National Data Streams

Application template for full proposals

SPHN & PHRT (version 1 6 December 2021; **version 2, 11 January 2022**; submission deadline 27 February 2022 23.59 CET)

# Cover sheet

|  |  |
| --- | --- |
| **Project number** | NDS-2021- Click here to enter text. |
| **Project acronym/title** | Click here to enter text. |
| **Main applicant SPHN** (last name, first name) | Click here to enter text. |
| **Main applicant SPHN’s home institution** | Click here to enter text. |
| **Main applicant PHRT** (last name, first name) | Click here to enter text. |
| **Main applicant PHRT’s home institution** (if applicable) | Click here to enter text. |

# General instructions

At <https://sphn.ch/services/funding/nds/>, you will find:

* The NDS Call document, specifications for full proposals, and the SPHN Funding Regulations
* Other useful document pertaining to the NDS call (templates, checklist, etc.).
  + To prepare your application for submission, please use the checklist. This checklist also contains instructions on how and where to submit your documents.

For part B of this application form, applicants can create their own document – if the structure is adhered to and required tables are included.

Please consider the contents of the invitation letter and its appendices in your application.

# Part A: General information

## 1. Project information

|  |  |
| --- | --- |
| **Project acronym/title** | Click here to enter text. |
| **Project duration** (months) | Click here to enter text. |
| **Project funding start date**  (format MM.DD.YYYY) | Click here to enter text. |
| **Prospective funding end date**  (format MM.DD.YYYY) | Click here to enter text. |
| **Amount requested from SPHN** (CHF) | Click here to enter text. |
| **Amount requested from PHRT** (CHF) | Click here to enter text. |
| **Number of co-applicants** | Click here to enter text. |
| **Number of associated applicants** | Click here to enter text. |
| **Joint SPHN-PHRT project application** | **Yes**  **No** |
| **Institutions involved in the consortium** | e.g., EPFL, UZH, SCTO |
| **Keywords** (max. 5) | Click here to enter text. |

The main applicant(s) hereby confirm(s) that all information provided, including in the attachments, is true and correct and the proposal was prepared with the consent of all persons involved.

Name main applicant: Place, date: Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name main applicant PHRT (if applicable): Place, date: Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

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## 2. Applicants’ details

### 2.1 Main applicant for SPHN funding

|  |  |
| --- | --- |
| **Main applicant SPHN**  (last name, first name) | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postal code** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact** (last name, first name, email address) | Click here to enter text. |
| **Financial administration contact** (last name, first name, email address) | Click here to enter text. |

### 2.2 Main applicant from ETH Domain for PHRT funding (if applicable)

|  |  |
| --- | --- |
| **Main applicant PHRT**  (last name, first name) | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (last name, first name, email address)** | Click here to enter text. |
| **Financial administration contact (last name, first name, email address)** | Click here to enter text. |

### 2.3 Co-applicants

Please copy-paste boxes as necessary

|  |  |
| --- | --- |
| ***Please fill in if applicable*** | |
| **Co-applicant 1**  **(last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (last name, first name, email address)** | Click here to enter text. |

|  |  |
| --- | --- |
| **Co-applicant 2**  **(last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (last name, first name, email address)** | Click here to enter text. |

|  |  |
| --- | --- |
| **Co-applicant 3**  **(last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (Last name, first name, email address)** | Click here to enter text. |

|  |  |
| --- | --- |
| **Co-applicant 4**  **(Last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (Last name, first name, email address)** | Click here to enter text. |

### 2.4 Associated applicants

Please copy boxes if necessary.

|  |  |
| --- | --- |
| ***Please fill in if applicable*** | |
| **Associated applicant 1**  **(last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (last name, first name, email address)** | Click here to enter text. |

|  |  |
| --- | --- |
| **Associated applicant 2 (last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (last name, first name, email address)** | Click here to enter text. |

### 2.4 Project and data manager (if known)

|  |  |
| --- | --- |
| ***Please fill in if applicable/already known*** | |
| **Project manager**  **(last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |

|  |  |
| --- | --- |
| ***Please fill in if applicable/already known*** | |
| **Data manager**  **(last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |

### 2.5 Reviewers to exclude

Applicants may suggest reviewers to exclude from the evaluation process here.

|  |  |
| --- | --- |
| **Name, institution** | **Justification** |
|  |  |
|  |  |
|  |  |

# Part B: Project description

Please use minimal font size of 10 and line spacing of 1.15.

Applicants may create a separate document for part B, if the structure is adhered to and if required tables are included.

## 1. Executive summary

Max. 2 pages. Summarize the background and rationale of the NDS, its vision and objectives, and describe the NDS structure (organization, governance, data flow and data management), aims of the lighthouse research project, envisioned outcomes, and sustainable impact on the research community.

Under “international benchmarking”, please explain the NDS proposal’s relative position in the international scientific/personalized healthcare landscape.

**Goal of the NDS** (1 paragraph)**:**

**International benchmarking** (1 paragraph)**:**

**Executive summary:**

## 2. Consortium

### 2.1 Description of the consortium

Max. 2 pages in total. Consortium composition and organisational set-up should be specifically designed to enable it to function effectively.

Please describe: 1) the expertise of the consortium members, 2) the rationale for the composition of the consortium, 3) how its members complement each other (synergies), 4) how the NDS is more than ‘the sum of its parts’ (added value of the consortium as a whole), 5) please outline in a separate paragraph any previous or ongoing collaborations between consortium members.

**Description of the consortium:**

### 2.2 Governance of the consortium

Max. 1 page. Describe the organisational structure and a leadership/management concept that is appropriate to the relevant environment and that indicates a strategy ensuring coherence in research, data governance, and data management. Attach in the annex, as far as available, the detailed consortium agreement (see for templates <https://sphn.ch/services/dtua/>) describing governance, organizational structure, ethical, regulatory and legal framework including data sharing, intellectual property, and publication policy. A signed consortium agreement is not yet required for submitting a full proposal, but before the release of the first instalment payment.

**Governance of the consortium:**

## 3. Patient and public involvement (PPI)

### 3.1 Lay summary

Max. 1 page. Please summarize the NDS proposal for members of the public.

**Lay summary:**

### 3.2 PPI activities

Max. 1.5 page. Describe how patients have been and will be engaged and involved in the NDS to identify patient needs, highlight new research directions, design and develop research proposals, implement research, and contribute to interpretation, findings, and benefit for patients. Also describe how activities and findings of the NDS will be communicated and disseminated, also to lay people. See for more PPI information the NDS website.

**PPI elements in NDS:**

## 4. NDS baseline

Max. 500 words. Describe the existing (infra)structures that the NDS builds on and complete the table. A ‘structure’ is understood here as any process, service, or product that can be reused for research or in a clinical context (e.g., established research consortium, FAIR datasets, metadata catalogues, biospecimencollections, Standard Operating Procedures, regulatory frameworks, governance/organizational structures, analytical platforms, algorithms). See also Figures 1 and 2 of the call document.

**NDS baseline:**

Complete the table below with all the new and existing (infra)structures of the NDS using keywords.

|  |  |
| --- | --- |
| **‘Structures’ already in place:** | **‘Structures’ to be built by the NDS:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*Add, if needed, more rows to the table with the “tab” button.*

## 5. Data

### 5.1 Data flow

Max. 2 pages. Describe the full data lifecycle, from data generation, provision to NDS and curation to integration, analysis, and deposition in FAIR data repository. Add a **graphical impression of the data flow (e.g., figure, flow chart)** and complete the table with data types**,** sources, and standards.

**Data flow:**

A comprehensive description of the cohort and all data to be used in the NDS needs to be provided in an annex (see part D).

### 5.1 FAIR principles

Provide statements on how NDS data will be made findable, accessible (to consortium members, for the short and long term, and to the SPHN/PHRT network, research community, and third parties), interoperable, and reusable. Describe which DCC/BioMedIT services will be used, where applicable.

Max. 0.5 page per category.

**Findable:**

**Accessible:**

**Interoperable:**

**Reusable:**

### 5.3 Data management

Max. 1 page. Summarize how data will be technically managed (data quality, data security, data modelling, data lineage tracing, etc., see call document chapter 6.2). How will data curation and annotation by the NDS improve data quality at the source? Describe, where and if applicable, which DCC/BioMedIT services will be used. A full data management plan (DMP) needs to be provided in the annex.

**Data management:**

### 5.4 Data governance

Max. 2 pages. Describe under what ethical and legal framework NDS data will be managed (ethics approvals, agreements, etc.; see for templates <https://sphn.ch/services/dtua/>). Describe the organizational processes that will ensure adherence to the framework.

The framework and processes must ensure that long-term, large-scale research projects by the NDS consortium are enabled as well as collaborations with external researchers (see call document chapter 6.2). Attach in part D applicable ethics protocols/consent framework and data transfer and use/processing agreements. Approved protocols and signed agreements are not yet required for submitting a full proposal, but before the release of the first instalment payment.

**Data governance:**

## 6. Research

Present a coherent research program for the three years of SPHN/PHRT-funding and the potential for enabling additional research projects in the long-term using the following text boxes.

### 6.1 Lighthouse research project

Max. 5 pages (excluding bibliography). Describe the state of the art referring to the main research topic, the envisioned contributions to the state of the art, the added value created by interconsortial collaborations, the project’s innovative and multidisciplinary potential and its national and international embeddedness. Formulate the research question and briefly describe the goals of the research project, methodology, work packages, and expected scientific outcome and impact.

**Lighthouse research project:**

### 6.2 Nested research projects

Max. 2 pages (excluding bibliography). Outline how the lighthouse research project can spawn or support other research projects by, for instance, creating synergies and/or enabling nested projects. If concrete projects that can be integrated/linked into the NDS, outline their research questions, the corresponding state of the art and the intended contributions thereto, as well as their contributions to the overall goals of the NDS. Clearly describe which nested research projects are in scope and budget of the NDS proposal and which describe potential for future projects to be conducted through other funding instruments.

**Nested research projects:**

### 6.3 Impact on health decision making

Max. 1 page. Describe if, and, if yes, how, the NDS data and consortium will benefit patients and clinicians and make progress for personalized health. How will data providers and other stakeholders profit from the NDS (e.g., reference data)?

**Feedback loops:**

### 7. Implementation

Max. 5 pages. Provide a clear description of the work packages, milestones, deliverables, and timelines for the implementation of the NDS. Provide a graphical representation of the timelines. Describe how the project will be overall coordinated and managed.

In addition, describe risk assessment and contingency plans (e.g., regarding patient recruitment and sample availability) wherever deemed necessary.

**Implementation:**

### 8. Sustainability

Max. 1 page. Describe which of the structures in the table above can serve the research community long-term. How could these structures be maintained when SPHN/PHRT-funding has ended? What could UHs or other institutions take over, what could be funded with project funding (by SNF or other funders), what would stop after 3 years of NDS funding? Note: please describe realistic expectations; no guarantees are required.

**Sustainability:**

9. Bibliography

# Part C: Project resources

Notes:

* State and fully justify the amount of funding considered necessary to fulfil the objectives for the duration of the project. All eligible costs requested should be included in the budget. Please use whole CHF values only.
* As a rule of thumb, at least 50% of the grant money should be dedicated to showing data interoperability, data management, project management, and quality control.
* In the budget, the resources allocated to hospital IT for providing necessary data in the appropriate format must be specified.

### A. Consolidated SPHN budget

Please provide here a screenshot (or similar) of sheet “4. Overview SPHN funding” from the budget template (Excel).

|  |  |  |
| --- | --- | --- |
| **Of the funds requested from SPHN, specify the amounts allocated to data/service providers that are not consortium members** | | |
| **Service/data provided** | **Provider receiving the funds (e.g., CDW of university hospital *x*, BioMedIT node *y*, etc.)** | **Total in CHF** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### B. Consolidated PHRT budget

Please provide here a screenshot (or similar) of sheet “5. Overview PHRT funding” from the budget template (Excel).

|  |  |  |
| --- | --- | --- |
| **Of the funds requested from PHRT, specify the amounts allocated to data/service providers that are not consortium members** | | |
| **Service/data** | **Provider receiving the funds (e.g., CDW of university hospital *x*, BioMedIT node *y*, etc.)** | **Total in CHF** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### C. Own contributions/matching funds

As funding by SPHN requires matching contributions by all applicants, please provide an overview showing how the total amount of funds requested from SPHN are planned to be matched by the host institutions of the consortium. A binding institutional commitment letter must be provided in the annex.

List below the “cash” contributions from each institution:

|  |  |  |
| --- | --- | --- |
| **Institution**  **(short name)** | **Amount in CHF** | **Purpose of use** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

List below the “in kind” contributions from each institution:

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution**  **(short name)** | **Resources contributed** | **Amount in CHF** | **Purpose of use** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **B. Own contributions to match SPHN funds (summary of above tables)** | **Total in CHF** |
| **1. Total “cash” contributions** |  |
| **2. Total “in kind” contributions** |  |
| 1. **TOTAL own contributions** |  |

### D. Overall budget summary

|  |  |
| --- | --- |
| **Funding source** | **Total in CHF** |
| 1. **Funding requested from SPHN** |  |
| 1. **Own contributions to match SPHN funds** |  |
| 1. **Funding requested from PHRT** (only in case of joint project) |  |
| 1. **Private funds (third-party):** collaboration with private sector (industry, SMEs, and others) |  |

# Part D: Annexes

Please include the following annexes in your application as Part D:

* + **Budget**: please use the Excel budget template provided on the SPHN and PHRT website. The template is designed to be able to make the distinction between funding requested from PHRT and/or SPHN.
  + **Data specification** (please use the provided Excel template)
  + **Data management plan** (template can be found on the NDS website)
  + For all main, co-, and associated applicants: a **CV** (max. 2 pages)[[1]](#footnote-1), and **publication list** with the 10 most relevant publications to the project. A CV of the project manager and data manager (if known) should also be provided.
  + For the for the main applicant(s), please add a **statement** describing their management-related experience, skills, and ability to lead, motivate and organize an NDS.
  + **Commitment letters** **from all host institutions** of applicants requesting funding from SPHN specifying own contributions/matching funds (in cash and/or in kind) and adherence to the current valid version of the Ethical Framework for Responsible Data Processing and SPHN Information Security Policy is required if the project gets funded (see template).
  + **Commitment letters from all data and service providers** not listed as applicants (e.g., university hospital data warehouses, analytical (PHRT) platforms/centers/hubs, BioMedIT nodes) outlining what services and/or data will be provided and that required resources have been discussed (see template). This includes a feasibility statement and budgets for eligible costs (data curation, analysis costs, bioinformatics costs, etc.; see chapter 8 of the Call document).
  + **Detailed consortium agreement:** specifying governance, organizational structure, ethical, regulatory and legal framework including data sharing and publication policy. An approved and signed agreement should be submitted before the release of the first instalment. A template can be found on <https://sphn.ch/tag-one/guidelines-and-templates/>.
  + **Approvals of ethics committee and consent framework or proof of submission.** Ethics approval is required before the release of the first installment.
  + **DTUAs** if already available – these have to be submitted before the release of the first installment.
  + **Fund release form for proposal preparation support** if applying for the 25.000 CHF of SPHN & PHRT proposal preparation support. Funds can be used for personnel and/or consultancy costs (CTU services, project management, external consultancy, etc.), preparation of ethics and regulatory documents, PPI (focus groups, consultancy, etc.), writing assignments. See the form template on the NDS website for more information.

1. Please adhere the SNSF guidelines regarding the structure <http://www.snf.ch/en/funding/documents-downloads/Pages/guidelines-cv-research-output-list.aspx> [↑](#footnote-ref-1)