**Data Sharing & Use Pilot Application**

Please use Avenir Next LT Pro font, size 11, single spacing throughout your application.

Submit completed application form, data access request form and cash match commitment letter(s) to Network Program Managers at: moh@tfri.ca

# COVER PAGE & SIGNATURES

|  |  |
| --- | --- |
| **Name of Lead Investigator**1 |  |
| **Lead Investigator Email** |  |
| **Lead Institution** |  |
| **Project Title** |  |
| **Requested Total Budget** | $ |
| **Co-Investigator Names (where applicable)** 2 | **Co-Investigator Emails (where applicable)** | **Co-Investigator Institutions (where applicable)** |
|  |  |  |
|  |  |  |

1Lead Investigator would act as the point person for project communications and facilitate general coordination with the project’s other collaborating institutions (where applicable) to meet project-level deliverables, consolidated scientific and performance measurement, or other duties as required in the project’s MOHCCN Research Project Grant Agreements (RPGA). Preparation and submission of financial reports are the responsibility of each Collaborating Institution (where applicable).
2Please add rows as needed and ensure that each investigator completes the signatory information in the table(s) below.

|  |  |
| --- | --- |
| **Lead Investigator** | **Lead Institution’s Signatory** |
| *Print Name:* | *Print Name:* |
| *Signature:* | *Signature:* |
| *Date:* | *Date:* |

Through the signatures of the above authorized officials delegated to sign on its behalf, the Lead Institution affirms it has the capacity in law to be responsible for the activities as detailed in the proposal. The Institution will provide the Applicant with the time, space and designated support to complete the project as described, and to complete progress reporting and financial statements on all award expenditures as required.

Please add Co-Investigator signatory tables as needed and ensure that each Co-Investigator (where applicable) completes the information.

|  |  |
| --- | --- |
| **Co-Investigator** | **Co-Investigator Institution’s Signatory** |
| *Print Name:* | *Print Name:* |
| *Signature:* | *Signature:* |
| *Date:* | *Date:* |

Through the signatures of the above-authorized officials delegated to sign on its behalf, the Co-Investigator Institution affirms it has the capacity in law to be responsible for the activities as detailed in the proposal. The Co-Investigator Institution will provide the Co-Investigator Applicant with the time, space, and designated support to complete the project as described, and to complete progress reporting and financial statements on all award expenditures as required.

# TABLE OF CONTENTS

Please update this table of contents prior to submission.

Contents

[1. COVER PAGE & SIGNATURES 6](#_Toc199498543)

[2. TABLE OF CONTENTS 8](#_Toc199498544)

[3. PROJECT SUMMARY 9](#_Toc199498545)

[4. DETAILED PROJECT PROPOSAL: ACTIVITIES, DATA ACCESS AND USE & JUSTIFICATION FOR FUNDING 9](#_Toc199498546)

[5. PROPOSED BUDGET 9](#_Toc199498547)

[6. BUDGET JUSTICATION 11](#_Toc199498548)

[7. APPENDICES, CERTIFICATES, & LETTERS 11](#_Toc199498549)

[8. DATA ACCESS REQUEST FORM 12](#_Toc199498550)

# PROJECT SUMMARY

Provide a plain-language summary of your project. Provide the context and goals of the project as well as any potential impact this project may have upon cancer patients. (500 words max)

|  |
| --- |
|  |

# DETAILED PROJECT PROPOSAL: ACTIVITIES, DATA ACCESS AND USE & JUSTIFICATION FOR FUNDING

Outline your proposal to develop proof-of-feasibility for Network data access and use for a Study. Detail the Network Data that will be accessed and used for the Study, including which Cohorts from which Sites, data types (clinical, processed somatic/germline data, raw somatic/germline genomic data). Detail the analysis that will be conducted and the readiness of both the methods and the personnel to be able to start immediately. Describe and demonstrate the plan to obtain local REB approval (or an amendment to an existing REB approval) in a timely manner. Detail the mechanism by which data will be accessed/downloaded from other Sites (e.g., CanDIG or alternative – may require communication with other Sites). Detail the location where study data will be securely stored, and the security safeguards that will be in place. Evidence of collaboration may be provided in attached letters, as well as evidence of support from relevant consortia leadership – see Section 8. (10 pages maximum, references and appendices can be added outside of the 10 page max.)

|  |
| --- |
|  |

Provide envisaged outcomes of the project and project milestones. (500 words max.)

|  |
| --- |
|  |

Describe readiness of the applicant Site to make data available for pilot projects led by other Sites (e.g., level of case completion, CanDIG node implementation, data ingestion, CanDIG node connection, confirmation from legal teams of readiness to share). (500 words max.)

|  |
| --- |
|  |

# PROPOSED BUDGET

Proposals can include budget for September 1, 2025 – March 31, 2026. The total budget may not exceed **$200,000** ($100,000 in MOHCCN Health Canada funds and $100,000 in match funds). Equipment costs must not exceed $5,000, unless otherwise approved by TFRI. Please see the [Eligible Expenditures Guideline](https://www.marathonofhopecancercentres.ca/docs/default-source/financial-reporting-templates-and-guidelines/quarterly-financial-reporting/4_mohccn-eligible-expenditures-v3_april-2023.pdf?Status=Master&sfvrsn=da6425f9_3) for more details.

**Personnel**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title (Includes Salary & Benefits)** | **MOHCCN HC Request ($)** | **Cash Match Commitment ($)** | **TOTAL ($)** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|  |   |   |   |

**Consumables**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **MOHCCN HC Request ($)** | **Cash Match Commitment ($)** | **TOTAL ($)** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|  |   |   |   |

**Others**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **MOHCCN HC Request ($)** | **Cash Match Commitment ($)** | **TOTAL ($)** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|  |   |   |   |

**SUMMARY OF BUDGET REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **MOHCCN HC Request ($)** | **Cash Match Commitment ($)** | **TOTAL ($)** |
|  Personnel |   |   |   |
|  Consumables |   |   |   |
|  Others |   |   |   |
| **TOTAL** |   |   |   |

# BUDGET JUSTICATION

Provide a justification for your budget (1 page maximum). Note that match letters to confirm funding support are required (see section 8).

|  |
| --- |
|  |

# APPENDICES, CERTIFICATES, & LETTERS

Provide a list of all attachments submitted with this proposal, including appendices, certificates, letters of support and/or collaboration, and required match letters.

|  |  |
| --- | --- |
| **Type of attachment (certificate, letter, etc.)** | **Description** |
|  |  |
|  |  |
|  |  |
|  |  |

*\*Add more rows to this table as necessary*

# DATA ACCESS REQUEST FORM

**REQUESTER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |   | **Title** |   |
| **Email** |   | **Institution** |   |

**PRINCIPAL INVESTIGATOR (PI) INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** (non-confidential) |   | **Email** |   |
| **Title** |   | **Institution** (non-confidential) |   |
| **Does the PI have Individual Membership with MOHCCN?** | Yes / No / Requested |

**RESEARCH TEAM INFORMATION**

All team members who will have access to the data are to be listed here. All individuals are under the supervision of the PI.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | **Full Name** |   | **Email** |   |
|  | **Role** |   | **Institution** |   |
| **2** | **Full Name** |   | **Email** |   |
|  | **Role** |   | **Institution** |   |

*Add sets of rows as needed.*

**PROJECT INFORMATION**

|  |  |
| --- | --- |
| **Project Title** (non-confidential) |   |
| **Lay Summary**(500 words max, non-confidential) |   |
| **REB #** |   |
| **Funders** (mark with \* if a for-profit entity) |   |
| **Describe the project objectives and how it will use MOHCCN data** (500 words max) |   |
| **Describe any risks to MOHCCN** (500 words max) |   |

**REQUEST DETAILS**

|  |  |
| --- | --- |
| **Type of Request** | New / Renewal / Resubmission |
| **If resubmission, highlight changes** (500 words max) |   |
| **Cohorts Requested** (program\_id) |   |

**DATA SECURITY**

|  |  |
| --- | --- |
| Does the Study require download of data by Requestor, and if so which data types? (500 words max) |   |
| If data are downloaded, detail the location where data will be stored and analyzed, and the data security safeguards in place. (500 words max) |   |

**ACKNOWLEDGEMENT AND SIGNATURE**

By signing this form, you attest and confirm that:

* You have read, understood and will comply with MOHCCN policies and protocols,
* The PI is an individual Network Member, based at a Network Institution,
* The project is Research Ethics Board (REB) approved,
* The project is an academic, non-commercial study,
* It is the researcher’s responsibility to maintain the privacy, confidentiality and security of any accessed data,
* In the case data are downloaded by the researcher, the researcher has adequate data security safeguards in place. the researcher will cease access and return/destroy data at the end of the Study or in case of early termination, and
* That all listed team members are under the supervision and responsibility of the PI.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |   | **Date** |   |

***For TFRI Office Use Only***

|  |  |  |  |
| --- | --- | --- | --- |
| **Req Number** |  | **DAC Review Date** |  |
| **DAC Decision** |  |
| **Implementing Email Date** |  | **CanDIG Notification Date** |  |
| **Notes** |  |