Will the team and environment enable success of the project? Are the necessary collaborations in place to support the work?

Scientific reviewers will also evaluate the proposed budget for appropriateness and feasibility. 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, 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.

### **People with Lived Experience with Diabetes (PWLE) Review Criteria:**

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

- 1. PWLE Engagement and Knowledge Mobilization Plan:** Are PWLE integrated where appropriate into the research plan? Does the proposed research meaningfully engage PWLE? Is there a plan in place for knowledge mobilization where appropriate that considers PWLE?
- 2. Impact:** Is the relevance to diabetes and its prevention, causes, management and cure significant? Will this study potentially make a significant impact for people living with diabetes? Would funding this research contribute to enhancing equity, diversity and inclusion in diabetes research?

There are two PWLE 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. PWLE review assignments will consider any real or perceived conflicts of interest.

PWLE 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 PWLE review committee meetings. A summary of the PWLE 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 2025, the PWLE numeric score will not be combined with the scientific numeric score.

- d. Funding Level and Duration of Support:** The maximum amount that can be requested is \$150,000 annually for a period of up to three years, 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. Please note that grants will be awarded based on the yearly totals submitted as part of the project budget (i.e., budgets submitted in the application for under \$150k/year will be awarded the amount requested in their budget for each grant year).
- e. Progress Reporting:** If granted an End Diabetes Award, the second and third 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
- f. **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 [6.10 Transfer of Grants](#) for details.
- g. **Location of Training and International Candidates:** These awards are normally held at Canadian institutions, however, if there is adequate scientific justification, Canadian citizens and permanent residents may apply for awards to be held outside Canada. Candidates who are not Canadian citizens or permanent residents may only apply for awards to be held in Canada. International candidates are responsible for obtaining all relevant documents from a Canadian Embassy prior to taking up the award (e.g., entry visa, student visa, or work permit).
- h. **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 IDEA, Sex and Gender-Based and Race and Ethnicity-Based Analysis and Reporting

Diabetes Canada is committed to advancing inclusion, diversity, equity, and accessibility (IDEA) in health research. **Inclusion** is defined as the practice ensuring that all individuals are valued and respected for their contributions and are equally supported. **Diversity** is defined as differences in race, colour, place of origin, religion, immigrant and newcomer status, ethnic origin, ability, sex, sexual orientation, gender identity, gender expression and age. **Equity** is defined as the removal of systemic barriers and biases, enabling all individuals to have equal opportunity to access and benefit from the research, as well as engage and participate in the research. **Accessibility** is defined as when the needs of all people are specifically considered, and products, services, and facilities are built so that they can be used by people of all abilities and demographics.

**Sex and Gender-Based and Race and Ethnicity-Based Analysis and Reporting** acknowledges and examines the biological and social differences that can affect the risk of developing certain diseases, individual response to medical treatments, accessing health-related resources and care, and impact quality of life and daily activities. Integrating this analysis into research design and practices has the potential to create more rigorous and inclusive health research that is more applicable and accessible to everyone.

Diabetes Canada is committed to achieving more inclusive, diverse, equitable, and accessible diabetes research, including through the integration of IDEA principles and sex and gender-based and race and ethnicity-based analysis and reporting in diabetes research. **Applicants are required to integrate this into their research design and practices where appropriate.** Any application that does not incorporate IDEA principles, sex and gender-based and race and ethnicity-based analysis and reporting must provide a rationale for why it would not be relevant to the research.

### IDEA in research may include:

- Consideration of sex, as a biological variable, included in the research design methods, analysis, and interpretation, and/or dissemination of findings.
- Consideration of gender, as a socio-cultural factor, included in the research design methods, analysis, and interpretation, and/or dissemination of findings.
- Diversity considerations (e.g., conditions, expressions and experiences of different groups identified by age, education, sexual orientation, parental status/responsibility, immigration status, Indigenous status, religion, disability, language, race, place of origin, ethnicity, culture, socioeconomic status and other attributes) included in the research design methods, analysis, and interpretation, and/or dissemination of findings.
- Describe why specific diversity or identity factors were selected for inclusion and analysis in the research (e.g., race, immigration or newcomer status).
- Describe the process of developing and maintaining a respectful relationship with the intended study population.

### 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 Unconscious Bias Training Module](#).

## 5.0 People with Lived Experience (PWLE) Engagement and Knowledge Mobilization Plan

All applications are required to include a **plan for engaging people with lived experience (PWLE) 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 persons affected by 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 the scientific reviewers and the people with lived experience (PWLE) reviewers. If PWLE engagement or knowledge mobilization is not appropriate for the proposed project, this must be well justified.

Engaging people with lived experience 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 (PWLE) 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 PWLE) and with policy makers or other decision makers who may apply the results in a health or community setting.

Notably, not all research proposals may lend themselves easily to all components of engagement. For example, research proposals in biomedical science may be less amenable to frequent engagement throughout the full research process. In these cases, applicants should, at a minimum, present a dissemination and knowledge mobilization plan that incorporates meaningful lived experience engagement in how research findings and milestones will be disseminated to the public.

### **Levels of People with Lived Experience (PWLE) Engagement:**

Diabetes Canada offers the following guidance related to PWLE 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 \(PiPER\)](#).

**PWLE engagement in all pillars of health research may occur at multiple levels\*.** The engagement plan should demonstrate how the research team plans to include PWLE 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 PWLE input on an ad hoc basis while conducting research through quantitative, qualitative, or mixed research methods (ex. focus groups, priority setting activities, surveys, PWLE as research subject or participant).
- **Involve:** Work with PWLE as standing members of an advisory group (ex. PWLE as members of working groups and research advisory councils).
- **Collaborate:** Partner equally with PWLE as team members (ex. PWLE as project collaborators, research partners, or members of research steering committee).
- **Empower:** PWLE lead research activities and researcher supports PWLE decision-making (ex. PWLE 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 (PWLE):**

- Is the engagement plan appropriate for this study design?
- Is the engagement process and role expectations clear?
- Is support available for the PWLE throughout the engagement process?
- Are the method(s) for engaging PWLE appropriate?
- Are the method(s) for engaging PWLE feasible?

- Does the plan demonstrate how the PWLE 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 PWLE experience and process of engagement?
- Is the engagement plan mutually beneficial for both researchers and PWLE? (ex. both perceive improved research/value added)

### **Goals of Engaging People with Lived Experience:**

PWLE 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 PWLE-oriented outcomes
- Contribute to improving the cost effectiveness of the health care system

### **Examples of Lived Experience Engagement:**

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 PWLE the key research objectives, milestones, and outcomes of the project in lay language.
- **Press release and publications** about the project provided to PWLE-centered groups.
- **Presentation** to PWLE group by research team at milestone intervals of project completion, giving PWLE the opportunity to learn more and ask questions about the outcomes of the research project.

### **Consult**

Seek input from people with lived experience 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 PWLE and researchers, to address a specific research decision (e.g., "how will we evaluate success in this project?") or build the research project priorities/objectives (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 PWLE audience, to support project evaluation.
- Hold a **public meeting** in which PWLE 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 PWLE to **share their stories** together and identify common themes, to ensure that the outcomes important to PWLE are supported and measured in the project.
- Conduct **Deliberative Polling®** to guide research decisions: PWLE 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 **PWLE advisory group** that meets regularly to help inform, provide insight, and provide different perspectives around important research decisions.
- Invite PWLE 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 PWLE to **co-develop tools and products** specifically for PWLE, as part of the research project

### Empower

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

**If deemed appropriate, PWLE partners may be included as a team member in the application in the role of collaborator.**

### **Resources:**

Parts of this document have been adapted, with thanks, from the following resources. Visit each site to learn more about PWLE 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](#)

## 6.0 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-funding 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 2025 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 End Diabetes 2025 Award 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 – People with Lived Experience with Diabetes (PWLE) 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 PWLE reviewers. Each reviewer conducts a written review and scores the application based on the **People with Lived Experience with Diabetes (PWLE) Reviewers Criteria** in section [2.0 End Diabetes 2025 Award Eligibility and Assessment Criteria](#).

There are two PWLE 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. PWLE review assignments will consider any real or perceived conflicts of interest.

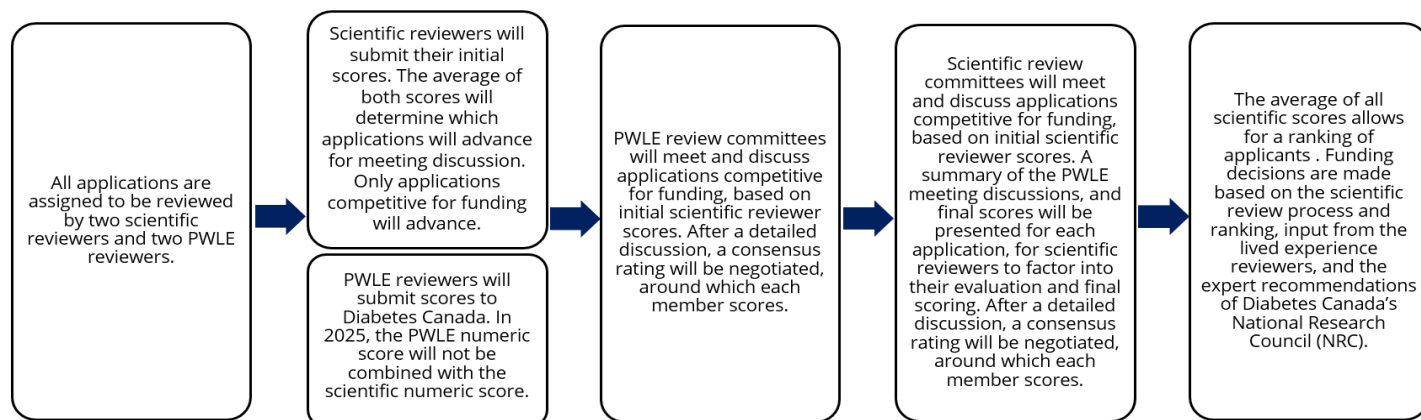
PWLE reviewers will submit a numeric score and written feedback to Diabetes Canada via ProposalCentral. Only applications competitive for funding, based on scientific reviewer initial scores, will be discussed at the PWLE review committee meetings. A summary of the PWLE discussions and final scores will be presented during the scientific review committee meeting, for consideration of scientific reviewers in their discussions and consensus scoring. In 2025, the PWLE numeric score will not be combined with the scientific numeric score.

### 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:



## 7.0 Governing Policies

### 7.1 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 2025, the Nominated Principal Applicant may apply for a 2025 End Diabetes Award. If a previous Award is still underway or will require a no cost extension into 2026, 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 the scientific reviewers and the people with lived experience (PWLE) 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").

## 7.2 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. Any PWLE partners who play a significant role in the research activities should be included in the application in the collaborator role.

## 7.3 Funding Period of Award

Funding decisions will be made in mid-December 2025 and Notice of Decision letters will be posted at that time. Funding is projected to be disbursed starting in January 2026.

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](mailto:research@diabetes.ca). Diabetes Canada does 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](mailto:research@diabetes.ca).

## 7.4 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.

## 7.5 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.**

## 7.6 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](mailto: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.

## 7.7 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 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 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.

## **7.8 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](mailto: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.

## **7.9 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.

## **7.10 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 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 outside of the country.

### **7.11 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.

### **7.12 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.

## **8.0 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) 2<sup>nd</sup> 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, 2<sup>nd</sup> Edition (TCPS2), Chapter 12, Section F (2014)
- Research involving radioactive materials must comply with regulations of the Canadian Nuclear Safety Commission

## 9.0 Use of Award Funds

### 9.1 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, the application will be declined.

### 9.2 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. Award holders will, in turn, be paid by the institution in accordance with their policies.

### 9.3 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. 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](mailto:research@diabetes.ca). Failure to submit the completed Revenue Expense Report form to Diabetes Canada will delay subsequent payments.

### 9.4 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 \$35,000 for doctoral students; and up to \$55,000 for post-doctoral fellows.
- **Reasonable compensation for PWLE 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 7.7](#) 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.
- 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 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. Requests for approval of extenuating circumstances must be made in writing to [research@diabetes.ca](mailto: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.

## 9.5 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.
- Overseas Funding: 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.

## 10.0 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 2025, the Principal Applicant may apply for a 2025 End Diabetes Award. If a previous Award is still underway or will require a no cost extension into 2026, 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.

The following lists all word and page limits for each application section. 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., following 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.)
- 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 file 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 should follow the [Canadian Institutes of Health Research \(CIHR\) tri-agency CV template](#).

This template includes three sections:

1. Personal statement
2. Most significant contributions and experiences
3. Supervisory and mentorship activities

Due to the upcoming transition away from the [Canadian Common CV online platform](#), it is suggested that applicants utilize the new [downloadable template](#) provided by the Canadian Institutes of Health Research (CIHR). However, Diabetes Canada will accept CV's built in and downloaded from Canadian Common CV, as long as they follow the CIHR template.

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

## 5. Can I include a person with diabetes lived experience 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 2025 End Diabetes Awards?

- Application submission open on [ProposalCentral](#): April 28, 2025
- Application submission deadline: July 11, 2025, 8:00pm EDT
- Review period: July–November 2025
- Notification of funding decisions: December 2025
- Funding begins: January 2026

## 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 [9.0 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](mailto: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](mailto:pcsupport@altum.com)

Full ProposalCentral application instructions can be found in Diabetes Canada's [ProposalCentral Application Instructions](#).