



2026 CRISM Atlantic Working Group Research Funding Application

Submission Deadline: Friday, April 10th (4 PM AST)

(word limits include spaces)

Section 1: General Information

1. **Project Title:**

2. **Working Group Theme** Select the following theme that aligns with your proposal.

Concurrent Disorders

Youth and Substance Use

Rural Access and Telehealth

3. **Principal Applicant (PA):**

- Full Name:
- Position/Title:
- Institution/Organization:
- Email:
- Phone Number:

4. **Co-Applicants** List all co-applicants, their affiliations, and roles in the project. If you have more than 5 co-applicants, please list these in the open text box. Include name, affiliation/organization, role in the project and email address.

Name	Affiliation/Org.	Project Role	Email
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5. **Collaborators:** List all collaborators, their affiliations/organization, project role & email. If there are more than 5 collaborators, please list in the open text box including name, affiliation/organization, project role and email address.

Name	Affiliation/Org.	Project Role	Email
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Partners: List all partners, their affiliations/organization, project role & email. If there are more than 5 partners, please list in the open text box including name, affiliation/organization, project role and email address.

Name	Affiliation/Org.	Project Role	Email
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6. **Project Duration:**

Indicate proposed start and end dates of the project, not exceeding 24 months. Proposed project start date:

Proposed project end date:

7. **Total Budget Requested:**

Maximum \$40,000.00, over two-years. Provide a detailed budget breakdown in Section 4.



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Section 2: Project Summary

Lay Summary (300 words max):

Provide a summary of the project in plain language, suitable for a non-scientific audience.



Section 3: Research Proposal

1. Background and Rationale (600 words max)

- Describe the research problem, its significance, and explain how this is a novel/innovative approach;
- Explain the project's scientific merit; and
- Explain how the project is inherently Atlantic in its impact and relevance
 - include how the project builds on areas of success within the WG theme in Atlantic Canada drawing on populations, investigators, partners and/or jurisdictions involved
 - explain how anticipated outcomes are relevant and transferrable across the region



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2. Research Objectives (400 words max):

- **2a** Clearly state the primary and secondary objectives of the project.



- **2b** Identify how the Working Group Research Objectives are being addressed (**400 words max**):
 - contribution to understanding risks, protective factors, and consequences of substance use (SU) and related interventions
 - priorities for one or a combination of: interventions; harm reduction services; and substance use policies
 - co-development and evaluation of novel interventions (psychosocial, pharmacological, policy) with priority populations to improve health outcomes
 - establishing bidirectional links between research and practice to address provider and population needs and guide research



3. **Incorporation of Priority Areas - Indigenous Peoples; Persons with Lived and Living Experience; and sex and gender perspectives (400 words max)**

- If not included in Q#4 Methods, please include here specifics on plans for methods and analysis with one or more of the the three priority areas: Indigenous Peoples; Persons with Lived and Living Experience; and sex & gender diverse communities
- Describe how meaningful co-design and the diverse experience of members of the priority area(s) will support and inform the project phases from priority setting to analysis to shaping recommendations;
- Recognizing the importance of relationships, power sharing and building of trust, describe how relationships are/will be established and supported throughout the project.
- Describe how this work will be conducted in a respectful and culturally safe manner



4. **Methods (700 words max):**

- Describe the study design, population, and sample size
- Outline data collection and analysis methods
- Describe all data security measures, access protocols, and governance structures
- Where applicable, describe how First Nations partners will be able to retain Ownership, Control, Access, and Possession (OCAP®) of all data and how Inuit partnerships will adhere to ITK's five priority areas of the National Inuit Strategy on Research Principals of Inuit (NISR).
- Where applicable, explain how community authority, consent, and decision-making will guide the collection, use, interpretation, sharing and storage of information.



5. Expected Outcomes and Impact (600 words max):

- Describe the anticipated results and their potential impact on substance use (SU) and substance use disorder (SUD) in the Atlantic region;
- Identify how the Working Group (WG) Funding Criteria is being addressed:
 - Explain the project's potential to improve outcomes/impact of the selected theme: Concurrent Disorders; Youth & Substance Use; or Rural Access & Telehealth.
 - If applicable, include how this project aligns/intersects with other WG themes
- Explain how the project fosters reciprocal capacity building & shared leadership ensuring Indigenous partners, PWLLE, sex & gender diverse communities, new investigators or trainees, both contribute to and benefit from knowledge development, skills transfer and decision making;
- Describe the potential to increase the likelihood of securing additional funding; and
- Describe knowledge translation, dissemination, and policy relevance;
 - How will findings be communicated to audiences beyond academic publication?
 - Outline strategies for engaging stakeholders who could support evidence uptake.
 - Identify anticipated implications for policy, programming, or system-level decision making within the WG theme.



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6. **Feasibility (600 words max)**

- Describe the feasibility of the project, including project plan, timelines, anticipated challenges and strategies to mitigate potential risks.
- Explain why the proposed timeline and budget are realistic for the scope of work.



7. **Involvement of Partners (300 words max)**

- Please explain partners' roles throughout the proposed submission process and in the proposed project (see **Appendix A** for definition of partners' roles).
- Please describe how meaningful and respectful engagement will take place.

8. **Experience of Team Members (300 words max)**

- Please highlight the team members' relevant experience in relation to the submission process and in relation to the proposed project. CVs to be attached separately (see **Appendix A** for definition of team members' roles).



9. **A. Was there a recent competition to which this project was submitted (e.g. CIHR; SSHRC; FRQS)?** **Yes** **No**

If yes, please list below and include as supporting documents, the reviewers' comments and project ranking, if known.

- B. This funding is intended as seed funding. Are there any future funding competitions for which this project will be positioned as a result of this work?**

Yes **No**

If yes, please specify the target funding opportunity(ies) and the expected submission timeline. Briefly describe how the proposed project will directly support the development of a competitive future funding application.

Section 4: Budget

Please specify how the funds requested will be allocated by providing detail for each expense, including a brief justification of how the expense relates to the project's objectives.

Category	Amount	Justification
Salary supplement/ compensation for research team contributors (i.e., RAs, community members, Persons with Lived and Living expertise)		
Student scholarship supplement		
Scientific writing		
Data collection & additional data considerations		
Community engagement activities		
Consultation expertise in methodology		
Equipment required		
Participant compensation		
Text editing/translation		
Fees for working sessions		
Travel		
Other (please specify)		



Other Funding Sources:

List any additional funding sources secured or applied for to support this project.

Section 5: Supporting Documents (3 documents max, max 6 pages total, excluding CVs & References)

- Please title each of the three (3) supporting documents
- A brief CVs (5 page maximum) for all co-applicants and collaborators to be included (e.g., biosketch). CVs are in addition to the 3 supporting documents and can include listing of relevant experience; presentations; and publications.

Submission Instructions

1. Deadline:

- Applications must be submitted via mail to crismatlantic@gmail.com by **4 pm (AST), Friday, April 10th, 2026**.
- Late submissions will not be accepted

2. Format:

- LastName_FirstName_WorkingGroupFundingCall_2026.pdf

3. Contact & Eligibility:

- Please contact the CRISM Atlantic Node (crismatlantic@gmail.com) well in advance of submitting a proposal to allow sufficient time for proper response.
- This funding call is open to **CRISM Atlantic Members** only.

Note * CRISM funding is provided through the Canadian Institutes for Health Research (CIHR). In keeping with CIHR agency guidelines, funded projects need to be linked with an academic appointment. That person can take on the role of Principal Applicant or Co-Applicant in our funding applications. We've included an [FAQ section](#) to our website where you can learn more about this and other frequently asked questions: www.crism-atl.ca/.



Appendix A: Definition of Team Members

For this Working Group Funding Call, project team members beyond the Principal Applicant (PA), are designated as co-applicants; collaborators; or partners based on their primary role. The PA determines team composition, and all members must be listed on the application. Team members may be involved in any aspect of the project, including study conception, design, implementation, analysis, knowledge translation and/or dissemination.

Co-Applicants are individuals who share responsibility for the project's scientific leadership, governance, and delivery. Co-applicants typically contribute to study conception, design, implementation, analysis, and reporting, and are accountable for project outcomes.

Examples of Co-Applicants may include:

- Person(s) with Lived and Living Expertise
- Indigenous Peoples
- Academic researchers; clinician-scientists; statisticians
- Health professionals serving as co-investigators
- Trainees formally named on the research team

Collaborators are individuals or organizations that contribute to the scientific or technical execution of the research but are not formally listed as a co-applicants. Collaborators may provide specialized expertise, access to data or sites, or methodological support. Collaborators are often involved in activities such as study design, data collection, analysis, or dissemination.

In addition to team members **examples above** (see Co-Applicants), **Collaborators may include:**

- Clinicians assisting with recruitment or data collection
- Academic researchers contributing specific expertise
- Analysts, evaluators, or technical consultants
- Individuals who provide specific service (e.g., training in a specialized technique; access to equipment; statistical analysis; and/or patient population)

Partners are individuals, groups, or organizations that contribute primarily as knowledge users or stakeholders, helping to ensure that the research is grounded in real-world context and positioned for uptake beyond academia. Partners are not part of the core research team and are not expected to conduct the research itself.

Partners may include people with living or lived experience (PWLLE), community organizations, service providers, health system leaders, Indigenous communities, organizations or governing bodies, and policy-adjacent stakeholders. PWLLE are considered partners when they contribute experiential knowledge to inform project priorities, interpretation, or dissemination, rather than serving in a formal research role.

In addition to the **examples** of team members above (under Co-Applicants & Collaborators), **examples of Partners** may include:

- PWLLE or groups representing lived/living experience
- Community-based or service delivery organizations
- Health authorities or program administrators
- Indigenous organizations or community leadership
- Policy or system-level stakeholders