**Digital Health Innovation Fund**

**Letter of Intent (LOI) Template**

**Important Note:** Submissions written in French will be accepted but will be internally translated into English if necessary for review by non-bilingual Terry Fox Research Institute (TFRI) staff or LOI Review Committee members. LOIs will be assessed by TFRI for alignment and compliance with the LOI goals described below. TFRI retains the right to accept or reject LOI submissions based on compatibility with the stated goals.Projects invited (and subsequently received) for full application will be reviewed by the DHDP Selection Committee.

**Goal of Letter of Intent**

**Purpose:** Digital Health Innovation Fund (DHIF) RFA requires fulfillment and alignment with DHDP stated goals. LOIs which do not meet criteria outlined in the template, and RFA will not be invited to the full application stage.

This LOI template is intended to support project teams in their alignments of project scope, pilot protocols and data access procedures, IP, and more. Additional information outside of this template is required. Please see the [LOI checklist](https://www.dhdp.ca/docs/default-source/digital-health-innovation-fund/loi-checklist---final.docx) to prepare for your submission before the deadline: **September 15, 2025, at 11:59 pm ET**.

**Note: full application deadline has been adjusted to November 15, 2025 at 11:59 pm ET**, to allow time for project selection prior to Holiday break.

**How to Use Document**

Download two copies. Open one for reference and use a copy to replace placeholder text with your project LOI contents.

**Where to submit**

The LOI must be submitted through TerryFoxTrack, a digital application management system designed to standardize the application process. All EOI respondents will be notified when the system is open for applications as of August 15, 2025. We encourage uploading of elements of the LOI early (between August 15-Sept 1) should you wish feedback prior to the final submission deadline of September 15. The designated representative will be required to submit the LOI on behalf of the team.

**LOI Page Limit**

There is a 10-page limit (font Arial, size 11) for LOI submission. Recommended length of LOI is 5-10 pages, addressing each of the components of the template below.

# **PROJECT TEAM COMPOSITION**

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| **Summary of Project Team Composition** |

One CV/resume (2-page maximum) per academic/healthcare collaborator is required and must be submitted as a separate PDF (where applicable). See LOI checklist to prepare for submission.

For industry collaborators, each must complete the following section. Insert more tables if needed.

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| **COMPANY PROFILE**  |
| Legal Company Name |  |
| Address (including city, province, country) |  |
| Postal code |  |
| Registered Business number |  |
| Legal Registration Category (SME, large corporation, academic/healthcare, not-for-profit or other)  |  |
| Year and location of incorporation |  |
| Size (number of employees) |  |
| Website and social links |  |

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| **COMPANY PROFILE**  |
| Legal Company Name |  |
| Address (including city, province, country) |  |
| Postal code |  |
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| Website and social links |  |

# **BACKGROUND**

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| **Project Title**  |

[Insert project title]

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| **Project Goals** |

* What are the specific project goals?
* Consider: To what extent is this research important for its domain? How does the project contribute to addressing research gaps in health AI and/or data sharing? What real-world problem(s) does this address and who might benefit?

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| **Alignment with DHDP** |

Refer to RFA Background section.

* How do the project’s goals align with the DHDP mission and purpose?
* How does the technical approach align with DHDP’s core solution?
	+ The DHDP core solution supports FAIR principles, the OMOP common data model, and Flower AI framework.

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| **Collaboration Scope** |

* How will collaboration take place across the team to achieve the anticipated goals?
* What does each participating collaborator contribute to the project? For example, computational pipelines, AI models, other digital tools, data (real and/or synthetic), domain expertise, etc.
* If applicable, describe the nature of this partnership including prior projects that have been completed together in the past.

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| **Intended Use Case(s) of Data** |

* Specify your project use case(s) and how it/they would support advancement toward Innovation Fund goals.
* Specify how data is intended to be shared and analyzed through the Digital Health and Discovery Platform. Explain the intended user journey and specific types of analytics.
	+ Example focus areas: data discovery and exploratory analysis; machine learning development and validation; privacy-preserving analytical methods (e.g. federated learning); data science applications such as visualization; data augmentation and reuse.
	+ Refer to ‘Supporting Documents’, notably DHDP Functionalities resource, on [DHIF webpage.](https://www.dhdp.ca/funding-opportunities/digitalhealthinnovationfund#:~:text=to%20learn%20more.-,Important%20documents,-Application%20documents)

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| **Technology Readiness** |

Outline Technology Readiness Levels (TRLs) projected over a project timeline. See [RFA definitions](https://www.dhdp.ca/docs/default-source/digital-health-innovation-fund/1_dhdp-rfa---digital-health-innovation-fund_en.pdf?sfvrsn=b37eb430_6%20#page=9) for TRL definitions (Appendix A).

* State the initial TRL anticipated upon project launch in January 2026.
* Projects will span an 8–12-month duration as per the RFA requirements.
* If applicable, state/describe the current developmental stage and list existing (technical) dependencies.

# **METHODOLOGY (PILOT PROTOCOL)**

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| **Regulatory** |

* Outline regulatory requirements that must be fulfilled for DHDP deployment to occur at sites where data reside. This includes requirements for data sharing with the intended party through the Platform.
	+ Note: DHDP software must be deployed proximal to data due to privacy-first federated architecture.
* Encompass the institutional, provincial, and federal requirements that must be met to execute the proposed project. Examples include REB-approval or federal requirements for devices capturing patient data.

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| **Data Onboarding**  |

* Who is the data provider? Where is data being sourced?
* What is the dataset size and how is a data point described?
* Outline the data onboarding activities required to map data to the OMOP data standard BroadSea 3.0 and acquire data into the Platform. Leverage resources from OHDSI for support. DHDP will also provide support for onboarding.
* See OMOP data standardization [resource](https://www.ohdsi.org/data-standardization/). Additional OMOP resources are listed in RFA.

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| **Data Access and Approval** |

**Specify who will be sharing data and therefore providing access approval to the intended party for use cases explained in the “Intended Use Case(s) of Data” section.**

**Is there an existing Data Access Committee and/or how will data access requests be triaged and approved ethically, in a timely manner?**

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| **Anticipated Outcomes/Impact** |

What are the expected outcomes and resulting impact of the project on the mission of DHDP?

How will the project team utilize the DHDP Platform to:

* Drive **technological advancements** that benefit the Health and Digital Sectors?
* Reap **economic, innovation, scientific merit,** and **potential health and social benefits?**
* Strengthen the DHDP Network and promote **sustainability**?

# **IP and Commercialization Plan**

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| **IP Plan** |

Note: All IP and IP rights must remain in Canada for a minimum of 4 years after the end of the funding agreement. See RFA for definitions.

Provide an overview of the IP considerations that are part of the proposed project to address:

1. Right to use: does the applicant have the right to use the appropriate Background IP required for the execution of the proposed project?
2. Ownership: what is the strategy for the generation of IP? Are the necessary agreements in place to support the execution of this strategy?
3. Revenue Sharing: how will any revenues generated from the IP be shared?
4. Patent filing and maintenance: who will be responsible for filing and maintaining patents?

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| **Commercialization Plan**  |

* Describe, at a high level, the potential to stimulate commercialization by addressing factors such as:
	+ the market opportunity for newly developed or significantly improved products or services,
	+ commercialization and deployment strategy, and
	+ IP strategy for eligible project IP and employee training

[Appendix A – Definitions and Acronyms](https://www.dhdp.ca/docs/default-source/digital-health-innovation-fund/1_dhdp-rfa---digital-health-innovation-fund_en.pdf?sfvrsn=b37eb430_6%20#page=9)

Members of the DHDP Network (“Network Members”) may participate in a collaborative network contributing to the development, usage, operation, enhancement and/or the promotion of the DHDP Platform (the “Platform”) which enables data discovery, sharing, and advanced analytics.

Acronyms

DHDP – Digital Health and Discovery Platform

EHR – Electronic Health Record

EMR – Electronic Medical Record

FL – Federated Machine Learning

FTE – Full-time Equivalent

IP – Intellectual Property

ML – Machine Learning

MNE - Multinational Enterprises

PET – Privacy-Enhancing Technologies

R&D – Research and Development

SIF – Strategic Innovation Fund

SME - Small- and Medium- sized Enterprise

Definitions

***Industry vs. Academic Collaborator***

Industry Collaborator – means corporations, including small- and medium- sized enterprises (SMEs), multinational enterprises (MNEs), and not-for-profit organizations, incorporated in Canada.

Academic Collaborator – means universities and colleges located in Canada which grant degrees or diplomas, and any research institution or academic health sciences centre owned, controlled, co-located, or formally affiliated by/with a Canadian university or college.

***Eligible Projects***

Eligible Project – means a project undertaken by a team which includes Industry Collaborators, and if applicable, Academic Collaborator(s). A project must meet the Digital Health Innovation Fund eligibility criteria, demonstrate high value according to the selection criteria, and meet the SIF expenditure cost and reporting guidelines including government stacking limitations.

Eligible Costs – means the Eligible Supported Costs and Eligible Not- Supported Costs incurred in Canada.

Eligible Supported Costs – means Eligible Costs that can be reimbursed through the Digital Health Innovation Fund.

Eligible Not-Supported Costs – means Eligible Costs not supported by the Digital Health Innovation Fund but instead includes contributions from other sources including funding from Industry Collaborators.

***Intellectual Property***

Background Intellectual Property – means IP already owned or controlled, or that is made, conceived or acquired by an external party.

Project Intellectual Property – means IP created, invented, conceived, produced, developed, or reduced to practice in carrying out an Eligible Project.

Intellectual Property – means all inventions, whether or not patented or patentable, all commercial and technical information, whether or not constituting trade secrets, and all copyrightable works, industrial designs, compilations of data or information, integrated circuit topographies, and distinguishing marks or guises, whether or not registered or registrable, and all rights pertaining thereto, including any rights to apply for protections under statutory proceedings available for those purposes, provided they are capable of protection at law.

***Technology Readiness Level***

Technology Readiness Level (TRL) – means technology readiness according to the Technology Readiness Level scale described below.

- TRL 1—Basic principles observed and reported: Lowest level of technology readiness. Scientific research begins to be translated into applied R&D. Examples might include paper studies of a technology's basic properties.

- TRL 2—Technology concept and/or application formulated: Invention begins. Once basic principles are observed, practical applications can be invented. Applications are speculative, and there may be no proof or detailed analysis to support the assumptions.

- TRL 3—Analytical and experimental critical function and/or characteristic proof of concept: Active R&D is initiated. This includes analytical studies and laboratory studies to validate the analytical predictions of separate technology elements.

- TRL 4—Product and/or process validation in laboratory environment: Basic technological products and/or processes are tested to establish that they will work.

- TRL 5—Product and/or process validation in relevant environment: Reliability of product and/or process innovation increases significantly. The basic products and/or processes are integrated so they can be tested in a simulated environment.

- TRL 6—Product and/or process prototype demonstration in a relevant environment: Prototypes are tested in a relevant environment. Represents a major step up in a technology's demonstrated readiness. Examples include testing a prototype in a simulated operational environment.

- TRL 7—Product and/or process prototype demonstration in an operational environment: Prototype near or at planned operational system and requires demonstration of an actual prototype in an operational environment (e.g. in a vehicle).

- TRL 8—Actual product and/or process completed and qualified through test and demonstration: Innovation has been proven to work in its final form and under expected conditions. In almost all cases, this TRL represents the end of true system development.

- TRL 9—Actual product and/or process proven successful: Actual application of the product and/or process innovation in its final form or function.