Call for Demonstrator projects

Application template

version 1; 17 May 2022; submission deadline **31 August 2022** (23.59 CET)

# Cover sheet

|  |  |
| --- | --- |
| **Project number** | DEM-2022- *to be filled by Office* |
| **Project acronym/title** | Click here to enter text. |
| **Main applicant** (last name, first name) | Click here to enter text. |
| **Main applicant’s home institution** | Click here to enter text. |

# General instructions

On the [SPHN website](https://sphn.ch/services/funding/call-for-demonstrator-projects/) you will find:

* The call document
* Application documents (Application template (version 1, May 2022), Budget template (version 1, May 2022), Commitment letter for institutions, Commitment letter for data/service providers, Data and concepts table (version 2, May 2022), SPHN Data Management Plan, Submission checklist)
* Other useful documents pertaining to the Call for Demonstrator projects (SPHN Funding Regulations, Guidelines, Ethical Framework, etc.)
* Other useful links (to reusable infrastructures/datasets/tools, service providers, points of contacts for data requests at the university hospitals etc.)

Please use the submission checklist on the website to prepare your application for submission. This checklist also contains instructions on how and where to submit your documents.

# 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**  (MM.DD.YYYY) | Click here to enter text. |
| **Prospective funding end date**  (MM.DD.YYYY) | Click here to enter text. |
| **Amount requested from SPHN** (CHF) | Click here to enter text. |
| **Project track** | A. Infrastructure components (data platforms, data-processing tools, processes etc.)  B. Routine healthcare data |
| **Number of co-applicants** | Click here to enter text. |
| **Number of associated applicants** | Click here to enter text. |
| **Institutions involved in the consortium** | e.g., EPFL, UZH, SCTO |
| **Keywords** (max. 5) | Click here to enter text. |

The main applicant hereby confirms 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:

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

## 2. Applicants’ details

### 2.1 Main applicant

|  |  |
| --- | --- |
| **Main applicant**  (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. |
| **Grantee[[1]](#footnote-1) of SPHN** | Yes. Please indicate SPHN project(s):  no |
| **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 Co-applicants

Please copy 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. |
| **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. |
| **Grantee of SPHN** | Yes. Please indicate SPHN project(s):  No |
| **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. |
| **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. |
| **Grantee of SPHN** | Yes. Please indicate SPHN project(s):  No |
| **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. |
| **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. |
| **Grantee of SPHN** | Yes. Please indicate SPHN project(s):  No |
| **Research/grant office contact** (last name, first name, email address) | Click here to enter text. |

### 2.3 Associated applicants

Please copy boxes as 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. |
| **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. |
| **Grantee of SPHN** | if yes, please indicate SPHN project:  no |
| **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. |
| **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. |
| **Grantee of SPHN** | if yes, please indicate SPHN project:  no |
| **Research/grant office contact (last name, first name, email address)** | Click here to enter text. |

# 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. 1 page. Summarize the background and rationale of the Demonstrator project, the infrastructure/processes/routine healthcare data to be tested, and the research or real-world clinical context for which the project shall demonstrate the readiness of the tested element.

**Executive summary:**

## 2. Consortium

## (applications by single research groups are also eligible)

### 2.1 Description of the consortium / research group

Max. 0.5 page. Describe: 1) the expertise of the consortium members, 2) the rationale for the composition of the consortium, 3) how its members complement each other and 4) any previous or ongoing collaborations between consortium members.

**Description of the consortium:**

## 3 SPHN data resources and infrastructure elements

Please choose between Track A: Infrastructure components (3a) or Track B: Routine healthcare data (3b). Fill out only the respective boxes; and delete the boxes of the unused track from the template.

## 3a. Track A: Infrastructure components

### 3a.1. Description of the infrastructure component baseline

Max. 1 page. Provide a detailed description of the existing infrastructure components that the Demonstrator project will test in a real-world use case. Infrastructure components can be data platforms, data-processing tools, etc. of minimum viable product (MVP) maturity that serve the goals of SPHN. Examples include, but are not limited to, products of previous SPHN-funded Infrastructure Development and Driver projects, tools to automatize structuring, deidentifying or otherwise processing health data for personalized health research and application, etc. A complete product documentation should be provided as an annex or link.

**Infrastructure component baseline:**

3a.2 Description of the operational application (in daily practice) or transferability to other settings of the infrastructure component

Max 1 page. Describe 1) the real-world use case where the infrastructure component will be applied, for instance a use case from research, clinical care, quality assurance, public health etc. Or, 2) describe the alternate setting where the infrastructure component will be transferred to, its new purpose, the new stakeholders (e.g., from additional institutions and/or different fields of research/care). Prove of the vested interest of the new stakeholders in implementing and sustaining the infrastructure component should be provided in the form of a support letter.

**Operational application/transferability of the infrastructure component:**

### 3a.3. Envisioned output and value of the infrastructure component

Max 0.5 pages. Describe the envisioned output of the project and the added value of the infrastructure component for data-driven and personalized health research, clinical, and public health research, and clinical use.

**Envisioned output and value of the infrastructure component:**

## 3b. Track B: Routine healthcare data

### 3b.1. Description of the Routine healthcare data baseline

Max. 500 words. Provide a detailed description of the routine healthcare data that are readily available from the UH clinical data warehouses and that will be used and validated. If the detailed description exceeds 500 words, please provide the description as an annex. In addition, please provide an excel table (according to template) with a list of all concepts to be used ([Data specification template](https://sphn.ch/wp-content/uploads/2022/05/DEM_Appendix_Data-Concepts.xlsx), to be provided as an annex).

**Routine healthcare data baseline:**

### 3b.2 Description of the real-world use case for the routine healthcare data

### Max 0.5 page. Describe the real-world use case that applicants will use to leverage the routine healthcare data provided by the UH clinical data warehouse. This can involve research, clinical care, quality assurance, public health etc. and may include proof of principle studies how routine healthcare data can facilitate or complement randomized clinical trials in the future.

**Real-world use case to test the routine healthcare data:**

## 3c. Benchmarks for infrastructure readiness

Max. 1 page. Provide a list of the criteria and milestones how the readiness of the infrastructure component to support the specific use case will be measured. Goal must be to assess fit-for-purpose and identify gaps.

**Criteria and milestones for benchmarking infrastructure readiness:**

## 3d. Implementation plan

Max. 4 pages. Provide a clear description of the work packages, milestones, deliverables, timelines and responsibilities for the implementation of the project. Please set milestones in accordance with the 6-monthly progress reporting timelines.

A data management plan according to the [SPHN guidelines](https://sphn.ch/wp-content/uploads/2021/12/SPHN_DMP_Guidelines_V1.pdf) needs to be provided as an annex.

**Implementation plan:**

## 3c. Differentiation from other SPHN projects (*if applicable*)

Max 0.5 page. This section should be filled out by applicants who base their Demonstrator project on the infrastructure developed within an ongoing or completed SPHN project. Applicants must demonstrate that the scopes of the different projects are clearly distinct, although they may be synergistic (to prevent double-dipping of funds). Describe in what terms (aims, methodology, collaborators, data, etc.) the Demonstrator project proposal differs from the other SPHN projects.

**Differentiation from other SPHN projects:**

## 4. Governance

### 4.1 Governance mechanisms for SPHN infrastructure components and data

Max. 1 page. Describe the governance mechanisms with respect to access to and sharing/processing of SPHN infrastructures, data, results, and tools. The governance mechanisms must adhere to the FAIR principles, meaning that infrastructures, data, results, and tools must be findable, accessible, interoperable and reusable. Where applicable, governance should rely on the developed SPHN CA/DTUA/DTPA templates (contact the [ELSI Helpdesk](mailto:mailto:dcc@sib.swiss) for counsel), and adhere to the SPHN [recommendations for data sharing](https://sphn.ch/document/recommendations-for-organizational-structures-facilitating-adherence-to-the-regulatory-framework-for-data-sharing-in-sphn-funded-projects/) and [PPP guidelines](https://sphn.ch/document/guidance-on-ethical-health-data-sharing-in-public-private-partnerships/). Please provide as an annex the DTUA/DTPAs and CAs (draft versions suffice) for projects of Track B (Usage of Routine healthcare data) and, if applicable, also for Track A (Usage of infrastructure components).

If the infrastructure component serves as a data repository, describe how it fulfils the FAIR principles. If health research data are generated by the project, describe how they will remain in a FAIR repository.

**Governance mechanisms related to the use of infrastructure component/routine healthcare data:**

## 5.2. Interoperability

Max. 1 page. Describe in detail how the infrastructure component aligns with and contributes to the SPHN Interoperability Framework. If applicable, specify the data used in the project in the table SPHN Data Concepts as an annex.

**Data governance:**

## 6. Patient and public involvement (PPI)

### 6.1 Lay summary

Max. 0.5 page. Please summarize your project proposal for the public.

**Lay summary:**

### 6.2 PPI activities

Max. 0.5 page. Describe how patients will benefit from the Demonstrator project and have been / will be engaged and involved 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 Demonstrator project will be communicated and disseminated to lay people.

**PPI activities and benefit for patients:**

### 

## 7. 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.
* 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).

|  |  |  |
| --- | --- | --- |
| **For the requested funds, 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*) | **Total in CHF** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### B. Own contributions/matching funds

As SPHN requires that applicants match the SPHN funds, please show how the total amount of funds requested from SPHN will 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** |
|  |  |  |  |
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|  |  |
| --- | --- |
| **B. Own contributions to match SPHN funds (summary of tables above)** | **Total in CHF** |
| **1. Total “cash” contributions** |  |
| **2. Total “in kind” contributions** |  |
| 1. **TOTAL own contributions** |  |

### C. Overall budget summary

|  |  |
| --- | --- |
| **Funding source** | **Total in CHF** |
| 1. **Funding requested from SPHN** |  |
| 1. **Own contributions to match SPHN funds** |  |
| 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. Respective templates can be found on the [SPHN website](https://sphn.ch/services/funding/call-for-demonstrator-projects/) unless indicated otherwise.

* **Part D**, appendices:
  + **Budget**: please use the Excel budget template provided ([see template](https://sphn.ch/wp-content/uploads/2022/05/DEM_Budget_Template.xlsx)).
  + **Data specification** (please use the provided Excel template [Data and concepts table](https://sphn.ch/wp-content/uploads/2022/05/DEM_Appendix_Data-Concepts.xlsx)).
  + **Data management plan** (guidelines can be found on the [SPHN website](https://sphn.ch/document/sphn-data-management-plan-dmp-guidelines/)).
  + For all main, co-, and associated applicants: a **CV** (max. 2 pages)[[2]](#footnote-2), and **publication list** with the 10 most relevant publications to the project.
  + **Product documentation** **of existing infrastructure component** (specific to Track A)**:** Provide a detailed description of the existing infrastructure components that the Demonstrator project will test in a real-world use case. Infrastructure components can be data platforms, data-processing tools, etc. of minimum viable product (MVP) maturity that serve the goals of SPHN.
  + **Commitment letters** **from all host institutions** of applicants requesting funding from SPHN specifying own contributions/matching funds (in cash and/or in kind), as well as 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](https://sphn.ch/wp-content/uploads/2022/05/DEM_Commitment_letter_Institution.docx)).
  + **Commitment letters from all data and service providers** (e.g., university hospital data warehouses, analytical (PHRT) platforms/centers/hubs, BioMedIT nodes, CTUs) outlining what services and/or data will be provided and that required resources have been discussed (see [template](https://sphn.ch/wp-content/uploads/2022/05/DEM_Commitment_letter_Data-service_Provider.docx)).
  + If applicable, **Support letter** from the new stakeholders confirming their vested interest in implementing and sustaining the infrastructure component (specific to Track A).
  + If applicable, **Approvals of ethics committee and consent framework or proof of submission.** Ethics approval is required before the release of the first installment.
  + If applicable, **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/>.
  + If applicable,a **draft legal agreement for data sharing** ([DTUA/DTPA](https://sphn.ch/services/dtua/)) should be submitted with the proposal. A fully executed DTUA/DTPA is required before the release of the first installment.

1. An SPHN Grantee is considered a main applicant of an ongoing or completed or funded SPHN project (Infrastructure Development project or Driver project / National Data Stream). [↑](#footnote-ref-1)
2. 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-2)