

**INOVAIT Pilot Fund, Fall 2023 Call for Applications (CFA)**

**Application Questions**

**WARNING: THIS IS NOT THE APPLICATION FORM! DO NOT SUBMIT THIS AS YOUR APPLICATION!** This document serves to assist with the preparation of your application only, as it contains the questions you will encounter in the INOVAIT Funding Portal (<https://inovait.smartsimple.ca>) during the application period. **Only applications submitted to the portal will be accepted.**

Before filling out the application questions, please read the *Guide for Applicants* document. Pertinent information about eligible organizations, expenses, and evaluation criteria are detailed within.

Provide reasoning and data where applicable to support your application. Demonstrate how your project addresses INOVAIT’s objectives and priorities. This is a short-term project so be sure your budget, milestones, and timelines are appropriate and achievable.

Questions can be addressed to [inovait@sunnybrook.ca](mailto:INOVAIT@SUNNYBROOK.CA).

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| Project INFORMATION |

## Project Title

## *1. Enter the title of your Pilot Fund project. Note that this project title can be used in public communications. (Maximum of 150 characters, including spaces)*

## Brief Project Summary

## *Describe your project, high-level objectives and goals. This summary may be used to describe your project in public communications. (Maximum of 600 characters)*

## Project Description

## *Describe the main clinical need and/or commercial opportunity the project will address. (Maximum 850 characters)*

## *Provide a detailed description of the proposed technology and resulting product(s) that address the need described above. Speak to its advantages compared to existing solutions and include any potential for the technology developed under this proposal to advance the IGT and/or AI discipline(s) and Canada’s status in the sector(s). (Maximum 3000 characters)*

## *Describe the algorithms, techniques, and approaches that will be used to this project to integrate artificial intelligence or other data capabilities into an image-guided therapy application. If your project depends on obtaining imaging data, indicate whether you already have access to this data or how you plan to obtain it. (Maximum 1700 characters)*

## *Describe the project’s short-term objectives (within Pilot Fund phase) and long-term potential impact (post-INOVAIT funding), and the expected outcomes. (Maximum 1700 characters)*

## *Provide information about any potential risks that may impede the achievement of your short-term objectives (within grant funding phase) and briefly describe your mitigation plan. (Maximum 1200 characters)*

## *Select the range of Technology Readiness Level (TRL) that best defines the activities associated with your project in this round of funding.*

## *( ) Industrial Research (TRL 1-3)*

## *( ) Large-scale technology demonstration (TRL 4-6)*

## *( ) Late-stage product commercialization (TRL 7-9)*

## *Explain briefly if needed. (Maximum 600 characters)*

## *Justify how your project fits with INOVAIT’s mandate and explain why there is a need for INOVAIT investment. (Maximum 850 characters)*

## Benefits to Canada: Data sharing

## *Will this project result in medical imaging or related data? Yes( ) or No ( )*

## *Will that data be shared with other Network Members? Yes( ) or No ( )*

## *If Yes, explain what data will be shared and how it will be made available. If No, explain why it would not result in medical imaging or related data, or why it is important or required for you and your collaborators to not share the data generated. (Maximum 1200 characters).*

## Benefits to Canada: Economic Impact and Innovation Benefits

## *Briefly describe the possible path(s) to commercializing your technology and what you have completed so far. What are your initial target customers and why these groups? Who are your competitors? What regulatory hurdles do you face? Describe your innovation’s potential to make a disruptive market impact in Canada and beyond. (Maximum 3000 characters)*

## *What is the estimated economic impact of this project for Canada and the IGT sector? Do you plan to seek Health Canada approval to make sales in Canada? What are the other benefits to Canada (e.g. collaboration outcomes, talent recruitment/retention, new investment, impact on Canadian healthcare systems) that will result from the project? Include rationale, assumptions, and any other relevant details for your answer to help us better understand and assess your application. (Maximum 2500 characters)*

1. *Use the table below to enter your expected achievement on the following Key Performance Indicators. Should you receive funding, these KPIs will be reported and tracked against these projections.*

|  |  |  |
| --- | --- | --- |
| **Key Performance Indicator** | **Definition** | **During Project Period** *(Assuming your project is selected for the Pilot Fund)* |
| Number of invention disclosures | *The number of invention disclosures, provisional, utility, and patent cooperation treaty (PCT) patent applications that will be filed by collaborators as well as the number of patents issued during the project period based on project-generated intellectual property.* |  |
| Number of provisional patent applications |  |
| Number of PCT applications |  |
| Number of national phase patent applications filed in two or fewer countries |  |
| Number of national phase patent applications filed in three or more countries |  |
| Number of issued patents (incl. all jurisdictions) |  |
| Number of technologies advanced through different levels of development | *The number of technologies related to the project that will move up one or more Technology Readiness Level(s) (TRLs).* |  |
| Number of jobs created | *The FTE of new jobs that will be created during the project and the FTE of jobs that will be maintained by collaborators across all project years.* |  |
| Number of jobs maintained |  |
| Amount of investment received by Ultimate Recipients | *The amount of investment and financing, in Canadian dollars that will be raised by collaborators across all project years.* |  |
| Number of clinical studies | *The number of project-related clinical studies that collaborators will complete across all project years.* |  |
| Number of new regulatory approvals | *The number of new project-related regulatory approvals (in all countries) that will be received by collaborators across all project years.* |  |
| Number of new products launched | *The number of project-related unique products (including services) that will be introduced to the market by collaborators during the project.* |  |
| Amount of incremental sales | *The gross annual sales, in Canadian dollars, of project-related products in the fiscal year most aligned with the last year of the project less the gross sales, if any, of similar products in the fiscal year prior to receiving INOVAIT funds.* |  |

**Full-time equivalent (FTE):** A measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work.

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| Collaborators, CAPACITY, and risks |

**Table of Collaborators**

## *Who are the collaborators on your project? (Include the project lead as a collaborator.) What are their roles in implementing your project? You should only include collaborators that will be Ultimate Recipients if your project is selected.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Key Contact and Contact Information** | **Organization and Primary Location (City, Province/Territory)** | **Organization Type**  *(SME, Academic Institution, Healthcare Institution, Not-for-Profit / Government Entity, MNE, Other [Please Specify])* | **Role in Project** (*Maximum 700 characters each)* |
|  |  |  |  |

*Additional questions for each collaborator:*

|  |  |
| --- | --- |
| **Year Incorporated** |  |
| **CRA Business Number** |  |

## In these sections describe the capabilities and experience of the project collaborators to achieve the desired outcomes.

## Technological Capability

## *Provide any previous experience your project team has in implementing a similar project. Describe you and your collaborators’ historical track records as it relates to technological development and outcomes of past R&D to demonstrate that you have the capability to undertake this project and provide continued support at completion. (Maximum 2000 characters)*

## Commercial Capability

## *Provide the pertinent experience and expertise of the project team to demonstrate a capability to commercialize your medical technology. (Maximum 2000 characters)*

## Financial Capacity

## *Provide details of your and your collaborators’ financial capacity to meet the expenditure requirements for the project and to continue development thereafter. (Maximum 1500 characters)*

## Risks

## *There will be a wide range of applications submitted; from start-up companies to MNEs, from technical to clinical, from device to software, from established to nascent labs. Use this section to describe the largest perceived weaknesses and questions that you believe the reviewers will identify with your application, and why your application should be funded despite these weaknesses. Some example areas that you may wish to address: (i) For a project that has been under development for a long time with minimal commercial outcome or investment, why is now the time for it to succeed?; (ii) If you are a nascent company, identify and speak to lack of a track record; (iii) For large well-funded organizations, discuss how this funding will be impactful; (iv) If you are strong technically, but without clinical partners, how will you overcome challenges with clinical adoption; (v) If you are looking to train an AI algorithm, how you ensure you can obtain enough data. (Maximum 2000 characters)*

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| Project Milestones |

## *List up to 8 key milestones for the project and timelines in the table below. (Add rows as necessary - Date Format: YYYY-MM-DD)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Milestone** | **Milestone Description / Activities and Steps to Achieve Milestone** | **Specific and Measurable Indicator** | **Expected**  **Completion Date** |
| R&D Milestones |  | |  |
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| Commercialization Milestones | | |  |
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| Project Financial information |

1. *Complete and attach the INOVAIT Budget Workbook.*

## *What are the non-INOVAIT sources and types (company, foundation, government) of funds that will be contributing to project expenditures?*

1. *Indicate that you understand that there is a limit on the combined level of financial assistance from all government (federal, provincial territorial, municipal) sources not to exceed seventy-five percent (75%) of Eligible Supported Costs incurred by Industry Collaborators and one hundred percent (100%) of Eligible Supported Costs incurred by Academic Collaborators.  
   I Understand ( ).*

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| Core Team |

## *Provide brief proposal-relevant biographies for the core members of your project team.*

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| Signatures |

1. *Indicate that every project collaborator has read and understood the INOVAIT Ultimate Recipient Agreement template and will commit to commence legal review promptly after receiving a notice that your project has been selected, returning redlines within 30 business days of notice.  
   I Understand ( ).*

The undersigned can bind the Project Lead and acknowledges that the information and documentation provided is true, accurate and complete.

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| --- | --- | --- |
| Name and Title of Project Lead | Signature | Date (yyyy-mm-dd) |
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| ATTACHMENTS |

***Required***

* INOVAIT Budget Workbook
* Signed letters of support from all project collaborators indicating their role and commitment to contribute
* Application signature sheet (generated by SmartSimple)

***Optional***

* Suggested Expert Reviewers