

## Call for Proposals: Supporting Knowledge Mobilization of High-Impact Randomized Controlled Trials in Canada

### Application Instructions

- To apply your application must be endorsed by one of the 34 ACT Networks (details below)
- Please combine the following application components into a single PDF (maximum 5 pages in English or 6 pages in French):
  - Trial summary: 1 page
  - Written proposal: Maximum 2 pages in English or 3 pages in French (details of the formatting requirements are below)
  - Budget and budget justification: 1 page
  - References, figures, or tables: 1 page (optional)
- Submit the full application PDF to the [Online ACT KM Submission Portal](#) by **Monday, March 24, 2025 at 12 pm ET**
- Email confirmation of receipt will be provided. If you do not hear back within 24 hours, please follow up to ensure successful delivery.

### Description and Objectives

ACT Clinical Trialists in Canada are undertaking novel and impactful trials that are contributing to improving the health and well-being of patients and populations. While disseminating findings in journals and conferences is an important step in sharing trial findings with colleagues, doing so is unlikely – in itself – to be sufficient to optimise the impact of trial findings.

To promote clinical trialists in Canada to undertake novel and impactful KM approaches, the ACT KM Committee is issuing a call for Knowledge Mobilization Awards, to recognize the efforts of trial teams who are planning to undertake noteworthy strategies to mobilize the findings of their ongoing or recently completed randomized controlled trial (RCT).

Knowledge mobilization (KM) is a key research activity to enhance the likelihood that research findings including from randomized trials can inform policy and practice. Given the sizeable time and financial costs of conducting a randomized trial, it is important that KM be given adequate attention and planning. The term Knowledge Mobilization refers to a broad range of activities that may be undertaken at all stages of a project. While some KM activities are undertaken at the end of the project cycle, increasingly, knowledge mobilization activities developed in partnership with key interest holders and important actors throughout the research process can enhance the relevance and utility of KM and promote sustained changes and greater impact from our research beyond traditional dissemination.<sup>1</sup> Successful KM also involves careful consideration of the target audience, the kind of information that the group is most likely to apply and is presented in an accessible manner.

<sup>1</sup>Canadian Institutes of Health Research (2013). Evaluation of CIHR's Knowledge Translation Funding Program. Canadian Institutes of Health Research. <https://www.cihr-irsc.gc.ca/e/47332.html>

## **Funds Available**

A total of \$40,000 is available for this funding opportunity. The maximum requested budget for any application is \$10,000. Although the funding available may not be sufficient for conducting all KM activities, it will facilitate novel and innovative KM activities that may not have been planned for at study outset. These awards are intended for RCTs that have been completed within the past 6 months. Projects that are ongoing are also welcome provided that they are planned to be completed before July 2025 so that KM activities can be undertaken before the reporting deadline (November 2025).

## **Eligibility**

For an RCT knowledge mobilization project to be eligible, it must fulfill each of the following criterion:

1. The nominated principal investigator must be a Canadian researcher who is a member of an ACT network.
2. The principal investigator(s) of any trial can only submit 1 application to this competition.
3. The proposal is for knowledge mobilization of an RCT and not an observational study.
4. The proposal is explicitly for knowledge mobilization activities and not conduct of an RCT.
5. The trial must be endorsed by one of the 34 ACT Networks.
  - Applicants only list one principal ACT Network.
  - Each application is restricted to a single RCT.
  - Each Network can endorse a maximum of three applications to this competition. No letter of support is required.
  - Networks should endorse proposals most relevant to their constituents, especially their patients.
6. Investigators must confirm with their institution that the proposed budget is CIHR eligible. No letter of verification from their institution is required.
7. Applicants will acknowledge ACT Consortium partnership and funding in all related presentations and publications.
8. If funded, the applicant must be accountable for their progress, which will be summarized in annual ACT reports. A summary of their project will also be shared within ACT to raise awareness and foster new collaborations.

## **Proposal Section and Adjudication Criteria**

Please use 12-point font size, black type; a minimum of single line spacing; a minimum margin of 2 cm (3/4 inch) around the page; letter size (21.25 x 27.5 cm / 8.5" x 11");

Applicants submit their maximum 5-page proposal in English, or maximum 6-page proposal in French.

- A. Trial summary: 1 page
  - a. Proposal Title
  - b. Confirm ACT Eligibility (i.e., Canadian led trial, which one of the 34 ACT Networks endorses the proposal, study is an RCT)
  - c. State when the trial completed or if ongoing, report evidence it is on track to finish before July 2025.
  - d. Provide a summary of the trial (i.e., structured abstract) listing key trial elements (i.e., rationale, question, participants, intervention, outcomes, and anticipated impact).
- B. Written proposal: Maximum 2 pages in English or 3 pages in French
  - a. Describe the knowledge mobilization gaps this project aims to address and the project's impact on policies and practices **(30% of the score)**
  - b. Describe the Knowledge Mobilization and Engagement Plan (e.g., knowledge users, meaningful engagement with person with lived/living experience (PWLLE), equity, diversity, inclusion & accessibility (EDIA) considerations, knowledge mobilization activities, evaluation, etc.) **(40% of the score)**
  - c. Describe the team/partnerships (i.e., expertise, clear roles, collaborative approach, etc.) **(15% of the score)**
  - d. Describe how the KM project will be completed by December 12, 2025 **(15% of the score)**
- C. Budget or justification: 1 page
  - a. Evidence of appropriate budget allocation for engagement with PWLLE and KM activities (refer to [CIHR Patient Partner Compensation Guidelines](#)).
  - b. Include a statement: "I have confirmed my institution (which will hold the grant funds) has reviewed my proposed budget and deems all items to be CIHR eligible."
- D. References, figures, or tables: 1 page (optional)

## Adjudication Process

ACT personnel will review each application for eligibility. ACT will not further consider any ineligible applications based on the information provided. We recognize that a modest amount of funding is available to applicants through this award. Additional partnership funding is acceptable and welcomed.

Each application will be reviewed independently by two investigators (trialists), one individual with expertise specifically in KM, and one patient/community representative. The proposals should be written in accessible language that is understandable to a non-scientific audience.

<sup>1</sup>Canadian Institutes of Health Research (2013). Evaluation of CIHR's Knowledge Translation Funding Program. Canadian Institutes of Health Research. <https://www.cihr-irsc.gc.ca/e/47332.html>

Applications will be circulated to reviewers (after they confirm they have no conflict with the application) to:

- Confirm that the application is eligible for the competition
- (If eligible) provide a score out of 100. Reviewers will be asked to avoid scores that are divisible by 10 to reduce the change of different applications having tied scores.
- Flag whether secondary review of the budget by the ACT Finance Committee is recommended.

Each eligible application will receive an average score out of 100. Applications with an average score <60 are ineligible for funding. We will fund applications with a score of 60 or more based on rank until we reach the maximum budget for this RFA. If trials have tied scores for the remaining funds, we will recirculate to reviewers for a rank order. Where applications have received the same scores, preference will be given to those that have secured in-kind or matched funds.

### **Feedback to Applicants**

We will provide the principal applicant of each eligible application information on the number of eligible applications submitted for this funding opportunity, the number awarded, and whether they were successful. Applicants will receive brief written comments and scores.

### Timelines

- Announcements through the ACT Networks: **Monday, February 10, 2025**
- Deadline for Proposals: **March 24, 2025, 12pm ET**
- Awardees Announced: **May 5, 2025**

*The ACT Canada Consortium is supported by the Canadian Institutes of Health Research (CIHR).*