

## Prospects Oncology Fund – Submission Form **SAMPLE COPY**

FACIT's Prospects Oncology Fund is open to Ontario start-ups and research institutions. Please ensure to review eligibility and fund details listed on the website ([facit.ca/funds](http://facit.ca/funds)). Answer all questions and submit your application by the deadline. Late submissions will not be considered.

This is an initial pre-submission step and will be assessed for suitability of the innovation project for the Prospects Fund. If selected, we will request that you complete a full application to provide additional information, which will be subject to due diligence by FACIT and approval by FACIT's Board. Funding is contingent upon sufficient funds being available to FACIT.

Prospects Fund applications are assessed according to the following criteria:

- Innovative technology (not incremental advancement) and competitive advantage
- A clear path forward for commercialization (incl. market pull and size)
- A discrete project and budget tied to Prospects funding
- Oncology-related and located in Ontario
- Ontario IP or is likely to generate IP in Ontario

**Download a sample copy of the Prospects Fund Submission Form** to preview the questions and information requested. Please do not use the sample form to submit your application.

Please contact [info@facit.ca](mailto:info@facit.ca) if you have any questions.

---

**Email:**

**Primary Contact's First Name:**

**Last Name:**

**Title/Role:**

**Company Name** (if applicable):

**Website** (if applicable):

**Location** (city):

**Primary Affiliation** (if applicable):

*Please list the primary institution affiliated with the innovation, founder, or primary investigator*

**Other Affiliations** (optional):

*Please list any other key affiliations*

## **PROJECT TITLE and INTELLECTUAL PROPERTY**

### **1 a) Working Title**

*Please provide a short title/descriptors for your innovation (~5-7 words)*

### **1 b) What is the innovation type?**

*Select up to 2 categories that best describe the innovation*

- ☐ Therapeutics
- ☐ Diagnostics
- ☐ Medical Technology
- ☐ Informatics/Software/Digital
- ☐ Artificial Intelligence
- ☐ Other \_\_\_\_\_

### **2) Has legal protection been filed for the IP (e.g. patent application)?**

- ☐ **YES** (please respond to questions 2a) and 2b)
- ☐ **NO** (please respond to question 2c)

**2 a) If YES**, when was the IP filed (month, year) and by whom?

**2 b) If YES**, briefly describe the IP, status, jurisdiction, and any potential future IP plans  
(300 character limit, incl. spaces)

**2 c) If NO**, briefly describe the potential IP and any plans to secure the IP  
(300 character limit, incl. spaces)

## **INNOVATION DESCRIPTION**

*Please provide only NON-CONFIDENTIAL information*

### **3) State the **unmet need** or **problem** and explain how your innovation will address it.**

*Include a brief explanation of the technological or scientific basis supporting your innovation.  
(2000 character limit, incl. spaces)*

### **4) What is your innovation's **competitive advantage** and **potential value**?**

*e.g. Who/what are the competitors and their status? State the fundamental point of differentiation of your innovation. Briefly describe potential economic/clinical/patient benefits, the market size and any evidence of market pull for your innovation. (2000 character limit, incl. spaces)*

5) What is the current **development status** of your innovation?

*Highlight the key scientific activities or development milestones completed to date, including any challenges faced. (2000 character limit, incl. spaces)*

6 a) How much are you requesting from the Prospects Fund?

6 b) How will you **use the funds** requested from the Prospects Fund?  
What is the **development plan** and **pathway** to advance your innovation?

*Identify a discrete project with a high-level budget for the proposed use of the Prospects funding requested. Include a general timeline of next steps towards key development/commercialization milestones and any other funding plans. (2000 character limit, incl. spaces)*

**SUBMIT YOUR FORM**

Please review your responses and ensure that you have completed all applicable questions.

When ready, **check the box** below and click **SUBMIT**.

You will receive a confirmation e-mail including a copy of your submission.

- ☐ I confirm that the form is complete and that the information provided is true and accurate to the best of my knowledge.