

## Support Program for General Public Activities

Created in April 2012 by the Fonds de Recherche du Québec - Santé (FRQS), the **Research Network on CardioMetabolic health, Diabetes and Obesity** aims to Pursue the development of research in cardiometabolic health, diabetes and obesity, translate and mobilize knowledge to promote sustainable health among Quebecers.

The Network launches its Support Program for **General Public Activities** for **2024-2025**. This program aims to promote the dissemination of research results from our regular members to the general public, patients and patient-partners, to recognize the importance of involving the public/patient-partners in our research activities and ultimately increasing the visibility and societal impact of CMDO research projects. Therefore, any researcher who is a regular member of the CMDO Network may request financial support through this program for an activity related to one of the CMDO Network's domains (cardiometabolic health, diabetes and/or obesity) with a primary goal of disseminating information to the general public (e.g. scientific cafés), patients and patient-partners (e.g. patient recognition). The number of grants will be determined according to the budget envelope for each of the two annual competitions. The eligibility criteria and the evaluation method are described below. Events that meet the eligibility criteria could be funded for \$ 750 or \$ 1,500.

**Deadlines for submitting applications** are as follows:

- 1) **February 10 of each year**, for activities taking place in the months of **April to October** following the deadline.
- 2) **September 10 of each year**, for activities taking place in the months of **November to March** following the deadline.

Women, Aboriginal people, visible minorities, ethnic minorities, people with disabilities and people from the 2SLGBTQIA+ community are encouraged to apply for funding. For evaluation purposes, we strive to recruit a diverse committee that reflects the profiles of the applicants and ensure an evaluation process that takes into account the particular situations of the applicants, including atypical trajectories.

Requests submitted late, incomplete or that do not meet the eligibility criteria will not be evaluated. The activities selected to receive a grant must be initiated in the period appropriate for the date of application to the competition.

### **Eligibility :**

1. The person in charge of the request for financial support must be a researcher who is a regular member of the CMDO Network involved in the organization of the activity.
2. The activity must have at least 20 participants from the general public/patient-partners (*not counting organizers, presenters and research team staff*). The exact number of participants will have to be communicated to the network following the event.

3. The activity must take place in the province of Quebec.
4. The activity must include in its program at least one oral presentation from a regular member of the CMDO and present research results related to CMDO's research themes. Activities including research projects funded by the CMDO Network will be favored.
5. The main purpose of the activity should be the dissemination of information on research results for the general public and/or recognition for patient-partners (*presentations accessible to all*). 'Scientific Cafés' and 'Patient Recognition' style activities will be favored.
6. Scientific Days or Scientific Meetings are not eligible. However, General Public/Patient-Partner activities *satellite* to a Scientific Meeting are eligible.
7. During the activity, participants must be informed that the CMDO Network is funding the activity, of the possibility to become a Patients-Partners Network member and of the possibility to receive the Network Public newsletter to connect with Quebec research in the CMDO fields and participate in the evaluation of research priorities.
8. Amount awarded:
  - Actual organizational costs will be reimbursed up to:
    - a) \$ 750 - Activity with 20 to 49 people from the general public or patient-partners;
    - b) \$ 1,500 - Activity with 50 or more people from the general public or patient-partners;
  - *Organizers, presenters and research team staff should not be counted in the number of General Public participants.*

#### **Application modalities for Network support to the activity:**

The request for financial support must be submitted by a CMDO Network regular researcher involved in the organization of the activity by filling out an electronic form on the network's website (online, see below):

- 1) Identification of the person responsible for the request;
- 2) The name of the activity, date and venue of the activity;
- 3) A brief description of the nature of the activity and its target audience;
- 4) Are there one or more students and patient-partners on your organizing committee?
- 5) The approximate number of participants from the *general public / patient-partners*;
- 6) The approximate number of participants who are *members of the research teams*;
- 7) The name, affiliation and link to the event of the speaker (s);
- 8) Detailed description of the budget (*use of \$ 750 or \$ 1500*);
- 9) A justification of the relevance for the network to support the event in relation to its missions.

### **Evaluation of applications:**

The evaluation of the candidatures will be done by the executive committee of the network according to the criteria mentioned above. The results will be communicated to the selected candidates before the period determined according to the date of application to the competition.

### **Grant delivery, visibility and administration:**

The amounts granted may be used for any legitimate expenses according to the FRQS rules for the organization of the activity. Especially:

- room rental ;
- audio-visual service;
- catering;
- travel expenses of participants;
- salary and benefits of the research staff organizing the event.
- Note that alcoholic beverages are not eligible under FRQS rules.

The payment will be made after the event on presentation of eligible invoices and the actual number of attendees present of the General public validated by the person in charge of the request.

The support of the CMDO Network must be mentioned in the program of the event and the participants must be informed about the possibility of becoming a patient partner member of the CMDO network or the public newsletter of the network in order to connect with Quebec research in the CMDOs and participate in the evaluation of research priorities. The network will also display the list of sponsored events on its website.

*You can also advertise now your scientific event on our website by [clicking HERE](#).*

Any request for additional information may be sent to the Research Network on CardioMetabolic health, Diabetes and Obesity (CMDO), Université Laval, École de Nutrition, email: [info@rrcmdo.ca](mailto:info@rrcmdo.ca).

***Instructions for the application form - see next page***

## Support Program for General Public Activities *Instructions for the application form*

**[THE FORM MUST BE COMPLETED ONLINE, CLICK HERE](#)**

### **ATTENTION :**

- To save your application in order to complete it later, you must click on the icon *Finish later* (you will be asked to create a username and password), then exit by closing the program.
- If you have saved your application and click *Exit and delete your answers*, all saved data will be erased.

### **1. GENERAL INFORMATION:**

**Name of the person in charge of the application** (regular member of the CMDO Network): *max. 100 characters including spaces*

**Applicant's email address:** *max. 100 characters including spaces*

**Affiliation of the applicant:** *max. 120 characters including spaces*

**Name of the activity:** *max. 250 characters including spaces*

**Event Location:** *max. 200 characters including spaces*

**Date(s) of the event** (e.g. 15-17 December 2013): *max. 50 characters including spaces*

**Brief description of the nature of the activity:** *max. 1250 characters including spaces*

**Target audience:** *max. 256 characters including spaces*

**Are there one or more students on your organizing committee?** *If yes, how many and please name at least one? max. 300 characters*

**Are there one or more patient-partners on your organizing committee?** *If yes, how many and please name at least one? max. 300 characters*

**The approximate number of expected participants from the general public and patient-partners:** *max. 100 characters including spaces*

**The approximate number of expected participants in the research teams:** *max. 100 characters including spaces*

**Name of the speaker(s) and their affiliations:** *max. 1000 characters including spaces*

**Link of the speaker(s) with the event:** *max. 1250 characters including spaces*

**Detailed Description of the Budget** (use of \$ 750 or \$ 1,500): *max. 250 characters including spaces*

**Justification of the relevance for the network to support the event with regard to its missions:**  
*max. 1250 characters*

## **2. FINANCIAL INFORMATION:**

**In the event that your project is funded, please provide us with the mailing address and contact details of the person responsible for financial transfers (e.g. administrative technician):**

- Name; *max. 120 characters including spaces*
- Email; *max. 120 characters including spaces*
- Phone number; *max. 120 characters including spaces*
- Postal address; *max. 250 characters including spaces*

**3. Equity/Diversity/Inclusion Vision:** What are you doing/planning to do to ensure fair and inclusive treatment of those involved in the activity? Demonstrate efforts made or planned to be more inclusive and equitable in the work environment and/or participants.

## **4. SELF-IDENTIFICATION (To be completed by the Principal Applicant only)**

As with tri-council agency, the purpose of the self-identification form is to collect information so our network can monitor the equity performance of our programs and design new measures to achieve greater equity, diversity and inclusion in our research endeavours

**Membership Type** (one choice only):

- Regular Member.
- Student, postdoctoral fellow or resident member
- Other

**If Regular member: Position as a researcher:** What is the start date of the first career position as a researcher in a research center (e.g. Researcher since December 2018 at INAF)?

**Research areas** (multiple choices possible):

- Basic Science/Preclinical
- Clinical
- Health care organization/health system
- Population-based

**Gender** (one choice only):

- Female
- Male
- Trans woman
- Trans man
- Two-spirited person
- Gender fluid
- Non-binary
- Other
- I don't identify with any of these options
- I prefer not to answer.

**Aboriginal People:** Aboriginal people in Canada is a generic term used to refer to Inuit, Métis or First Nations people who live within the boundaries of the territory now known as Canada. We encourage all persons belonging to these nations and communities to indicate their affiliation below.

**I belong to one of the following Aboriginal peoples of Canada** (one choice only):

- First Nations or First Peoples
- Métis
- Inuit
- No
- I prefer not to answer

### **Minority affiliation**

**I belong to the following ethnocultural or racialized community** (You may choose the option that best describes your ethnic or regional origin or choose more than one if you consider yourself to be of mixed origin):

- Canadian Aboriginal Community (First Nations, Métis or Inuit)
- White community or community of European descent
- Central Asian or North Asian community
- Afro-descendant (or Black) community
- Latin American community
- Middle Eastern or North African community
- South Asian community
- Southeast Asian community
- East Asian community
- Aboriginal community outside of Canada
- None of the above
- I prefer not to answer

If you selected "*None of the above*" for the previous question:

***Specifically, I prefer to identify myself using the following terms***

*max. 500 characters including spaces*

### **Native Language**

**The native language I learned and still understand is** (please select all that apply)

- French
- English
- Other(s)
- I prefer not to answer

If you selected "*Other(s)*" for the previous question:

***You may indicate your native language here:***

*max. 200 characters including spaces*

### **Commonly used language**

**The language I most commonly use at home is** (please select all that apply)

- French
- English
- Other(s)
- I prefer not to answer

If you selected "*Other(s)*" for the previous question:

***You may indicate your commonly used language here:***

*max. 200 characters including spaces*

***Comments or questions about the self-identification questionnaire***

*max. 1000 characters including spaces*