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**TERRY FOX RESEARCH INSTITUTE &**

**MARATHON OF HOPE CANCER CENTRES NETWORK APPLICATION**

**Technology Development Award Application Form**

1. **COVER PAGE & SIGNATURES**

|  |  |
| --- | --- |
| **Name of Lead Investigator**1 |  |
| **Lead Investigator Email:** |  |
| **Lead Institution** |  |
| **Project Title** |  |
| **Forecasted Total Budget** | $ |
| **Proposed Start Date** |  |
| **Proposed End Date** |  |
| **Investigator Names** 2 | **Institutions** |
|  |  |
|  |  |
|  |  |
|  |  |

1Lead Collaborator would act as the point person for the project communications and facilitate general coordination with the project’s other collaborating institutions to meet project-level deliverables, consolidated scientific, performance measurement, financial reporting or other duties as required in the project’s MOHCCN Research Project Grant Agreements (RPGA) and TFRI Matching Award. Preparation and submission of regular scientific, performance, financial, and other reports are generally the responsibility of each Collaborating Institution unless specified in the RPGA and TFRI Matching Award Agreement.

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 tables as needed and ensure that each co-investigator completes the signatory information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Co-Investigator Name** |  | **Email** |  |
| **Job Title** |  | **Tel.** |  |
| **Collaborating Institution** |  | | |
| **MOHCCN Member**  **(Signed Joinder Agreement)** | **YES / NO** | | |
| **Co-Investigator Signature** | **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.

1. **TABLE OF CONTENTS**

Add the final page numbers for the major heading identified below and add any additional section headings to help the reader access the material. Please use Avenir Next LT Pro font, size 11, single spacing throughout your application.

1. Cover Page & Signatures 1-2
2. Table of Contents 3
3. Project Summary (Plain Language) 4
4. Detailed Project Proposal x
5. Proposed Budget x
6. Budget Narrative / Justification x
7. Certificates and Letters (List) x
8. Appendix A – Eligible Expenses x
9. **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 maximum)

|  |
| --- |
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**4. DETAILED PROJECT PROPOSAL: ACTIVITIES, COLLABORATIONS & JUSTIFICATION FOR FUNDING**

Outline your proposal to develop proof-of-principle or proof-of-feasibility data for additional profiling approaches to be used in the Network. Detail the technology, evidence of its use in the applicant(s)’s labs, plan for standardization, reproducibility (at more than one site), and data processing/export. Describe details of the overall project activities, deliverables (minimum 20 samples), and timeline and include performance measurement metrics to be used as well as any risk factors. Projects are expected to be able to start quickly (August 2024). Detail roles and responsibilities of all key players, as well as collaborative mechanisms for management, communication, ongoing decision making, and dispute and conflict resolution. Special consideration will be given to projects that include multiple sites; however, this is not a requirement. Industry collaborations are also encouraged. (3 pages maximum – references not included)

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**5. PROPOSED BUDGET**

Proposals can include budgets up to 2 years (Year 1 will begin funding August 2024). Total budgets may not exceed $250,000. Equipment costs must not exceed $5,000, unless otherwise approved by TFRI. Please see Appendix A for more details.

**Personnel**

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: Salary & Benefits | Year 1 | Year 2 | TOTAL |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ANNUAL TOTAL |  |  |  |

**Consumables**

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Year 1 | Year 2 | TOTAL |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ANNUAL TOTAL |  |  |  |

**Others**

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Year 1 | Year 2 | TOTAL |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ANNUAL TOTAL |  |  |  |

**SUMMARY OF BUDGET REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| Expense Category | Year 1 | Year 2 | TOTAL |
| Personnel |  |  |  |
| Consumables |  |  |  |
| Others |  |  |  |
| ANNUAL TOTAL |  |  |  |

**6. BUDGET NARRATIVE / JUSTIFICATION**

Shape

 Maximum 1 page budget justification.

**8. CERTIFICATES & LETTERS** **(LIST)**

Shape

 Append required certificates and letters to this application and provide the complete list of appended documents here (add rows to this table as necessary).

* Certificates may include any documentation referenced in your proposal or that may help to provide further evidence of preparations made for this project;
* Letters may include confirmation of collaborations with researchers, institutions, and/or industry partners.

|  |  |
| --- | --- |
| **Description of Certificate or Letter** | **Appended (Y/N)** |
|  |  |
|  |  |
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**Appendix A - Eligible Expenditures for Projects**

Eligible expenditures are identified in approved budgets as part of each Technology Development Project and must be directly used to provide for deliverables for each approved project. A project is defined as a Terry Fox Research Institute / Marathon of Hope Cancer Centres Network approved research activity as detailed in an annual Research Project Grant Agreement (RPGA) to be signed between each Institution and TFRI.

**Ineligible Expenses Include:**

1. Expenditures before or after the RPGA Period of Performance term dates.
2. In-kind contributions or allocations1.
3. Indirect costs or allocations1.
4. Equipment not included in the approved RPGA project budget2.
5. Grants, sub-grants, or other award costs.
6. Academic support/fees for trainees/students such as stipends or fellowships.
7. Overhead or any infrastructure charges (i.e., institutional, department, building maintenance, rent, insurance, library, etc.).
8. Telecommunication costs not wholly auditable as directly used up in the approved project, such as monthly cellular plans, home internet, etc.
9. Entertainment or hospitality costs.
10. Membership or professional development fees.
11. Activities not part of the approved project scope in the RPGA.
12. All standard of care costs for a patient, including those patients enrolled on a clinical trial or another research project.
13. Any expenses which cannot be audited.
14. Unreasonably high or unusual rates charged to the project.
15. Lobbying-related expenses.

**1*In-Kind contributions or indirect cost allocations:*** an in-kind contribution is defined as a non-monetary contribution of a good or service. Typically, in-kind support in research can include time, services, equipment access, office or lab space, administrative support, or any other supplies or goods that support the research project but do not get paid for in cash by the researcher’s own grant funds – *non-monetary transactions*. While in-kind support can be very helpful to a project, in-kind contributions are not an allowable expense under the Health Canada agreement and RPGAs. Similarly, indirect cost allocations such as those based on standard percentages are not eligible because the percentage is an indirect estimate and not directly traceable to the actual amount of the expense used by the project activities. For this reason, indirect costs, overhead percentages and other cost allocations are not eligible expenses. An expense is considered direct if the actual amount of expense used on the MOHCCN project is clearly calculable, justified and auditable.

**2Equipment Costs:** Equipment costs must not exceed $5,000, unless otherwise approved by TFRI. Additionally, since the Health Canada funding is for direct, measurable costs related to expenses for the MOHCCN, only the cost of the equipment that can be reasonably attributed to work on MOHCCN deliverables can be included as a Health Canada expenditure. As long as the allocation basis is reasonable, and you can calculate the percentage of the machine use that will be spent on MOHCCN deliverables (i.e. percent of annual sectioning that relates to MOHCCN cases; or percent of annual hours of machine use that relates to MOHCCN cases; or another basis that is reasonable), that percent cost can be charged to MOHCCN funds.

**Annual Audit of Cash Match Expenditures:**

Annually, Health Canada requires TFRI to engage an external audit firm to conduct an audit of cash match expenditures reported to March 31 each year by each collaborating institution. The Audit firm will contact each collaborating institution directly for backup as to the source, amount and justification details in June each year.

*Last update March 2024. This eligible summary will be updated as needed.*