

**INOVAIT Pilot Fund, Winter 2025 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. Be sure to include any diseases/clinical areas targeted. (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. *Complete the “During Project Period” column of the Projected Key Performance Indicator table for your expected achievement during this project should you receive funding. The numbers indicated should be the total among all collaborators. Should you receive funding, the actual indicators will be reported quarterly and tracked against these projections.*

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| **Key Performance Indicator** | **Definition** | **During Project Period** |
| 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). A technology is the embodiment of an idea that results from the creative work performed during research. A technology is a single innovative idea, no matter how many patents, copyrights, or disclosures may be included in the technology.* |  |
| Number of new products, processes, or services commercialized | *The number of project-related unique products, processes, or services that will be introduced to the market as a result of the project during the project period. [Applies to Industry Collaborators only]* |  |
| Number of invention disclosures | *Total number of project-related invention disclosures, no matter how comprehensive, that were submitted by a researcher on the project to your organization during the project period.* |  |
| Number of provisional patent applications | *The number of provisional patent applications filed by your organization based on project-related intellectual property.* |  |
| Number of patent applications (excluding provisional patent applications) | *The number of project-related patent applications filed by your organization during the project period. These may include PCT applications, national phase applications or convention applications. These, however, do not include provisional applications.* |  |
| Number of national phase patent applications filed in two or fewer countries | *The number of project-related patent applications filed by your organization during the project period that were submitted in two or fewer countries.* |  |
| Number of national phase patent applications filed in three or more countries | *The number of project-related patent applications filed by your organization during the project period that were submitted in three or more countries.* |  |
| Number of issued patents (incl. all jurisdictions) | *The number of project-related patents issued to your organization during the project period.* |  |
| Number of jobs created | *The FTE of jobs that did not exist within your organization prior to the project period but which was created as a result of the project.* |  |
| Number of jobs maintained | *The FTE of jobs that existed within your organization prior to the project period but would have not continued or would have likely been lost had this project not been funded.* |  |
| Number of unique co-op positions created during the project period | *The number of project-related co-op positions filled at your organization during the project period. A co-op position is a minimum of a four-month term completed by a student registered at a university or college. Count unique students only; a student completing multiple terms count as 1 co-op position no matter if the terms were consecutive.* |  |
| Number of co-op terms during the project | *A co-op term is counted for each four-month work stint completed by a student registered at a university or college. For example, two co-op students each participating in a six-month term would count as 2 × (6/4) = 3.0 co-op terms.* |  |
| Publications in journals and presentations at conferences both peer and non-peer reviewed | *The number of project-relevant publications and presentations made by your organization during the project period. If two or more project collaborators are involved in the same publication/presentation, only count it for the lead author/presenter and their respective organization. Use comments to clarify, if necessary.* |  |
| Number of new regulatory approvals | *The number of project-related regulatory approvals (in all countries) that have been received by your organization during the project period.* |  |
| Number of clinical studies | *The number of project-related clinical studies that your organization has completed during the project period. If two or more project collaborators are involved in the same clinical study, only count it for the lead organization. Use comments to clarify, if necessary.* |  |
| Amount of investment received by Ultimate Recipients | *The amount of investment and financing (not including INOVAIT funds), in Canadian dollars, that has been raised by your organization during the project period. [Applies to Industry Collaborators only]* |  |
| Amount of incremental sales | *The gross annual sales, in Canadian dollars, of project-related products in the fiscal year most aligned with the final year of the project less the gross sales, if any, of similar products in the fiscal year prior to receiving INOVAIT funds. [Applies to Industry Collaborators only]* |  |

**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.*

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

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

## 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)*

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| --- | --- | --- | --- |
| **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