Canadian Centre *for*
Aging & **Brain Health Innovation**

Researcher Clinician Partnership Program (RCP²)

2017 Call for Innovations & Information Package

IMPORTANT DATES

RCP² Announcement	February 16, 2017
Applicants submit expression of interest (online)	March 30, 2017 (by 5:00 PM EST)
Applicants invited to submit application	April 27, 2017
Applicants submit application including letter of support	May 25, 2017 (by 5:00 PM EST)
Applicants notified	July 8, 2017
Sign agreements	August 31, 2017
Start project	September 2017

1. Overview

About CC-ABHI

The Canadian Centre for Aging and Brain Health Innovation (CC-ABHI), located at Baycrest Health Sciences (Baycrest) in Toronto, Canada, is a solution accelerator focused on driving innovation in the aging and brain health sector. Established in 2015, it is the result of the largest investment in brain health and aging in Canadian history.

CC-ABHI is a first-of-its-kind partnership in aging and brain health, bringing together players in healthcare, sciences, industry, and the government. Its mandate is to be a solution-accelerator for the design and development of technology and/or practice-related innovations that will allow older adults to age safely in the setting of their choice while maintaining their cognitive, emotional, and physical well-being.

Innovation in the senior care sector is vital to address the brain health and care needs of an ever-increasing number of older adults. Accordingly, CC-ABHI facilitates collaborations between leading seniors' care organizations in North America and those innovators from around the globe with promising solutions in the following areas: non-invasive medical devices, emerging technologies, wellness and digital health solutions, healthcare delivery practices, therapeutic approaches, and practitioner/caregiver training and support.

CC-ABHI's Programs in 2016-17

Programs

As part of its mandate, CC-ABHI is launching the following competitive programs:

Spark Program

The Spark Program will support the development of early-stage innovations with the potential to drive forward solutions in the field of aging and brain health. These early-stage innovations will have been conceptualized by point-of-care staff and/or service delivery staff involved with healthcare delivery for older adults. Funding will support proof-of-concept testing over a 6 to 12 month timeline within CC-ABHI associated healthcare delivery or service provider organizations in Canada and/or the United States.

Industry Innovation Partnership Program

The Industry Innovation Partnership Program (I^2P^2) seeks to bridge the gap between companies with innovative aging and brain health products/services that are at an advanced stage of development, and healthcare institutions seeking solutions to challenging issues in aging and brain health. The program will enable successful applicant companies world-wide to test and validate their technology so as to obtain the evidence needed to successfully market their product in the seniors' care and brain health marketplace. Applicants must have an advanced product or service that they would like to test with older adults at a North American trial partner site.

RCP[2] Program

The Researcher-Clinician Partnership Program (RCP[2]) will bring clinicians and researchers together to work as a team to accelerate promising solutions - products, services, and practices - in aging and brain health. RCP[2] supports collaborative teams of clinicians and researchers to refine, test, validate, and disseminate their innovative solutions in real-world settings. Funding will support solutions that are at an advanced stage of development, with promising scalability and appropriate for user testing and validation within a 12 to 18 month timeline. By participating in this program, innovators can seek to obtain evidence that their solution is clinically, technically, commercially, and operationally feasible, and thus has the potential to be implemented with system-wide impact.

Knowledge Mobilization Partnership Program

The Knowledge Mobilization Partnership Program (KMP[2]) will support the dissemination of best and next practices across stakeholder groups so as to drive forward a culture of innovation and solution adoption in the aging and brain health sector. This program will enable older adults, their circle of care, and professional healthcare practitioners to gain access to knowledge and skills and sustained behavior change pertaining to evidence-based evolving practices in aging and brain health, thereby resulting in improved health outcomes and quality of life.

2016-17 Innovation Themes

CC-ABHI is committed to accelerating innovative solutions that support positive health outcomes and quality of life in the aging and brain health sectors, by testing or supporting the testing of such solutions. In 2016-17, CC-ABHI's focus will be on testing innovative solutions that are aimed at addressing the specific themes listed below:

1. **Emergency Department Visits:** Solutions that avoid or reduce unnecessary emergency department visits for older adults living with dementia.

2. **Falls Prevention**: Solutions that prevent falls, or mitigate injury due to falls, in older adults with dementia.

3. **Aging at Home**: Solutions for better management of complex chronic conditions for older adults with dementia living at home.

4. **Cognitive Fitness**: Solutions that improve brain health or cognitive fitness in older adults.

2. RCP^2 Program

2.1 Call for Innovations (2017)

Projects and Requirements

CC-ABHI's mission is to accelerate solutions including products, services, and practices that address the needs of aging adults and the challenges of an aging population, and to advance the translation of research from knowledge to outcomes, and to improve the quality of life and health outcomes for older adults.

The Researcher-Clinician Partnership Program (RCP^2) will support teams of clinicians and researchers to refine, test, validate and disseminate innovative solutions in real-world settings. Each team must include at least one researcher and at least one clinician working jointly on study design, trial implementation, data collection, analysis and reporting. Each team may also include educators, industry partners, and end-users (e.g. older adults, families, caregivers or providers).

Selected solutions must be at an advanced stage of development, with promising scalability and appropriate for user testing and validation within a 12 to 18 month timeline. Projects may entail second-stage field trials or pilot testing of the product, service or practice, including evaluation and implementation with older adults in a real-world clinical setting or in the community to demonstrate effects related to quality of life or health outcomes.

Testing must measure and evaluate clinical utility, safety and health outcomes, the impact of the solution on care delivery and older adult or end-user outcomes, and include a plan for large-scale knowledge dissemination within the sector. Activities could include pilot testing and solution scalability, and solutions will harness translational science and clinical research to enhance the quality of life or health outcomes of older adults with innovative products, services, and practices. CC-ABHI will not fund initiatives that involve basic fundamental research, academic-oriented activities, pharmaceutical clinical trials or incubators for start-ups.

The selected teams may partner with third-party technology companies to further refine and implement their respective solutions. The third-party technology company may also provide cash and/or in-kind support to the project.

KEY ELEMENTS OF CC-ABHI'S 2017 RCP^2 INNOVATIONS CALL

- ✓ Accelerates solutions – products, services & practices in aging and brain health that are at an advanced stage of development and promise scalability

- ✓ Advances translational research in aging and brain health by adopting a model and strategy of collaboration and partnership where clinicians and researchers work together with teams, end-users, industry, educators or others

- ✓ Demonstrates excellence and direct impact of a product, service or practice on one or more of CC-ABHI's 2016-17 Themes:
  - Emergency Department Visits
  - Falls Prevention
  - Aging at Home
  - Cognitive Fitness

- ✓ Promises feasibility and scalability across multiple organizations in Canada and North America – through partnerships leveraged resources, engagement of end-users and knowledge-to-action plans

- ✓ Provides funding up to a maximum of CAD $600,000 for testing over 12 to 18 months.

Canadian Centre *for*
Aging & **Brain Health Innovation**

RCP² Team and Role of the Host Institution

The RCP² Team

- Applicants to the RCP² program must organize themselves into a team. Each team must include at least one clinician and one researcher. One individual on the team will be identified as the Lead Applicant (Principal Investigator (PI)). The PI must be either the lead researcher or lead clinician on the team and must be employed by an institution that is a Canada Revenue Agency qualified donee located in Canada.

- Teams may include additional clinicians, researchers, educators, industry partners, and end-users located worldwide.

- Teams must demonstrate real and meaningful collaboration by jointly engaging in study design, trial implementation, data collection, data analysis, interpretation, and reporting.

- The RCP² team must support:

  - Development or refinement of the protocols and assessment methodologies necessary for conducting a scientifically valid trial.

  - Execution of the trial including appropriate consideration of ethics, participant recruitment, data collection, and data management.

  - Completion of quantitative and qualitative analyses, interpretation of results, and generate a final report to disseminate the findings.

- Applications from existing collaboration networks or new relationships among multidisciplinary and multi–organization teams of clinicians and researchers will be accepted.

Role of Host Institution

The institution that employs the team's PI will be designated as the Host Institution. The Host Institution must be an institution that is a Canada Revenue Agency qualified donee located in Canada.

- The Host Institution will be responsible for receiving, and administering the funding, as well as overseeing the activities and reporting.

- The Host Institution will enter into a contract with CC-ABHI that will detail the roles, responsibilities, accountabilities and reporting requirements for the project. If applicable, the Host Institution will also be responsible for contracting with other institutions employing team members on the project.

- The Host Institution will be responsible for distributing funds received from CC-ABHI to support the activities of project team members at their partner organizations.CC-ABHI reserves the right to require other members of the project team to execute agreements in connection with the project.

- The Host Institution will provide facilities, management and support (direct and indirect) for the project team so that they can effectively and efficiently engage in the proposed project.

- The Host Institution will ensure compliance with, and oversight of, applicable regulatory requirements and best practices in research related to recruitment, consenting, privacy, data security, ethics and training.

- Where applicable, the Host Institution will support and share project costs related specifically to the advanced development and/or testing of the innovative solution in the realm of aging and brain health for the benefit of the public.
- Where applicable, the Host Institution will provide the project team with access to a population of test subjects by either drawing on its own client base or through drawing on the client base(s) of the organization(s) collaborating on the project.

If your project is based on an innovative product or service, it must meet the following requirements:

- Product(s) must score a Technology Readiness Level of 7, 8 or 9, as defined by the Build in Canada Innovation Program (BCIP).
- Product or service is sufficiently advanced, and supported by data that indicates strong potential for a positive and broad impact to enable a 12 to 18 month trial.
- Applications are backed by data that demonstrates direct impact of product or service on CC-ABHI's 2016-17 innovation themes.
- Product or service has the potential to be scaled across multiple organizations in Canada and North America in future, as demonstrated by data showing project feasibility. For example:
  - Has the interest and support from other organizations as potential adoption partners. If possible, included letter of support from partner organizations.
  - Has an experienced team ready to act as change agents to spread the uptake of the product or service among health service providers and integrate it into care delivery.
  - Has a knowledge-to-action plan to support the transfer and exchange of knowledge.
  - Has capacity to foster partnerships and leverage resources and/or funds to further refine and test the product or service.
  - Has a third party industry provider as part of the team ready to package and deploy the solution into the marketplace once proven to be effective and scalable.
- Support integration by bringing together multi-disciplinary teams, coordinating care management along the continuum of care and bridging care transitions.
- Provide background information about the product or service (e.g. How is it different from usual care? What does it consist of? What does it 'look' like? Are there contextual aspects that may affect the outcomes of this project and generalizability to other sites?).

If your project is based on an innovative practice, it must meet the following requirements:

- Clinical practice research that is at either stage T2, T3 or T4: (The Harvard Clinical and Translational Science Centre. Harvard Catalyst. http://catalyst.harvard.edu/pathfinder/):
  - T2 research yields knowledge about the efficacy of the interventions in optimal settings.
  - T3 research yields knowledge about how interventions work in real-world settings.
    Exemplified by:
    - Health Services Research (Dissemination, Communication, Implementation)
    - Clinical Outcomes Research
  - T4 research ultimately results in improved global health.
    Exemplified by:

- Population-level Outcome Studies
- Social Determinants of Health

- Sufficiently advanced and backed with data and resources from the Host Institution to enable a 12 to 18 month trial.
- Aligned with CC-ABHI's 2016-17 innovation themes.
- Has the potential to be scaled across multiple organizations in Canada and North America as demonstrated by data showing project feasibility. For example:
    - Has the interest and support from other organizations as potential adoption partners.
    - Has an experienced team ready to act as change agents, to spread the uptake of the practice among health service providers/users and integrate it into care delivery.
    - Includes a knowledge-to-action plan to support the transfer and exchange of knowledge.
    - Has capacity to foster partnerships and leverage resources and/or funds to further refine and test the practice.

Funding Available

Funding from CC-ABHI
- CC-ABHI will support project costs that are directly associated with the trial of an innovative solution (product, service, or practice), to a maximum of CAD $600,000 with a 12 to 18 month timeline for completion. Refer to the RCP[2] Program Eligible Expense Guideline (the current version of which is set out on pages 16 to 18) for information on eligible project costs.

Funding from the Host Institution
- No specific amount of matching funds from the Host Institution is required to apply for the RCP[2]. However, preference will be given to applications that demonstrate how CC-ABHI's funding will leverage support from other funding sources. For example, applicants might show evidence of government, industry partner or institutional commitment through a blend of cash and/or in-kind contributions such as office or lab space, equipment, connectivity, staff salaries, etc.
- CC-ABHI funding will be provided to the Host Institution employing the PI. If applicable, the Host Institution is to submit details regarding its part of the investment into the project and as part of the regular progress reporting, and provide evidence of expenditures.

Flow of Funds from CC-ABHI
- To facilitate a rapid ramp-up, CC-ABHI will release to the Host Institution an initial payment of 40% of the approved project budget at the start of the project.
- Two subsequent interim payments of 25% of the approved project budget will be released to the Host Institution when project milestones and deliverables have been met and the progress and financial reports have been received from the Host Institution.
- A holdback of 10% of the project budget will be released to the Host Institution upon project completion when project milestones and deliverables have been met and the final progress, financial reports, and attestation regarding the use of funds have been received from the Host Institution.
- The Host Institution will be accountable for the completion of reports detailing project milestones and deliverables and performance. The Host Institution must appoint a project manager to oversee and coordinate project activities by all partner organizations and team members.

- CC-ABHI has the right to terminate funding at any time during the course of the project should any of the following determinations be made:
  i. Project will likely not be completed on schedule or on budget;
  ii. interim results are unsatisfactory and demonstrate low likelihood of achieving anticipated outcomes;
  iii. one or more of the milestones cannot be met, or has not been met, within the agreed timeframe as outlined in the Project Charter;
  iv. the conclusion reached through CC-ABHI's project review process is that the overall goals of the Project will likely not be met; or
  v. the signatories have defaulted on one or more of their obligations to CC-ABHI.

Ownership rights

CC-ABHI will not retain any ownership rights to the intellectual property associated with the solution (product, service, or practice) but will retain the right to disseminate the findings of the testing completed.

2.2 Selection Criteria

All applications will be evaluated based on the following selection criteria:

1. Strategic Alignment with program themes and requirements:
   - Program Themes: How well does the proposed project align with the innovation themes for 2016-17?
   - Program Requirements: How well does the proposed project align with the program and requirements as set out in Section 2.1 of this call for innovations?

2. Needs Assessment:
   - How well does the project address an important societal need in the realm of aging and brain health? The project must demonstrate an understanding of the user's needs and show how these were taken into account for the final product, practice, or service.
   - How well is the proposed project supported by sound clinical and/or scientific evidence?

3. Proposal Clarity:
   - Does the proposal clearly delineate a framework including project outputs, outcomes, relevant performance metrics and success indicators, project plan, timelines, and key milestones?

4. Project Feasibility and Scalability:
   - Project Feasibility: What is the likelihood that the project will be successfully implemented from the perspective of available funds, resources, skills, timeline, and technologies? The Signatories must understand and accept that developing scientific evidence to prove the efficacy of their solution will take time and resources.
     o Typically, 12 to 18 months are needed from project start to the completion and analysis of pilot results. Preference will be given to projects with the potential to achieve real-world impact within that timeframe.

- Scalability: Does the proposal demonstrate that the project is clinically, technically, commercially, and operationally feasible to implement, and that it can, next be rolled out on a larger scale across multiple geographic regions to provide system-wide impact?

5. Commitment from the Host Institution:
   Is the Host Institution committed to supporting the team in testing and evaluating the impact of the solution? Is the Host Institution committed to providing leadership, fostering partnerships, and leveraging resources?
   - Project applications must include a commitment of support from the Host Institution to test and evaluate the impact of the solution on care delivery, and end-user outcomes. Applications must include a letter from a member of the Host Institution's executive team (VP, CEO, Executive Director) indicating its understanding, support and endorsement of the obligations of a Host Institution with regard to the project and the PI.
   - The Host Institution must attest to its experience in managing trials involving human subjects, that the project participants are adequately trained in research ethics, and that the Host Institution has a Research Ethics Board.
   - Preference will be given to applications that show how CC-ABHI's funding levers support from other sources.
   - Applicants might show evidence of government, industry, or institutional commitment of leveraged funds through a blend of cash and/or in-kind contributions. In-kind contributions may include costs such as office or lab space, equipment, connectivity, staff salaries, etc.

6. Team Capability:
   Does the team have the required skills, experience, track record and availability, together with the resources and funds to invest?
   - Experience and skills of the project team must include: track record, historical productivity and impact; and the ability to demonstrate that it can complete the testing of the innovation solution being proposed (e.g. members have time and availability to commit to the project and high potential for collaboration). Active and extensive collaboration between clinicians and researchers is required throughout the project, from planning and design, through implementation and testing, and ending with data analysis and knowledge mobilization.

7. Innovativeness:
   Is the project of a unique or 'breakthrough' nature? Can the project demonstrate the potential for broad, positive impact and advancement in the aging and brain health?

8. Key Performance Indicators:
   Can the proposal demonstrate economic and/or social benefit, and improved end-user outcomes at the end of implementation of the project?

Applications will be scored by a panel that is comprised of independent external reviewers with clinical, business and technical expertise. The scoring of applications will be used to rank the projects. CC-ABHI management will submit recommendations to the Board for consideration and approval.

NOTE: CC-ABHI will not fund initiatives that involve basic fundamental research, academic-oriented goals, pharmaceutical clinical trials or incubators for startups. CC-ABHI also reserves the right to decline any application and to annul this Call for Innovations at any time, without incurring any liability. Additionally, CC-ABHI reserves the right to modify the scope of this Call for Innovations at any time, if it believes in its sole discretion that doing so will improve the caliber of applications being submitted.

2.3 Process and Timeline

RCP^2 Announcement	February 16, 2017
Step 1: Applicants submit expression of interest online	**March 30, 2017 (by 5:00 PM EST)**
Review criteria to ensure the proposed innovative solution (product, service, or practice) addresses one or more of CC-ABHI's four identified innovation themes for the 2017-18. Should you then decide to apply, submit an Expression of Interest by completing the online form by 5:00 PM EST on March 30, 2017, including a title, brief description of the solution, and full contact details.	
Step 2: Selected applicants invited to submit full online application	**April 27, 2017**
CC-ABHI will perform a review and selected applicants will then be invited by April 27, 2017 to submit a full online Application Form.	
Step 3: Invited applicants submit full online application (including letter of support)	**May 25, 2017 (by 5:00 PM EST)**
Invited applicants must submit an online Application Form by 5:00 PM EST on May 25, 2017. All applications must be in English and must not contain material that is confidential or proprietary in nature. All applications must include a letter of support from the Host Institution and, if applicable, a commitment to fund some portion of the eligible project costs by the Host Institution (health service provider or research organization) or other third-party organization collaborating on the project.	
Step 4: Review of applications for project scope, timeline, deliverables and expected outcomes, against the selection criteria, applicants may be contacted for additional information during the review phase	
Step 5: Expert reviewers will evaluate applications	
Step 6: CC-ABHI to review ranking and submit recommendations to the Board	
Step 7: CC-ABHI notifies selected applicants	**July 8, 2017**
Step 8: CC-ABHI and Signatories Sign agreements	**No later than August 31, 2017**
Contract negotiations will set out any contributions/obligations of the Host Institution, the Lead Applicant and the other Signatory (or Signatories), and any other rights of CC-ABHI, including rights to disseminate the findings, with the signing of the final agreement.	
Start project	**September 2017**

Canadian Centre for Aging & Brain Health Innovation

2.4 Frequently Asked Questions

We are not sure if our innovation qualifies. Who can we contact for more information? Where can I learn more about CC-ABHI?

Canadian Centre for Aging and Brain Health Innovation (CC-ABHI)
Baycrest Health Sciences
3500 Bathurst Street Toronto, ON M6A 2E1
Email: info@ccabhi.com
www.ccabhi.com

Who are health service providers?

Health service providers include (but are not limited to) family health teams, community care providers, long-term care homes, independent and assisted living facilities, regional health authorities, and hospitals.

Who are considered as Clinicians for this program?

A clinician is a health care professional that works as a primary care giver of patients in a hospital, skilled nursing facility, clinic, or patient's home. A clinician diagnoses and treats patients. Clinicians take comprehensive exams to be licensed and some complete graduate degrees in their field of expertise, and a clinician must follow evidence-based best-practices and other professional codes of conduct set by laws and professional governing bodies. For example, clinicians may include dentists, mental health counselors, registered nurses, nurse practitioners, radiographers, occupational therapists, optometrists, physical therapists, physicians, podiatrists, psychologists, registered dieticians, speech language pathologists, orthopedists, respiratory therapists.

Who are considered as Researchers for this program?

A researcher is an individual who:
- is autonomous regarding their research activities; and
- has an academic or research appointment which:
  - must commence by the effective date of funding; and
  - allows the individual to pursue the proposed research project, to engage in independent research activities for the entire duration of the funding, to supervise trainees, and to publish the research results; and
  - obliges the individual to conform to institutional regulations concerning the conduct of research, the supervision of trainees, and the employment conditions of staff paid with CC-ABHI funding.

Why should I apply to the RCP²?
- RCP² provides an opportunity to bring clinicians and researchers together to work as a team to accelerate promising solutions for aging and brain health.

- RCP^2 supports collaborative teams of clinicians and researchers to refine, test, validate, and disseminate their innovative solutions in real-world settings.

By participating in this program, innovators can obtain evidence that their solution is clinically, technically, commercially and operationally feasible, and thus have the potential to be implemented with system-wide impact.

What support does CC-ABHI offer to projects selected for the RCP^2 Program?

CC-ABHI will provide funding of eligible project costs, to a maximum of CAD $600,000, and will provide project support, advice, and guidance.

What are CC-ABHI's expectations from applicants?

Applicants must have prior experience in leading evidence-based implementation initiatives, preferably in developing and implementing aging and brain health related clinical solutions or practices that have demonstrated improvements in outcomes, effectiveness, quality of aging and brain health and in testing solutions for this purpose. Selected applicants will be expected to:

- Provide regular updates and reports to the CC-ABHI project lead.
- Ensure necessary resources are allocated to the project to drive consistency in outcomes and make necessary funds available.
- Ensure engagement and participation from staff within the Host Institution.
- Allocate time for staff to participate in project implementation at the trial partner site.

Identify a Host Institution (health service provider or research organization) that will support the implementation of the project and if possible, also provide cash and/or in-kind funding for the project costs.

What are the RCP^2 selection criteria?

The solutions offered align with one or more of the following CC-ABHI innovation themes:

- **Emergency Department Visits:** Solutions that avoid or reduce unnecessary emergency department visits for older adults living with dementia.
- **Falls Prevention:** Solutions that prevent falls, or mitigate injury due to falls in older adults with dementia.
- **Aging at Home**: Solutions for better management of complex chronic conditions for older adults with dementia living at home.
- **Cognitive Fitness**: Solutions that improve brain health or cognitive fitness in older adults.
- The solution offered is not at an idea, concept, or at the prototype stage; solution offered is at an advanced stage, appropriate for user testing and validation.
- The solution has evidence of future scalability to provide system-wide impact, and is clinically, technically, commercially and operationally feasible to implement.

CC-ABHI will not participate in initiatives that involve basic fundamental research, academic- oriented goals, pharmaceutical clinical trials, or incubators for start-ups.

What does advanced stage of development with promising scalability mean?

- Applications should describe early evidence that validates the efficacy or effectiveness of the proposed innovative solution (product, service, or practice).
- Applications must also demonstrate that the proposed implementation methodology stands a good chance of success in a real world setting based on previous successful implementation of similar methodologies.

RCP^2 program funds products or services in which development stage?

- According to the Technology Readiness Levels developed to evaluate the maturity of goods and/or services for the Build in Canada Innovation Program, innovations must score TRL 7, 8 or 9.

Technology Readiness Levels (TRLs) are a measure to evaluate the maturity of an evolving innovation. (https://buyandsell.gc.ca/initiatives-and-programs/build-in-canada-innovation-program-bcip/program-specifics/technology-readiness-levels).

At which stage is my clinical practice research eligible for RCP^2 funding?

The clinical and translational science spectrum represents each stage of research along the path from the biological basis of health and disease to interventions that improve the health of individuals and the public. The spectrum is not linear or unidirectional; each stage builds upon and informs the others. https://ncats.nih.gov/files/translation-factsheet.pdf

- **Clinical practice research that is at either stage T2, T3, or T4 will be eligible for funding**:
  - T2 research yields knowledge about the efficacy of the interventions in optimal settings. Exemplified by Phase 2 & 3 clinical trials.
  - T3 research yields knowledge about how interventions work in real world settings.

    Exemplified by:

    - Phase 4 Clinical Trials
    - Health Services Research (Dissemination, Communication, Implementation)
    - Clinical Outcomes Research
  - T4 research ultimately results in improved global health.

    Exemplified by:

    - Population-Level Outcome Studies
    - Social Determinants of Health

(The Harvard Clinical and Translational Science Centre. Harvard Catalyst. http://catalyst.harvard.edu/pathfinder/)

Which expenses are eligible for reimbursement by CC-ABHI under this program?

Refer to RCP^2 Program Eligible Expenses Guideline (pages 16-18).

Can I view the template of the full online application form before I am notified if my application has been shortlisted?

- Yes, a template of the full online application form is available in PDF format.

This document is intended for those who wish to begin to prepare their application in advance of being invited to submit the full online Application Form. However, only those applicants who are selected will be invited to complete and submit a full application form using a secure online form

What happens if my application is selected?

An agreement will be established between CC-ABHI, the Host Institution, and any other Signatory (or Signatories). The Host Institution in turn will coordinate with other project partner organizations, if applicable, to clarify roles and responsibilities, expectations and deliverables, budget and project timelines. It is expected that the agreement will be signed by August 31, 2017.

What are some common pitfalls to avoid when applying?

Pay special attention to the following points when submitting your application:

- Ensure that the offered solution addresses at least one of the four innovation themes.
- Ensure that the solution offered is at an advanced stage, appropriate for user testing and validation. The solution offered must not be at an idea, concept, or at the prototype stage.
- Ensure that the Host Institution (health service provider or research organization) represented in the application is sufficiently resourced to sustain the project work and expense for the full 12 to 18 month project timeline.

Are there any fees for submitting an application?

There are no fees for submitting an application to the RCP[2] Program.

3. RCP² Program Eligible Expense Guideline

Current as of January 1, 2017. Note that CC-ABHI reserves the right to supplement, amend, repeal or replace this version at any time and from time to time. Applicants will be required to comply with the version of this Policy in place from time to time.

PRINCIPLES:

1. All funds must be used effectively, economically, and will be administered consistent with the ethical administration of public funds.

2. Funds must contribute towards the direct costs of the Project for which the funds were awarded, and the benefits should be directly attributable to the Project.

3. Allocations of existing personnel or existing operating expenses to the Project are not eligible expenses, unless they are clearly identifiable and attributable to the Project.

4. The Host Institution provides for indirect or overhead costs, such as the costs associated with facilities and basic utilities, the purchase and repair of office equipment, administration fees, insurance for equipment, and basic communication devices such as telephones and fax machines. Indirect or overhead costs refer to the ongoing expenses of operating a host institution but cannot be associated with the direct costs of the Project for which the funds were awarded.

5. Travel will always be undertaken by the most practical and economical method. When air is the most practical and economical method, only the cost of an economy class flight will be paid for with the provided funds.

6. Capital equipment required to support the Project should not exceed 20% of total project costs.

7. The selected applicant shall keep and maintain all financial records (including invoices) relating to the funds or otherwise to the Project in a manner consistent with generally accepted accounting principles, and all non-financial documents and records relating to the funds or otherwise to the Project.

8. The final determination of eligibility of expenditures rests with CC-ABHI.

ELIGIBLE EXPENSES:

Actual costs must be directly attributable to the completion of the project. Project expenses claimed must represent an incremental increase in the selected applicant's normal operating expenses. Any allocation of existing indirect operating expenses to the project is not an eligible expense. The selected applicant shall use the Funds solely towards the following categories of *eligible expenses*:

ELIGIBLE EXPENSES	INELIGIBLE EXPENSES
SALARIES & BENEFITS	
1. Salaries and benefits of personnel, or personnel from other organizations seconded to carry out the Project and/or new staff, permanent or temporary hired to carry out the project, including fees paid to individuals engaged on employment contracts. This includes any cost to replace/backfill clinical or front-line staff tasked with carrying out the project at the trial site. **Additional Limits & Conditions:** 2. Salaries, wages and benefits expenditures may only be claimed in proportion to the amount of time spent working directly on the project and that the proponent is required to maintain timesheets or appropriate records for all employees working directly on the project. 3. For greater certainty, only staff salaries and benefits and contractor fees that are not funded by monies received from any other provincial or federal grants are eligible.	1. Costs related to proposal development (including staff).
TRAVEL AND ACCOMMODATIONS	
1. Travel and subsistence costs (meals and accommodation) include reasonable out-of-pocket expenses for field work (if required) and dissemination of project results. All out of province travel must be pre-approved in writing by CC-ABHI; such approval may be granted according to a project travel plan submitted by the recipient.	1. Non-project specific food, alcohol and accommodation expenses. 2. Reimbursement for airfare purchased with personal frequent flyer point programs. 3. Commuting costs between residence and place of employment.
OPERATING EXPENSES	
1. Cost of direct materials and supplies, prorated for the duration of the project, necessary for specifically identified purpose and measured as having being used for the completion of the project. 2. Materials used for prototypes; configuring, testing production processes, systems, and	1. Costs not directly associated with meeting the deliverables and milestones set out in the funding agreement. 2. Expenses of a personal nature. 3. Costs related to staff awards and recognition. 4. Entertainment expenses, gifts and alcoholic

training employees.

3. Hardware and software implementation, installation, and setup cost required for the project not normally provided by the host organization, and with adequate justification.

4. Monthly charges for the use of the internet from the host organization, only when this service is required for the purpose of the project and not normally provided by the host organization free of charge.

5. Cellular phones, smartphones or other electronic devices when they are necessary for project purposes only (e.g., data collection), and/or for personnel safety reasons with adequate justification.

6. Cost of acquisition or usage of equipment prorated for the duration of the project (up to maximum 20% of the Project cost).

7. Fees paid for the purpose of participant recruitment and engagement.

8. Safety-related expenses such as protective gear, immunizations, etc. for field work.

9. Costs involved in providing personnel with training and/or development in novel techniques for their role(s) in the project.

10. Meetings and events pertaining to the project (e.g., meeting room rentals)

11. Costs of developing web-based information, including website maintenance fees.

12. Costs associated with the dissemination of findings, including translation costs.

beverages.

5. Expenses associated with lobbying or government relations activities.

6. Tax expenses (including but not limited to sales taxes, tax filing, and income taxes).

7. Legal, accounting and consulting fees in connection with financial reorganization, security issues, capital stock issues, obtaining of licenses, prosecution of claims and the like.

8. Fines and penalties.

9. Cost of basic utility services.

10. Donations in the form of goodwill and other intangibles (such as intellectual property, including licenses and patents).

11. Opportunity costs, being revenues foregone by selected applicant due to not carrying out some beneficial activity as a result of participation in the CC-ABHI Project and related programs through this Agreement.

12. Standard discounts and interest charges.

13. Losses on investments, bad debts and related collection expenses.

14. Losses on other projects or contracts.

15. Tangible capital costs such as, but not limited to, land, buildings, vehicles, and infrastructure costs, including depreciation of assets paid for by CC-ABHI.

16. **Indirect costs and overhead.**