Background

Applicant Informatio

(Carefully read the instructions before completing this form)

1. Applicant Information

Your User Profile information appears below however this section should indicate where the research described within this proposal will take place (change as necessary). NOTE: Your User Profile is always considered your current mailing address. The address listed here will be used to advise you of the outcome of this competition only.

c auc	iless listed here will be used to advise you of the outcome of this	3 competition only.				
					~	·
a.	Applicant Name	Title	C Dr	C Mr	€ Ms	C Prof
b.	Institution					
c.	Department					
d.	Address 1					
e.	Address 2					
f.	Address 3					
g.	Address 4					
h.	Country					
i.	City	Province	Postal	Code		
j.	Phone	Ext	Fax			
k.	e-Mail Address					
l.	Designation					
Pro	ject Information					
e title	entered when the application was created is indicated. Please	avoid typing in ALL (CAPS. In	addition.	ensure t	he end
	your project is updated.			,		
a.	Project Title					
b.	Is Financial Institution the same as the Research Institution? (F	Please select Yes or	No)	Voc	C No	
			100	163	INO	
c.	If No, provide Financial Institution name	E 15 (
d.	Project Start Date	End Date				
e.	Amount of Funds Requested	Project Co	st			
f.	Type of application					
	C Initial Application					
g.	Indicate that one year of support is requested					
h.	Is this application being submitted in French? (Note that all re English.)	eview panels are con	ducted in	C Yes	C	No

3. Contact Information

Enter any Co-Principal Investigator, Co-Applicant, Additional Author, Patient/Survivor/Caregiver, Knowledge User and Collaborator information as applicable to your application. Provide full addresses, including department name/affiliation for each participant. Use the lookup feature and enter their e-mail address in the field provided as the search criteria. The form will be auto-populated with their contact information as it appears in their user profile. If they do not have a profile, enter the details as required. CVs and collaboration letters are not required at the abstract registration stage.

a.	Additional Author		
	Name		
	Title		
	Institution		
	Department		
	Address 1		
	Address 2		
	Address 3		
	Address 4		
	Country		
	City	Province	Postal Code
	Telephone	Fax	
	E-Mail Address		
b.	Co-Applicant		
	Name		
	Title		
	Institution		
	Department		
	Address 1		
	Address 2		
	Address 3		
	Address 4		
	Country		
	City	Province	Postal Code
	Telephone	Fax	
	E-Mail Address		
c.	Collaborator		
	Name		
	Title		
	Institution		
	Department		
	Address 1		
	Address 2		
	Address 3		
	Address 4		
	Country		
	City	Province	Postal Code
	Telephone	Fax	
	E-Mail Address		
d.	Co-Principal Investigator		
	Name		
	Title		
	Institution		
	Department		

Address 1 Address 2 Address 3 Address 4 Country Postal Code City Province Telephone Fax E-Mail Address e. Financial Officer Name Title Institution Department Address 1 Address 2 Address 3 Address 4 Country Postal Code Province City Telephone Fax E-Mail Address f. Knowledge User Name Title Institution Department Address 1 Address 2 Address 3 Address 4 Country City Province Postal Code Telephone Fax E-Mail Address g. Patient/Survivor/Caregiver Name Title Institution Department Address 1 Address 2 Address 3 Address 4 Country City Province Postal Code Telephone Fax E-Mail Address

Applicant info

Letters of support – from non-team members, e.g., access to a database

Attached letters of collaboration from non-team members. Include letters of permission to access resources such as databases or patient data.

5. Principal Investigator CV

Attach an up-to-date, abbreviated version of your CV (NIH-style biosketch) in PDF format. Consult the Application Guide for complete instructions, including the required format.

NOTE: For the file name, please use the following format:[lastname_firstname-CV].

CCS is not a member organization of the Common CV Network, therefore the Common CV should not be used due to Common CV use restrictions.

6. Justification for career interruptions – subtract period described when calculating career stage

Describe any career interruptions or delays that may have impacted your academic career and research productivity. Please include the start and end dates of each period described (yyyy/mm). Subtract period described when calculating career stage in the next section. If not applicable, please indicate this in the form. For COVID-related interruptions, simply state COVID-19 and indicate 2020/02 – 2021/09. COVID-related disruptions can be further described in the COVID-19 impact statement. Your justification should not exceed 1250 characters, including spaces.

7. Application and Career stage

This section is mandatory and plays no part in the review or funding of an application. The data is used for statistical and communication purposes only.

To account for impacts of the COVID-19 pandemic on the research community, applicants are asked to subtract 20 months (covering the period of Feb 2020 – Sept 2021) when calculating career stage. For example, if you started your academic appointment in September 2016, your career stage by the application deadline is New/Early Career (60 months (Sept 2016 – Sept 2021) – 20 months = 40 months).

Please indicate below if this is:						
Your first application for a research grant to the Canadian Cancer Society	C	Yes	C	No		
Your first application for a research grant specifically in the area of cancer research	C	Yes	C	No		
Your first application for a research grant as an independent investigator	C	Yes	C	No		
Please indicate your current career stage (please select one of the three options) - click "Show Instructions" for guidance on how to account for COVID-19-dependent delays when calculating career stage::						
New/early career investigator: Any applicant who, at the time of registration, assumed his/her first independent academic position (e.g., faculty appointment) no more than 5 years ago (60 months).						
Mid-career investigator: Any applicant who, at the time of registration, assumed his/her academic position (e.g., faculty appointment) 5-15 years ago.	first	independ	dent			
Senior investigator: Any applicant who, at the time of registration, assumed his/her first position (e.g., faculty appointment) more than 15 years ago	inde	pendent	aca	demic		



Certificates

8. Certificates required

8.a. Bioh	hazard/Biosafety						
Indicate it	if certificates will be required. Certificates will be requested at the time	e of funding.					
a.	Does your project require a biohazard certificate?	C Yes C No					
c.	If yes, list the name of institution(s) from where the certificate(s) will be obtained.						
	List of institutions						
		,					
8.b. Anin	mal care						
Indicate if	if certificates will be required. Certificates will be requested at the tim	e of funding.					
a.	Does your project require animal care certificates?	C Yes C No					
b.	If yes, list the name of institution(s) from where the certificate(s) wi	Il be obtained.					
	List of institutions						
O a Ethia	ina						
8.c. Ethic	if certificates will be required. Certificates will be requested at the tim	e of funding					
a.	Does your project require ethics certificates?	C Yes C No					
b.	If yes, list the name of institution(s) from where the certificate(s) wi						
	List of institutions	ii bo obtainou.					
	ziot oi mentanone						

	Certificates for Data Transformation Grants - 2022 11/10/2021
8.d. Hun	nan samples
specime prospect	if human samples will be used. Appropriate evidence demonstrating that the PI has registered/enrolled for bion collection with a quality assurance program will be requested at the time of funding. This applies equally to all live (new) bio-specimens used in the CCS-funded research that will be collected and/or all retrospective (old) bions used in the CCS-funded research that have previously been collected and will come from a biobank(s).
a.	Does your project involve the use of human samples?
b.	Please list details.
	List of biobanks
9.a. Hı	uman embryonic stem cells involvement
the fede	licant who proposes the creation or use of human embryonic stem cells, or proposes any research that would fall under ral legislation or the CIHR Guidelines must clearly indicate this fact in the section provided, and must disclose all details in the proposal.
	Does the proposal involve the use or creation of human embryonic stem cells? (If yes, Yes No contact the CCS)
	If yes, is the research reviewed under the auspices of the local ethics review board? (Do not answer this if the answer above is No)
9.b. St	atus of SCOC approval for each institution
•	ace provided, indicate the status of Stem Cell Oversight Committee (SCOC) approval for each institution. Applicants nded to disclose all relevant details related to the hESC work in the proposal. (maximum 1250 characters). Do not
	e this section if your project doesn't involve hESCs.

Public summary

10.	Pillar				

Please indicate the issue in cancer data in Canada that you intend to address (at least partially) in the project. CCS prefers that you indicate only one pillar, but multiple pillars may be selected if necessary.

Pillar: aspect of data improvement to be addressed in this project

Accessibility

Completeness

Quality

Timeliness

Other

11. Need for project

What need (or challenge) – in research or health care – will be addressed by this project (i.e. what is the rationale)? (maximum 500 characters, including spaces). Note that the character count may be different when copying text from Word due to formatting.

12. Goal of project

What is the goal of this project – what are you hoping to achieve? (maximum 500 characters, including spaces). Note that the character count may be different when copying text from Word due to formatting.

13. Project description

How will you achieve this? Briefly describe steps you will take to address the challenge during and post-grant. (reminder: please use nontechnical language; (maximum 500 characters, including spaces). Note that the character count may be different when copying text from Word due to formatting.

14. Future impact

How do you think this project could/will ultimately have an impact on the cancer community (including researchers, patients, families, policy, and the public at large, as relevant)? (maximum 650 characters, including spaces). Note that the character count may be different when copying text from Word due to formatting.



Abstract

1	5.	Scie	ntific	ahsi	tract

Provide a detailed summary of your research project (maximum of 4200 characters, including spaces), describing the pillar (accessibility, completeness, quality or timeliness) to be addressed (or partially addressed), the objectives or aims of the proposed work, the methodology to be used, as well as the significance of the proposed research to cancer data in Canada. Note that the character count may be different when copying text from Word due to formatting.

16.	Ke۱	/wor	ds/1	Γechr	nical	terms
-----	-----	------	------	-------	-------	-------

Provide up to a maximum of ten specific keywords or descriptive technical terms/methodologies that best describe the scientific
and technical aspects of your project. NOTE: Enter one keyword or technical term per line.

Keyword/Technical terms						

17. Relevance statement

Describe the relevance of the proposed project to cancer data in Canada. Describe the impact that results will have on the pillar (accessibility, completeness, quality or timeliness) of improvement to be addressed. If addressing a different issue in cancer data, justify the need. Please note that this section will be used to evaluate the relevance and overall impact of the proposed work on cancer and those affected by it. The relevance statement should not exceed 2100 characters, or roughly half page, including spaces. Note that the character count may be different when copying text from Word due to formatting.

18. Abstract changes

Indicate if significant modifications have been made since the abstract registration. If you answer yes, please advise CCS research staff (research@cancer.ca). Substantive changes that significantly alter the overall goals and aims of the proposal relative to the abstract registration are not permitted.



Non-confidential scientific abstract

19. Non-confidential scientific abstract

Please include a duplicate of your scientific abstract – with proprietary information removed. This abstract may be shared with potential donors and CCS funding partners and stakeholders when relevant. Your abstract should not exceed 4200 characters (including spaces), or roughly one full page, single spaced. Note that the character count may be different when copying text from Word due to formatting.

Proposal

20. Proposal

Provide a detailed proposal of the work to be performed, including the following points:

- Aim(s) of the project. Provide a compelling rationale for your hypothesis by putting your proposed work in the context of previous research done in the field. Proposed aims must be within the scope of the one-year timeline and budget of the grant. Overly ambitious aims are discouraged.
- Experimental design, methods and analysis. While preliminary data is not a requirement, it may be included. When preliminary data is not available, the underlying logic or rationale behind the proposed methodology must be clearly articulated. Reference supporting, as well as conflicting (if any), scientific data relevant to your proposal. Present alternate plans in case the primary methods are not successful. In addition, and importantly, sex, gender, diversity (plus other intersectionalities (SGBA+)) must be thoughtfully considered, when applicable.
- Details of which member(s) of the research team will be responsible for which aspect of the project, including a rationale for their inclusion in the project, and a description of the research environment where the work will take place. Consideration of equity, diversity and inclusion principles in the composition of research team members must be evident.

Format:

- Your proposal must not exceed 16,000 characters (including spaces), or roughly four full pages, single spaced.
- Upload the proposal in EGrAMS as a single pdf not larger than 5MB
- Figures, tables, charts and their associated legends must NOT be embedded in the text. For information regarding accompanying figures, tables, charts and associated legends, see section 24 Tables, graphs, charts and associated legends.
- Abbreviations must be initially explained within the proposal. A list of abbreviations, if included, counts towards the 16,000-character limit.

21. Sex, gender and diversity

21.a. Sex, gender and diversity considerations

Recognizing the variable impacts of cancer on different populations and demographics within Canadian society, CCS expects that sex, gender and diversity dimensions (plus other intersectionalities (SGBA+)) will be factored into research design, analysis and dissemination of findings. Please provide a response for each question, and we urge that you consider and embed these dimensions into your proposal, when applicable.

analysis and interpretation, and/or dissemination of findings?	C	Yes	C	No
Is gender, as a sociocultural factor, taken into account in the research design, methods, analysis and interpretation, and/or dissemination of findings?	C	Yes	С	No
Are diversity considerations (e.g. conditions, expressions and experiences of different groups identified by age, education, sexual orientation, parental status/responsibility, immigration status, Indigenous status, religion, disability, language, race, place of origin, ethnicity, culture, socio-economic status and other attributes) taken into account in the research design, methods, analysis and interpretation, and/or dissemination of findings?	C	Yes	С	No

21.b. Sex, gender and diversity considerations

Describe how sex and/or gender and/or diversity dimensions (plus other intersectionalities (SGBA+)) will be considered in your research proposal. If you select 'No' for one or more questions in section 21a., explain why sex and/or gender and/or diversity are not applicable in your research proposal.

Your response must not exceed 4200 characters. Note that the character count may be different when copying text from Word due to formatting.

22. Knowledge translation and mobilization strategy

Describe how the knowledge generated through these grants will be shared and/or mobilized, including details of steps you will take to facilitate uptake and adoption. Activities beyond publications or presentations are strongly encouraged (e.g. through engagement of clinicians and other practitioners or end-users early on to ensure utility).

Your response must not exceed 4200 characters, or roughly one page, single spaced. Note that the character count may be different when copying text from Word due to formatting. To insert special characters, you must use Alt codes or the special character tool in EGrAMS and not Symbol font.

23. Research team contributions

List each research team member (both those named on the grant as a Participant and any others not named), and indicate the % of the project work to be completed by each individual. The total % should add to 100, do not add a '%' sign in the '% of work' field. Research team member contributions can be indicated to 1 decimal place, as appropriate.

Participant	Percent of the project work
Turtopunt	WOIK

24. Tables, graphs, charts and associated legends

OPTIONAL: Attach and appropriately label figures, graphs, charts and legends in PDF format (maximum of 2 pages total)NOTE: For the file name, please use the following format: [lastname_firstname-figures].

25. List of references

Provide a list of references cited within the proposal. A standard reference style is recommended (e.g. first author, article title, journal title, date of publication, volume, issue, location (pagination)).

26. Appendices

OPTIONAL: Note that all essential information must be included in the proposal and that reviewers are not required to read the material in the appendices. Attachments must be in PDF format only and can not exceed 10MB per attachment. NOTE: For the file name, please use the following format: [lastname_firstname-appendix1].

27. Disclosure of commercial or conflict of interest related to this application

If any of the named investigators have a financial interest in any commercial venture whose business activities are related to the subject matter of this grant application, the nature of that interest must be disclosed and a description of how conflict of interest (perceived or real), if any, will be managed should be provided. Please describe the nature of the relationship or material interest, the business activities of the company in question, and how those activities relate, if at all, to the grant application.

a.	Do applicants have any commercial or conflict of interest (perceived or real) to declare?	C Yes	C No
b.	If Yes, please provide a description of the commercial or conflict of interest and how it will	be managed	
C.	Is there any Intellectual Property which has been filed that is directly related to the technology or project, or materials or reagents used therein?	C Yes	C No
d.	If Yes, please describe, including ownership and/or assignment		

COVID-19 Impact statement

28. Impact of COVID-19 on your research

Describe circumstances related to the COVID-19 pandemic that have affected your scholarly activities, your research team's capacity to generate preliminary data for the proposed research and/or your research program in general. These include, but are not limited to, laboratory closures, delays in study participant recruitment, disruptions in field work, reductions or delays in hiring research personnel, longer publication timelines, personal or medical circumstances. (maximum 2100 characters, including spaces). Note that character count may be different when copying text from Word due to formatting.

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Budget

Des	scription	2022	Total
DIR	ECT EXPENSES		
Pro	gram Expenses		
1	Supplies and Expenses		
2	Salaries and Wages		
Tota	al Program Expenses	0.00	0.00
Equ	ipment		
1	Permanent Equipment		
Tota	al Equipment	0.00	0.00
тот	TAL DIRECT EXPENSES	0.00	0.00
тот	TAL EXPENDITURES	0.00	0.00

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Description	2022	Total
Program Expenses		
Supplies and Expenses	0.00	0.00
Salaries and Wages	0.00	0.00
Total for Program Expenses	0.00	0.00
Permanent Equipment	0.00	0.00
TOTALS	0.00	0.00
0.0	0.00	0.00

Other funding

31. Summary of other directly related funding applied for and received

Proposals submitted to the program may be related but cannot be identical to any other currently funded projects. It is the responsibility of the applicant to notify CCS immediately should substantial overlap arise from new funding awards during the application and review process of this competition.

CCS uses the information administratively to ensure that there will be no significant overlap in funds for similar work. Note that investigators may not accept funds from tobacco manufacturers or from the Council for Tobacco Research or the Smokeless Tobacco Council while holding a CCS grant.

If you are not currently receiving or seeking funding from other sources: Attach a document (in PDF format) clearly stating this. If you are currently receiving or seeking funding from other sources: Attach a document (in PDF format) containing a list of: a) active grants and b) pending or submitted grant applications, following the formatting instructions outlined in Appendix B. The list should include grants and applications for support from CCS and other granting agencies and other sources (e.g., industry, private foundations, etc.) for the Principal Investigator and each Co-Principal Investigator, for the current year (2021) and for the entire period covered by this application (March 15, 2022 – March 14, 2023) that have conceptual or budgetary overlap with this project. List each grant or application only once, clearly indicating all of the investigators who are involved in the grant.

Abstracts, as submitted in the original application for funding, must be provided for each grant/application, ensuring that the title of the project and funding source is clearly indicated. Budget pages are not required. Include these abstracts following the list, in the same order as they appear in this section.

Applications with missing other funding information or abstracts will be considered incomplete.

NOTE: For the file name, please use the following format: [lastname_firstname-other_funding]

32. Other funding confirmation

The applicants confirm that the attached list contains all required information and the abstracts as submitted
in the original application for funding, as described in the Application Guide.

Review panel

	Panel
33.	

Assigned Panel

Data Grants panel

34. Reviewer recommendation

Applicants must suggest the names of at least 3 (5 if submitting application in French) impartial reviewers who have the necessary expertise to critically evaluate the application and with whom you do NOT collaborate.

Name	Department	Institution	Phone no.	E-mail address	Areas of expertise

35. Reviewer exclusions

Applicants may suggest individuals they prefer NOT be contacted as potential reviewers (panel members and/or external reviewers). The reason for exclusion (e.g. collaborator, colleague, competitor) should be given. NOTE: any exclusions you list will not be viewable to panel members.

Name	Reason for exclusion
	▼

Tracking

36. Research tracking information

36.a. Research focus					
Responses are to be limited to the scope of the proposed research for the duration of the proposed term. This information is used solely for statistical/reporting purposes and will not be used as part of the scientific review of the application. Select one research focus that best describes the project.					
Biomedical research – Projects that re mechanisms or studying cell pathways patient-derived tissue or involves huma	in model systems or patient	derived cell lines. If any comp			
Clinical research – Projects that have a trials and correlative studies as well as Includes testing drugs, biomarkers, or	psychosocial oncology rese	arch. Generally, involves hum	ans or samples from humans.		
Health systems and health services re adherence, care utilization, overtreatm ethics, patient decision aids, adverse of	ent, health care transitions, r	national strategies/frameworks	s, clinical pathways/guidelines,		
Social, cultural, environmental, and po system. Includes research that investig International Tobacco Control (ITC) su	gates lifestyle, toxin exposure	es, diet, or population-based s	urveillance surveys (e.g., the		
Research focus (select ONI	E only)				
© Biomedical Research		Clinical Research			
C Health Services/Systems	Research	C Social, Cultural, Environr	mental and Population Health		
36.b. Clinical trial					
If your proposed research includes a c target. If your proposed research does	·		he participant recruitment		
Clinical Trial					
Clinical Trial - observatio	nal participant recruitment ta	rget:			
Clinical Trial - interventional participant recruitment target:					
□ Not applicable	☐ Not applicable				
36.c. Relevant population					
Select the population(s) the proposed patients, select "Not specific". Be sure		f your proposed research can	be applied broadly to cancer		
Relevant population					
Pediatric (0-14)	Adolescents & Young Adults (15-29)	Adult (30 years+)	☐ Not specific		

36.d. Research subject

If your proposed research involves human subjects or patient tissues, select the research subject(s) that will be used in the study. You can select more than one option. If your proposed research does not involve human subjects or patient tissues, select 'Not applicable '.

Research subject (select ONE or MORE)					
Patients/Study Popu	ulation				
Pediatric (0-14)	Adolescents & Young Adults (15-29)	Adult (30 years+)	Not applicable		
Patient Tissue					
Pediatric (0-14)	Adolescents & Young Adults (15-29)	Adult (30 years+)	□ Not applicable		
36.e. Cancer site relevance					
Select a maximum of four cancer sites where the research will be most relevant. Indicate the degree of relevance to the selected cancer site in terms of percentage (%). Only include cancer sites with at least 25% relevance; total should equal 100%.					
The cancer site selected must reflect the site of the primary cancer. For example, if your research is focused on lung cancer					
that has metastasized to the brain, select lung as relevant cancer site.					
When a project does not focus on one or more specific cancer sites (e.g. applies broadly to cancer patients), select "Non-specific/All sites".					
Only use the Details description field to describe the site if you have selected Other as a site.					
Do not enter a '%' sign with your	percentage, only enter the number	r.			
Cancer site relevan	re .				

Cancer site relevance	Percentage	Details

36.f. Common Scientific Outline (CSO)

Select a maximum of 3 codes which best describe the research. Full details of the Common Scientific Outline can be found at the International Cancer Research Portfolio website (https://www.icrpartnership.org/cso).

Common Scientific Outline (CSO)
Biology
☐ 1.1 Normal functioning
☐ 1.2 Cancer initiation: alterations in chromosomes
☐ 1.3 Cancer initiation: oncogenes and tumour suppressor genes
☐ 1.4 Cancer progression and metastasis
☐ 1.5 Resources and infrastructure
Etiology
☐ 2.1 Exogenous factors in the origin and cause of cancer
☐ 2.2 Endogenous factors in the origin and cause of cancer
☐ 2.3 Interactions of genes and/or genetic polymorphisms with exogenous and/or endogenous factors
☐ 2.4 Resources and infrastructure related to etiology
Prevention
☐ 3.1 Interventions to prevent cancer: personal behaviors (non-dietary) that affect cancer risk
3.2 Dietary interventions to reduce cancer risk and nutritional science in cancer prevention

☐ 3.3 Chemoprevention and other medical interventions
■ 3.4 Vaccines
■ 3.5 Complementary and alternative prevention approaches
☐ 3.6 Resources and infrastructure related to prevention
Early Detection, Diagnosis and Prognosis
☐ 4.1 Technology development and/or marker discovery
☐ 4.2 Technology and/or marker evaluation with respect to fundamental parameters of method
☐ 4.3 Technology and/or marker testing in a clinical setting
☐ 4.4 Resources and infrastructure related to detection, diagnosis and prognosis
Treatment
☐ 5.1 Localized therapies – discovery and development
☐ 5.2 Localized therapies – clinical applications
☐ 5.3 Systemic therapies – discovery and development
5.4 Systemic therapies – clinical applications
☐ 5.5 Combinations of localized and systemic therapies
☐ 5.6 Complementary and alternative treatment approaches
☐ 5.7 Resources and infrastructure related to treatment and the prevention of recurrence
Cancer Control, Survivorship and Outcomes Research
☐ 6.1 Patient care and survivorship issues
☐ 6.2 Surveillance
☐ 6.3 Population-based behavioral factors
☐ 6.4 Health services, economic and health policy analyses
☐ 6.5 Education and communication research
☐ 6.6 End-of-life care
☐ 6.7 Research on ethics and confidentiality
☐ 6.8 Historical code - no longer used
☐ 6.9 Resources and infrastructure related to cancer control, survivorship and outcomes research

Release form

37. Release form

The CCS depends on donor dollars to fund its grants. Applicants must declare their willingness to allow CCS to provide minimal details of their grant to potential donors/partners. For successful investigators, the grantee must declare their understanding that CCS will post competition results (PI, HI, title, value of grant, lay summary) on our website and potentially include a lay summary of the progress and impact of the research in our reports to donors/the public, press releases, social media or other communications.

On condition that:

- the specified information will be shared by CCS only with potential donors/partners and for the sole purpose of obtaining additional funding for CCS's grant competitions.
- potential donors/partners will be required to declare conflict of interest, and sign a confidentiality agreement before the specified information is released to them by CCS.
- it will be held confidential by them and not released to other parties, and will be returned to CCS or destroyed

 if the decision is not to fund.
- all information released may be retained by the potential donors/partners if it decides to fund the application,
- and may be used by the donor/partner in its funding announcements and other communications.
- I acknowledge the sharing of the information specified with potential donors/partners and if successful in the competition, CCS will announce the grant and may publish research impacts (described above).

Head of Department

38. Head of Department/Dean confirmation

This section can only be completed by the Head of the applicant's research department. If the project is to be carried out by the Head of the Department the application must instead be confirmed by the Dean. As the Head of Department/Dean your online acknowledgement indicates that you are aware of the contents of the application being submitted. Answer the question below, then click on Save to complete your confirmation.

I confirm that I am aware of the contents of the application being submitted.	☐ Yes ☐ No
Name of the Head of Department or Dean	
Title	
Research Institution	
Financial Institution	
Date	

Executive authority - research host

39. Executive authority of the host research institution

This section can only be completed by an executive authority of the host Institution within which the research will be conducted. As the Executive Authority your online acknowledgement indicates that you have read and understood the Terms of the Host Institution/CCS Agreement. Answer the question below, then click on Save to complete your confirmation.

I confirm that I have read and understood the Host Institution / CCS Agreement and agree to abide by the terms.	☐ Yes ☐ No
Name of the Executive Authority - research host	
Title	
Research Institution	
Financial Institution	
Date	

Executive authority - financial host

40. Executive authority of the host finance institution

This section can only be completed by an executive authority of the Institution within which the funds will be administered. As the Executive Authority your online acknowledgement indicates that you have read and understood the Terms of the Host Institution/CCS Agreement. Answer the question below, then click on Save to complete your confirmation.

I confirm that I have read and understood the Host Institution / CCS Agreement, and agree to abide by the terms.	☐ Yes ☐ No
Name of the Executive Authority - financial host	
Title	
Research Institution	
Financial Institution	
Date	
