Innovation to Implementation
Request for Applications
Version 2.0

OICR
Ontario Institute for Cancer Research

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1. REQUEST FOR APPLICATIONS

This Request for Applications (RFA) is intended to guide investigators applying for OICR's Clinical Translation Pathway Innovation to Implementation (I2I) grant, which is focused on overcoming barriers to the mobilization, or uptake, of knowledge required to facilitate adoption of research into policy or healthcare. OICR is committed to providing research funding to help support a sustainable health system that enables fair and equitable access to cancer interventions.

For more information on OICR and the Clinical Translation Pathway, please visit our website.

I2I funding has two main purposes:

- To support research projects needed to overcome implementation bottlenecks and provide optimal approaches to accelerate the uptake and sustainability of research outputs in population health, cancer screening and clinical settings
- To support efforts to synthesize, disseminate, exchange and apply knowledge from research in order to build on and use that knowledge to improve high-quality decision making to support health, the healthcare system or healthcare delivery

Key elements of I2I include the following:

- Alignment with OICR's 2021-2026 Strategic Plan
- Funding will support the development of evidence or processes to move the existing innovation/research findings significantly further towards health policy or health system implementation.

I2I embraces the principles of:

- **Patient partnership** in OICR-supported research in order to:
  - Ensure studies address the needs of the people intended to benefit
  - Benefit from the integration of patient perspective
  - Ensure study activities and results are communicated in an accessible way to patients, caregivers and the wider community
- **Equity, diversity and inclusion (EDI)** in OICR-supported research in order to:
  - Ensure research serves cancer patients from all relevant communities, especially those that are historically underrepresented
  - Foster a more diverse and inclusive research community
  - Create an environment where all can thrive and feel included

Projects that are in-scope include:

- Projects that facilitate movement of research-generated knowledge to actual application of such knowledge in population health, screening or clinical practice settings
- Studies that enable engagement of new users, including patients, along the translational continuum to advance the research into clinical settings
- Projects that adapt a research tool for use in cancer prevention, clinical settings or clinical trials
- Studies that conduct economic analysis or generate real-world evidence required to inform adoption of research into policy or routine healthcare
- Studies evaluating the comparative real-world clinical- and cost-effectiveness of interventions
- Knowledge Translation (KT) activities (e.g., generation of policy papers, workshops, meta-analysis) that will advance the adoption of research into policy or routine healthcare

Projects that are out-of-scope include:

- Foundational or early discovery research.

1.1. Eligibility

OICR invites applications from investigators at Ontario academic centres, hospital research institutes or other government research institutions.

OICR funding is only tenable in Ontario. For-profit entities are not eligible to receive OICR funding.

There is no limit to the number of applications investigators are eligible to submit as PI or Co-PI.

OICR is focused on developing and supporting the next generation of cancer researchers, and **strongly encourages applicants to include early career investigators/clinicians** as part of the project team. Further, teams should consider the inclusion of a physician and/or a biostatistician for relevant projects.

This RFA **does not** require previous OICR funding support in order to be eligible.

1.2. Term

Applications selected for funding will be provided with a funding term of up to two years, starting April 1, 2023, and ending no later than March 31, 2025.

1.3. Funding available

Successful I2I projects will be funded to a **maximum of $100,000 per year, inclusive of overhead, for a maximum of two years.**

Funding is contingent upon available funding from the Government of Ontario via the Ministry of Colleges and Universities.

1.4. Eligible expenses

Expenses must adhere with OICR's guidelines for eligible expenses. The following expenses are not eligible under this RFA:

- Clinical/health intervention trials

1.5. Deadlines and important dates

Optional RFA information session (register here)	September 20, 2022, 11 a.m. – 12 p.m. ET
Letter of Intent (LOI) deadline:	October 13, 2022 by 5 p.m. ET
LOI results communicated:	Week of November 14, 2022
Full application deadline:	January 19, 2023 by 5 p.m. ET
Notification of results:	March 2023
Funding to begin:	April 1, 2023

Late submissions will not be accepted.

1.6. Application requirements

I2I applications are a two-step process, including a Letter of Intent (LOI) and a full application. LOIs and full applications are to be submitted online using ReportNet, OICR's online system for managing grants and awards. Refer to OICR's guidelines on using ReportNet.

Equity, Diversity and Inclusion

All OICR-supported research is expected to align with the Institute's principles of Equity, Diversity, and Inclusion (EDI). OICR's Commitment to EDI in Research Statement can be found on our website. OICR is committed to:

- Ensuring our research serves those from all relevant communities, especially those that are historically underrepresented
- Fostering a more diverse and inclusive research community
- Creating an environment where all can thrive and feel included
- Collecting and analyzing demographic data to better understand the diversity of applicants, funded researchers and project teams in order to identify gaps and develop approaches to address those gaps
- Continuing to evaluate our processes, ask for input, collect data and improve
- Communicating how we will achieve equity, diversity and inclusion
- Sharing best practices and lessons learned to help drive equity, diversity and inclusion across the cancer research community

Refer to OICR's guidelines on Equity, Diversity and Inclusion tactics in research for more details.

Patient partners

Patient perspectives and insight can be transformative to research planning and execution. Applicants should address how patient partners and communities are being, or could be, engaged throughout the life cycle of the project. Throughout the funding period, and as early as possible, applicants are encouraged to contact Cassandra Bergwerff (cbergwerff@oicr.on.ca), Lead, Patient Partnership & Equity, Diversity and Inclusion, to explore how to better involve patient partners and communities into the research process. OICR's Patient and Family Advisory Council (PFAC; or delegate) may participate in the full application review and progress reviews to provide ongoing guidance over the funding term.

1.7. Completing a Letter of Intent

The Letter of Intent (LOI) collects relevant application information that will be used by OICR leadership to ensure appropriate fit to the I2I funding opportunity and to recruit expert reviewers for the full application review panel. Applicants will be notified of their eligibility to submit a full application following an internal LOI review.

Application Information

Administrative

The system will pre-populate the PI's information from their ReportNet user profile. PIs must complete the demographics questions in their ReportNet user profile. **You will not be able to submit an application at any stage (Letter of Intent or full application) without completing your profile.** To update your profile in ReportNet, click on the initial of your first name at the top right-hand corner of the screen, and select 'User Profile'. Complete the questions under 'Demographics' and click 'Save'.

Additional information, outlined below, is to be provided by the applicant(s). Required fields are marked with a red asterisk in the system. Word counts, where applicable, are noted.

- **Title**
- **Invite contacts**
- **Start date**
- **End date**
- **Application type**
- **Key words**
- **Cancer type**

- **Abstract** (max. 250 words): The abstract should be non-confidential as it may be shared with reviewers to identify expertise and potential conflicts of interest during the reviewer recruitment and assignment processes. The abstract should include the following information.
  - Background to the research
  - Description of how the project will generate real-world knowledge and/or engage new partners
  - Description of how the innovation will be moved towards clinical application or adopted into the healthcare system/policy
  - Discussion of the expected impact on patients, healthcare practitioners, and/or the health system

1.8. Completing a full application

Information provided in the LOI will be carried over to the full application form and will be editable.

- **Common Scientific Outline**
- **Administrative authority of PI's Host Institution**
- **Does this application include a clinical trial?** I2I applications must select 'No'.
- **Regulatory requirements**
- **Equity, Diversity and Inclusion considerations**
- **Equity, Diversity and Inclusion (EDI) plan** (max. 500 words): Outline how the project will align itself to the principles of EDI outlined in Section 1.6 above, within the project team, knowledge users (such as patients, clinicians and other healthcare professionals, health technology assessment agencies, and health policy decision makers) and project participants. Describe how the project will include a diverse patient population (where appropriate), including participants from historically underrepresented populations. Describe whether the project may be of particular benefit to any historically underrepresented groups, and what those benefits may be. Include specific and actionable tactics and address multiple areas wherever possible (e.g., outline tactics relating to both research team recruitment and dissemination of results). Refer to OICR's guidelines on Equity, Diversity and Inclusion tactics in research for more details.

  EDI considerations will be discussed for each application and included in the overall score/recommendation. Feedback on the proposed approach and opportunities for improvement will be provided to applicants.

  Several excellent EDI resources have been developed that are available, free of charge, for training and information purposes. OICR requires that teams complete, at a minimum, the CIHR Sex and Gender Training Modules (https://www.cihr-irsc-igh-isfh.ca/) in advance of submitting their application.

  Among others, OICR supports the EDI resources that have been made available by CIHR (https://cihr-irsc.gc.ca/e/51709.html). These resources address many topics, including:
  - EDI in research design and practices.
  - EDI in the research environment, and
  - EDI and research excellence.

  Additional resources on including sex and gender in research can be found at: https://cihr-irsc.gc.ca/e/50836.html.

Research proposal

- **Scientific summary**

- **Lay summary** (max. 500 words): The lay summary should explain complex research ideas in simple terms and plain language that can be easily understood by non-specialists. This is unlike a scientific abstract, which is written for subject peers. The lay summary will be used by reviewers and patient partners during the review process. If funded, the lay summary may be used to communicate your research to the public and funders. The applicants are strongly advised to engage a patient partner to co-write or review the lay summary.

  An overview of each of the following topics is recommended, as applicable:
  - Background/context to the research
  - Description of the current standard of care
  - Research question or problem to be solved
  - A description of proposed research/method(s)
  - Potential benefit to patients/impact on the field

  Bullet points are acceptable to highlight key points. Please use plain English while avoiding acronyms, scientific jargon and technical, field-specific terms unless a short explanation is added. Short sentences with easy sentence constructions are advisable.

  The lay summary may be shared with external parties for communications and reporting purposes, and with reviewers to identify expertise and potential conflicts of interest.
- **Abstract** (max. 250 words): This will be copied over from the LOI submission. *Only edit the abstract if substantive updates are necessary.*
- **Proposal** (uploaded file; max. 2000 words): Describe the background, rationale, execution plan (including the methodology that will be employed), deliverables, expected impact, alignment with OICR's strategic plan, statistical analysis required and team details. In addition, discuss how the project will facilitate movement of research-generated knowledge to actual application of such knowledge in population health, screening or clinical practice settings and/or engage new users along the translational continuum in order to advance the research into clinical settings. If applicable, demonstrate how the KT activities will raise knowledge users' awareness of research findings and facilitate the application of those findings. Refer to Section 1 above for a description of projects that are in and out of scope for this RFA.

Additional information

- **Patient and/or partner engagement** (max. 250 words): Patient perspectives and insight can be transformative to research planning and execution. Applicants should address how patient partners and communities are being, or could be, partnered with throughout the life cycle of the project. This section must be written as a stand-alone piece, assuming that readers may not have read the application project. It should be written in clear, easy to understand, lay language understandable to a high school graduate.

  Note: Throughout the funding period, and as early as possible, applicants are encouraged to contact Cassandra Bergwerff (cbergwerff@oicr.on.ca), Lead, Patient Partnership & Equity, Diversity and Inclusion, to explore how to better involve patient partners and communities into the research process. OICR's Patient and Family Advisory Council (PFAC; or delegate) may participate in the progress reviews to provide ongoing guidance over the funding term.
- **Data management plan** (max. 200 words): Applicants must provide a data sharing and access plan, as well as a data storage requirements and retention plan, specifying how much data will be generated or transferred into OICR (if applicable) during the course of the project, and the plan for retaining/archiving with the ability to restore the data for the five-year period following its conclusion. Refer to OICR's guidelines on data retention, sharing and open access.

- **Differentiation** (max. 200 words): Provide a description on what makes this research unique, better and/or disruptive compared to what other researchers are working on in your field (i.e., what is distinguishing about this research that makes it more attractive than other existing work). This information may be shared with FACIT Inc., OICR's commercialization partner, should the project be funded.

Attachments
The following items should be attached to the application:
- **Figures and tables**
- **References**
- **Deliverables and Milestones (D/Ms)**: Download the D/M template provided in ReportNet and upload the completed file in Excel format:
  - Specify at least one to two high-level deliverables that are projected to be achieved during the funding period, specified by quarter and fiscal year (OICR's fiscal year is from April 1 – March 31).
  - For each deliverable, specify at least one associated milestone for each half of the fiscal year. Milestones will be monitored to assess progress towards achievement of the deliverable. Include milestones that specify go/no go decision points whenever applicable.
  - Both deliverables and milestones must be measurable and possess a target date for completion (provide the quarter and fiscal year of projected achievement). These deliverables and milestones will be used to measure research progress.
  - As appropriate, teams are strongly encouraged to include one to two relevant EDI and patient partnership deliverables, and associated milestones, that will be achieved during the funding period.
- **Budget**: Download the budget template provided in ReportNet, complete budget request details (refer to OICR's guidelines on eligible expenses) and upload the completed budget in Excel format.
  - **Note**: I2I budgets should start in Q1 (Apr-Jun) on the budget template provided and end in Q4 (Jan-Mar). The total budget available for two years of funding must not exceed $100,000 per year, inclusive of eligible overhead.
  - The total budget, inclusive of overhead for eligible expenses, should represent the OICR contribution. Additional contributions committed from other funding sources or collaborators should be included as co-funding (section provided at the end of the Excel template).
  - The template will automatically calculate overhead at 30 per cent for non-MaRS based institutions. The overhead rate can be adjusted on the 'info and instructions' tab (all changes to the overhead rate must be addressed in the Host Institution commitment letter). Please contact the OICR Scientific Secretariat with any questions regarding overhead
- **Budget justification** Provide a high-level justification of the budget requested.
  - The document must outline total costs per expense category. It should summarize the total budget per year.
  - The document must highlight all current and pending funding applications, highlighting any overlap with the present application. If applicable, a robust plan must be included for attracting future partners during the funding period.
- **Co-funding letters:** If applicable, provide evidence of co-funding through a letter of support from the funder. Include whether funds are cash vs. in-kind, and whether they are secured vs. expected. Co-funding should also be captured in the Excel budget upload.
- **Curricula Vitae**
  - Compile CVs for the following individuals and submit as a single bookmarked PDF:
    - PI and Co-PI

- Co-Investigators
  - CVs can be in any format so long as it addresses education/training, employment, honours and awards, professional affiliations, research funding in the past five years, student/fellow training, and research outputs (e.g., publications, IP, presentations).
- **Lead PI's Host Institution commitment letter**
  - A letter from the administrative authority/high-level institutional official (i.e., President or Vice-President, Research) of the Lead PI's Host Institution must be submitted. If the lead PI's institution is OICR, this letter is not required.
  - The letter must outline the institutional commitment to facilitate and support the research, assign space and resources, and provide other administrative support for the duration of the proposed research. The letter should describe how the institution maintains accountability for promoting scientific excellence and fiscal responsibility with awarded funds.
  - The letter must declare that the signatories will aim to meet a 30-day turnaround for agreement execution.
  - The letter must declare that the signatories have read and acknowledged OICR's "Ontario First" mandate and agree to abide by the policy through a funding agreement in the event of a successful application.
  - OICR provides 30 per cent overhead on eligible expenses. If an institution is requesting *less* overhead, they must confirm this in the commitment letter.
- **Publications** Upload the top three team publications relating to the project that reviewers should take special note of. Combine all three publications into a single bookmarked PDF.
  Note: OICR is a signatory to the San Francisco Declaration of Research Assessment (DORA) which we consider to be an incentive to evaluate research proposals on the basis of their content and not solely by the criterion of Journal Impact Factors (JIF). Reviewers at all stages of the OICR grant application process are advised that they should consider the quality of the research published and/or proposed in an application. While productivity may be an important factor, the assessment will be based on the content of articles and not the JIF. Furthermore, OICR reviewers are asked to consider the influence of candidates' publications in advancing knowledge in a given field (or throughout biology).
- **Research plan flow diagram**: Provide a diagrammatic representation (flow diagram) of the I2I research plan (as described above).
- **Commercialization plan:** If applicable, a commercialization plan should be developed in consultation with FACIT Inc., OICR's commercialization partner, and technology transfer offices at relevant institutions to ensure it is consistent with OICR's "Ontario First" mandate. The Ontario First mandate requires that reasonable efforts are undertaken to commercialize and manufacture a project's arising intellectual property in Ontario and applicants will contractually agree to consult FACIT Inc. to finalize the commercialization planning, rights and obligations, with an emphasis on Ontario-based development.
- **Project team:** Provide a brief description of the project team, how it will be managed, and EDI considerations. The project team should consider the inclusion of a physician and/or a biostatistician.

2. REVIEW PROCESS

2.1. LOI review process

LOIs will be reviewed internally by OICR leadership for fit with the I2I program based on the information submitted. Eligible LOI proposals will be invited to submit a full application. If a high number of LOIs is received, a ranking system with scores may be used to select the applications that will be invited to submit a full application.

2.2. Full application review process

2.2.1. Review panel

Each full application will be reviewed by members of the review panel, which will be composed of an external Chair and experts in the field.

2.2.2. Patient and Family Advisory Council

Full applications will be shared with OICR's Patient and Family Advisory Council (PFAC; or delegate), who will review application materials and provide written feedback to the review panel in advance of the full application review meeting. PFAC feedback will be provided to applicants as part of the Scientific Officer report that will be provided to teams following the review meeting.

2.2.3. Reviewer reports

Reviewers will be tasked with providing a brief report for their assigned applications using the following criteria, which are outlined in Appendix I:

- Relevance
- Excellence
- Potential for impact/path to implementation
- Feasibility
- Leadership, team and collaboration

Reviewers will also provide an overall score for the application which will reflect the project as a whole.

2.2.4. Preparation teleconference

If deemed appropriate by the Chair, a teleconference will be organized prior to the review meeting to discuss any questions/feedback which will be provided to applicants ahead of the review meeting. Applicants will need to provide written responses within two (2) business days, which will be circulated to the panel in advance of the meeting. Late responses will not be accepted.

2.2.5. Review meeting

A review meeting will be organized and include the review panel, members from the PFAC (or a delegate) and representatives from OICR. For information on evaluation criteria and scoring, see Appendix I.

Depending on application pressure, and with the approval of the review panel Chair, applications may be ranked by overall score prior to the review meeting so that only the top applications in contention for funding will be discussed. The review panel will have an opportunity to review the rankings in advance of the meeting, and, if appropriate, revise the order.

The meeting will be moderated by the review panel Chair with support from OICR's Scientific Secretariat. For each application, the Chair will invite the reviewers to provide their feedback and will oversee a discussion of the application by the review panel and PFAC (or delegate). Following open discussion, reviewers will be provided with an opportunity to revise their initial scores and comments and will be asked to provide a final overall score. The panel will then recommend a consensus score by which the application will be ranked. The ranked list of applications, including those which are highly ranked and deemed meritorious for funding, will be shared with OICR and its Board who will make a final funding decision.

3. NOTIFICATION OF DECISION

A meeting report summarizing the review discussion and recommendation for each application will be prepared by a Scientific Officer (SO) and distributed to applicants, along with anonymized reviewer reports, as part of the Notification of Decision (NOD) from OICR.

OICR intends to provide NOD letters to all applicants by the end of March 2023. Applications recommended for funding will receive a Notice of Award outlining next steps in order to accept the award and establish a funding agreement.

4. ESTABLISHMENT OF AGREEMENTS

Following approval of the project, OICR will establish a funding agreement with the Host Institution of the Lead PI and Partner Institutions (if applicable).

5. REPORTING REQUIREMENTS

5.1. Financial and operational status reporting

The following schedule (Table 1) will be used for financial and operational status reporting. Note that the deadlines indicated are moved to the next business day if they fall on a non-working day. A quarterly reporting template and instructions will be available on the OICR online financial reporting system, CaAwardNet.

Financial Officers of the Lead Institution will be required to provide quarterly updates on budget versus actual expenditures as per the table below. When reporting on the operational status of a project, an explanation of variances of greater than ±15 per cent and mitigation plans to address the budget gaps should be provided.

Table 1: Financial and operational status reporting

Period covered	Responsible party and action	
	Financial Officer	PI at Lead Institution (or designate)
Q1 Apr-Jun	Quarterly financial report: *Due July 31*	Review and submit quarterly financial operational status report: *Due Jul 31*
Q2 Jul-Sep	Quarterly financial report: *Due October 31*	Review and submit quarterly financial operational status report: *Due Oct 31*
Q3 Oct-Dec	Quarterly financial report: Due January 31	Review and submit quarterly financial operational status report: *Due Jan 31*
Q4 Jan-Mar	Quarterly financial report: Due April 30	Review and submit quarterly financial operational status report: *Due Apr 30*
Q1-Q4 Apr-Mar	Annual fiscal year financial report: *Due May 31*	Review and submit fiscal year financial report: *Due May 31.*

5.2. Progress/Key Performance Indicator (KPI) reporting

All projects will be included in the reporting process as required by the Government of Ontario according to the schedule below (Table 2). Note that the deadlines indicated are moved to the next business day if they fall on a non-working day.

Table 2: Progress/KPI Reporting

Period covered	PI at Lead Institution (or designate)
Q1-Q2 Apr-Sep	Provide status updates on D/Ms to CT leadership using ReportNet: *Due Nov 15*
Q3-Q4 Oct-Mar	Provide status updates on D/Ms to CT leadership using ReportNet: *Due May 15*
Q1-Q4 Apr-Mar	Provide quantitative KPIs using ReportNet (OICR's online KPI reporting system): *Due April 30*

6. ACKNOWLEDGEMENT AND RECOGNITION OF SUPPORT

All investigators and the recipient institutions must acknowledge and credit the contribution/support, in whole or part, of OICR and the Government of Ontario to the projects in any promotional material, including, without limitation, scientific publications of whatever nature or kind, and in any communication materials or publications supported by OICR funding by referencing the projects with the following statement: "This project was conducted with the support of the Ontario Institute for Cancer Research through funding provided by the Government of Ontario. The views expressed in the publication are the views of the authors and do not necessarily reflect those of the Government of Ontario."

7. CONTACT INFORMATION

Email the OICR Scientific Secretariat (scientificsecretariat@oicr.on.ca)

8. APPENDIX I: EVALUATION CRITERIA AND SCORING

Applications will be reviewed using the following evaluation criteria:

- Relevance.
- Excellence.
- Potential for impact/path to implementation.
- Feasibility, and
- Leadership, team and collaboration.

Table 3 provides a description of each criterion. The merit of each project will be evaluated against the listed criteria, where applicable.

Table 3: Evaluation criteria
Relevance The project**:** ● Is in line with OICR's strategic plan and elements of the I2I RFA ● Addresses a specific, well-defined, clinical priority/question for cancer patients and/or the Ontario healthcare system ● Is appropriate given the current state of knowledge relative to the proposed project ● Is driven by a strong hypothesis that rests on sufficient evidence
Excellence ● The proposed research is innovative and of international calibre ● Research design is appropriate to answer the question(s) posed, with a cohesive plan that will lead to meaningful results ● Goals and objectives are well defined and attainable ● Statistical justification is provided to support the hypothesis and project design ● Potential pitfalls and possible mitigation plans are provided and appropriate
Potential for impact/path to implementation ● The proposed research will have a transformative impact on clinical practice, benefiting Ontario patients, practitioners and/or users of the healthcare system ● Generation of real-world knowledge and/or engagement of new partners ● Clear advancement of innovation towards clinical use or adoption into the healthcare system/policy ● The EDI and patient partnership plans indicate the impact of the project on underrepresented communities and on patients, respectively
Feasibility ● Proposed research is feasible, within the term of the award, with potential for success ● Project team has access to appropriate facilities and resources to ensure project success ● The deliverables and milestones are attainable within the specified timeline. They are appropriately defined to allow the monitoring of progress against goals and objectives. Appropriate Go/no-go decision points are outlined ● A plan for biospecimen acquisition (if applicable) and/or a description of the existing biospecimen resource to be utilized is included. Where an existing biorepository is to be accessed, confirmation of support for the research is included by the "owner" of the specimens ● The budget is fully justified and appropriate to support the project
Leadership, team and collaboration ● The team, and its leadership, have the necessary range of disciplines and experience necessary to conduct the project

- The project leadership have appropriate qualifications, experience, and record of publications (publications will be considered with respect to content, not JIF, in accordance with OICR's signing of DORA)
- The project leadership has led or contributed to research that has resulted in improvements in clinical practice
- The team engages collaboratively with investigators with complementary expertise. There is a strong level of provincial participation, and where appropriate, OICR's program's/networks/resources
- Opportunities for early career investigators/trainees are supported
- The Patient Partnership plan clearly articulates the role of all integrated patient partners
- The approach for alignment with the principles of EDI within the project team is clearly articulated

Table 4 will be used for scoring.

Table 4: Scoring		
Score	**Descriptor**	**Additional guidance**
4.7-5.0	**Excellent with no weaknesses identified**	Exceptionally strong with essentially no weaknesses. The project excels in most or all criteria. Any shortcomings are minimal. Proposed research has a very high potential for transformative impact on clinical practice and has a very clear path to completion with sufficient funding.
4.2-4.6	**Excellent with minor weaknesses identified**	Very strong with only some minor weaknesses. The project excels in many criteria and reasonably addresses all others. Certain improvements are possible. Proposed research has a high potential for transformative impact on clinical practice and has a clear path to completion with sufficient funding.
3.6-4.1	**Very good with minor weaknesses identified**	Some strengths but also some weaknesses. The project excels in some criteria and reasonably addresses all others. Minor revisions are required. Proposed research has a moderate probability for impact on clinical practice and has a reasonably clear path to completion with sufficient funding.
3.0-3.5	**Very good with moderate weaknesses identified**	Some strengths but also some moderate weaknesses. The project excels in some criteria and reasonably addresses all others. Major revisions are required. Proposed research has a moderate probability for impact on clinical practice and has a reasonably clear path to completion with sufficient funding.
2.4-2.9	**Good with moderate weaknesses identified**	Some strengths but with at least one major weakness. The project broadly addresses criteria, but revisions required are too significant to overcome. Proposed research has a moderate to low probability for impact on clinical practice, and the path to completion is missing or not feasible.
Below 2.4	**Unsatisfactory**	Very few strengths and numerous major weaknesses. The project fails to meet most of the criteria and/or has serious inherent flaws or gaps. Proposed research has a low probability for impact on clinical practice. The proposed project should not be funded.