Request for Proposal

HeSANDA Infrastructure Development program

Version 1.0, 3rd May 2021

Application opening date: 3rd May 2021

RFP closing date and time: 21st May 2021, 5pm AEST

Announcement of Successful Proposals: July 2021

Project Commencement: July 2021

Revision history

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<th>Version</th>
<th>Date</th>
<th>Revision</th>
<th>Made by</th>
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<td>v1.0</td>
<td>03/05/2021</td>
<td>Original version</td>
<td>ARDC</td>
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1 Background

1.1 ARDC

The Australian Research Data Commons (ARDC) was formed by the Federal Government in July 2018 through the merger of three existing National Collaborative Research Infrastructure Strategy (NCRIS) eInfrastructure capabilities (the Australian National Data Service (ANDS), National eResearch Collaboration Tools and Resources (Nectar) and Research Data Services (RDS)).

The ARDC is a transformational initiative that enables Australian research community and industry access to nationally significant, leading edge data intensive e-Infrastructure, platforms, skills and collections of high-quality data.

In partnerships with organisations, the ARDC leads facilitations that work towards a coherent research environment to enable researchers to find, access, contribute to and effectively use services to maximise research quality and impact.

1.2 Program Vision

ARDC is partnering with the health research community to build a distributed national data asset from the outputs of health studies. National data assets increase the value of data collected by health studies by enabling deeper insights into our health and powering new research. The Health Studies Australian National Data Asset (HeSANDA) initiative aims to support health data sharing and secondary use of data in a way that brings value to the research community; increases the impact of research; maximises the investment in health research; and provides health, economic and social benefits to Australia’s population.

The initial focus of HeSANDA is the establishment of a national data asset containing the research outputs of clinical trials, and the development of infrastructure and standards to support this asset. The data asset, infrastructure, and standards will be extended in the future to accommodate a broader array of health research types. Consistent with the National Collaborative Research Infrastructure Strategy, HeSANDA envisions a national-scale infrastructure to support health research, but will approach this incrementally in order to demonstrate value and impact at each milestone in the initiative.

1.3 Delivering this Vision

1.3.1 Work plan

HeSANDA has adopted a collaborative co-creation approach to building national standards and infrastructure. ARDC is coordinating and facilitating the input of multiple groups including researchers; research institutions, organisations, and networks; research participants and health consumers; and research funders and policy makers. The goal of this approach is to build consensus amongst key research stakeholders about the design and delivery of the national data asset. The initial program period will run from January 2020 to June 2023 and will focus on creating a data asset from the research outputs of clinical trials. The program will comprise four stages:

I. Initial Consultations (Aug 2020 - Jul 2021)

The initial consultations with the clinical trials research community were conducted in Aug-Oct 2020 and established the research purpose, information needs, and feasibility considerations for the data asset and identified a set of principles & recommendations to guide HeSANDA’s approach. Based on these requirements, ARDC identified three key development areas for investment:
A set of stakeholder-endorsed ‘Coherent Data Practices’ (or national standards) for research data/metadata sharing, data access, and ethics and consent practices. These standards will be determined during the Design Phase of the program (see below).

A set of ‘Coordinated Data Services’ delivered by a distributed network of infrastructure nodes that will adopt the national standards. The core function of the nodes will be to provide catalogues of research data outputs (e.g. trial summary information and documents, participant data, etc) held by the node and a mechanism for facilitating access to these outputs. These nodes will be built during the Development Phase of the program (see below).

A set of ‘Federation Services’ that integrate the Coordinated Data Services to enable streamlined and efficient research and data discovery and access across the node network. At least one Federation Service will be established during the Test & Development Phase (see below) to ensure the functionality of the node network.

Additional targeted consultations are being held in April-July 2021 which will seek the perspectives of clinical trialists, research participants, and health consumers to refine this approach and incorporate the specific requirements of these key stakeholders.

II. Design Phase (Jul 2021 - Nov 2021)

The Design Phase will establish the Coherent Data Practices via four key working groups:

- **The Information Design** working group will design:
  - the informatics and metadata model for the data asset
  - the minimum reporting requirements for clinical trials providing data to the data asset

- **The Data Access** working group will design:
  - the data access framework
  - workflows for accessing data
  - the approach to data sharing agreements, licensing, and intellectual property

- **The Technology** working group will adopt contemporary information technology standards for:
  - metadata exchange protocols for dynamic communication between nodes and federation services
  - messaging protocols for data requests
  - shared tools and libraries for implementing the above

- **The Ethics & Consent** working group will have two phases:
  - Phase 1 (up to Nov 2021)
    - document for the Data Access working group the various consent scenarios that might be faced by node operators fielding data requests
  - Phase 2 (up to July 2022)
    - develop recommendations for addressing ethics & consent requirements for data sharing
    - developing training materials & resources
    - promulgate these standards at a national level

ARDC will coordinate the activities of these working groups with the assistance and input of external partners as appropriate. The nodes will be asked to contribute to the working groups.

III. Development Phase (Dec 2021 - Dec 2022)

The Development Phase will establish the Coordinated Data Services by building the network of infrastructure nodes. The node operators will be required to implement the Coherent Data Practices determined during the Design Phase within their local operating environments. During this Development Phase, ARDC will support the
implementation of HeSANDA’s design by providing oversight of the development of the node network and support for activities such as systems analysis, data architecture, business process modelling, etc.

The output of this phase will be the development, testing and deployment of each node, as well as documentation of each node’s design and operational specifications.

In parallel to the Development Phase, the broader HeSANDA initiative will convene additional working groups to prepare for post-establishment operation of the HeSANDA network with respect to:

- Infrastructure governance (preparing a self-governance structure to oversee the maintenance and growth of the network from 2023)
- Sustainability (ensuring realisation of actual value for nodes from data sharing; investigation of further resourcing to scale up the network)
- Culture and policy (designing a coherent policy framework among funders, publishers, institutions, peak bodies, academies, etc to support data sharing, the continuation of the Ethics and Consent working group described above)

IV. Test & Deployment Phase (Jan 2023 - Jun 2023)

The final phase of the co-creation process will be the test and deployment of at least one Federation Service. This phase will ensure Federation Service compatibility of the node network and will also deliver a set of infrastructure governance policies and procedures.

Each node will enact a set of test procedures relating to the information and functional requirements agreed during the Design Phase. These will be tested using the ‘Nominated Trials’ (see definition below) of each node as test content.

1.3.2 Summary

The timing, contributors, and deliverables of each phase of the initial HeSANDA program can be summarised as follows:

<table>
<thead>
<tr>
<th>Phase</th>
<th>Timeline</th>
<th>Contributors</th>
<th>Deliverables</th>
</tr>
</thead>
</table>
| Initial       | Aug 2020 -     | ● Health research community  
| Consultations | Jul 2021       | ● Clinical trialists  
|               |                | ● Research participants  
|               |                | ● Health consumers  
|               |                | ● Stakeholder requirements:  
|               |                | ○ Research purpose, use cases, & value proposition  
|               |                | ○ Business requirements  
|               |                | ○ Principles & recommendations for infrastructure development  
| Design Phase  | Jul 2021 -     | ● ARDC  
|               | Nov 2021       | ● Node operators  
|               |                | ● Subject matter experts (as required)  
|               |                | ● Key stakeholder groups (as required)  
|               |                | ● Information design:  
|               |                | ○ Informatics design  
|               |                | ○ Minimum reporting requirements, guidelines, & templates  
|               |                | ○ Metadata model  
|               |                | ● Data access framework:  
|               |                | ○ Types of access  
|               |                | ○ Workflow for accessing data  
|               |                | ○ Approach to data sharing agreements, licencing, & IP  
|               |                | ● Technology standards:  
|               |                | ○ Metadata exchange protocols  
|               |                | ○ Messaging protocols  
|               |                | ○ Tools & libraries  
|               |                | ● Ethics & consent resources:  
|               |                | ○ Recommendations, resources, and training materials for obtaining ethics  

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## 2 Open call details

### 2.1 Scope

ARDC requests proposals to establish a node in the HeSANDA network. The core functions of nodes within the HeSANDA network will be:

- to curate and provide descriptions of clinical trials research data and documentation and make that information available to the HeSANDA network (akin to a research and data catalogue)
- to work with their data owners and custodians to implement common data access arrangements

HeSANDA will also support the preservation of data and the sustainability of data sharing practices by encouraging the use of managed systems for storing the clinical trials data described via the node.

As discussed above, node operators will participate in the work plan by:

- contributing to the Design Phase working groups
- implementing the outputs of the Design Phase at their node during the Development Phase and ensuring the successful operation of their node within the HeSANDA network during the Test & Deployment Phase
- contributing to the Development Phase working groups to design the post-establishment operation of HeSANDA

Nodes will be expected to operate the HeSANDA infrastructure as part of their business-as-usual research operations following the project period. It is expected that data from future trials run by node operators and their partners will be made available through their HeSANDA node as standard research data practice.

### Nominated Trials

Whilst the nodes will deliver a new fundamental data sharing capability for future clinical trials, they must nominate a specific group of trials with which to test that general capacity. These ‘Nominated Trials’ are a specific subset of the node’s potential data collection whose data will comply with the HeSANDA framework and standards.

As the Nominated Trials will be used to test and validate the infrastructure, they represent an exemplary level of findability (well curated data with high quality and complete catalogue entries), accessibility (access arrangements have been established), and data management (the data files are under formal management). It is expected that nodes will complete the curation of their Nominated Trials by March 2023.
ARDC acknowledges that retrospectively obtaining ethics approval to share data is not always possible or is subject to strict conditions. This will be factored into the design of the data access framework during the Design Phase and trials with limited approval to share data will still be required to specify their access arrangements within HeSANDA. Node operators will be expected to make all reasonable efforts during the project period to obtain approval to share data from Nominated Trials.

**Key deliverables**

The indicators of success for nodes at the end of the two year project will be:

- Existence of sustainable infrastructure that can be shown to support data sharing (according to the information and functional requirements agreed to in the Design Phase)
- Availability of data from the Nominated Trials
- Capacity and processes to make the data from future trials available as part of business as usual.

### 2.1 In scope

As such, the following activities are in scope for the use of ARDC investment:

- Co-design of information and functional requirements for HeSANDA nodes
- Infrastructure development to support the functions of a HeSANDA node
- Business process and policy documentation for operation of a HeSANDA node
- Awareness and capability raising of target research communities to support uptake of HeSANDA infrastructure
- Data curation of Nominated Trials
- Automated descriptive metadata creation
- Pipelines and interfaces with existing trial data management systems to enable interoperability with HeSANDA infrastructure
- Outreach activities to drive awareness and uptake of the infrastructure (e.g. training workshops, materials, etc)

### 2.1.2 Out of scope

The following activities are out of scope for the use of ARDC investment and will not be considered as appropriate co-investment by the node:

- Academic activity (e.g. conference travel, manuscript production, etc)
- Collection of research data
- Infrastructure development that does not directly support the functions of a HeSANDA node

### 2.2 Eligibility

- Only applicants who previously registered their interest will be invited to submit a formal proposal.
- ARDC will need to contract with a legal entity.

### 2.3 Proposal selection criteria

#### 2.3.1 HeSANDA network and node criteria

Please refer to Appendix A for a copy of the selection criteria and assessment rubric.

#### 2.3.2 Proposal evaluation and selection

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The evaluation and selection of successful proposals will follow these steps:

- Proposals by invitation following facilitation
- Review of individual node proposals by a panel including independent assessors
- Review of HeSANDA network portfolio by ARDC
- Announcement by mid year

2.4 ARDC investment & support

HeSANDA will facilitate the development of national standards and infrastructure to support clinical trials data sharing. To offset the cost of implementing these in the research sector, ARDC will provide investment of $300,000 per node to establish the initial node network.

The ARDC will also provide coordination, digital infrastructure direction, and specialist consultancy services to node operators. ARDC storage and compute capacity as well as catalogue, identifier, and terminology services are also available to support the HeSANDA program objectives.

2.5 Co-investment

ARDC standard policy requires co-investment from project participants. The level of co-investment will be considered as part of the proposal evaluation. Co-investment includes but is not limited to funds, people, infrastructure, services, and consultancy. Co-investment should be co-investment into In-Scope Activities (see section 2.1.1)

Infrastructure Development participants are expected to operate their infrastructure node as part of business as usual after the completion of the Infrastructure Development projects.

2.7 Proposal enquiries

Proposing organisations are encouraged to seek clarification if this RFP document is unclear or they identify issues not covered by the provided documentation. Questions can be submitted to hesanda@ardc.edu.au.

Questions and corresponding responses will be deidentified and may be published in the frequently asked questions.

2.8 Submitting a Proposal

Applications must be submitted online at:

Submissions close at 5pm AEST, Friday 21st May 2021.

A reference copy of the application form is included in Appendix B.

3 Project requirements

3.1 Enabling FAIR

The ARDC encourages the adoption of the FAIR principles as a valuable way of making research outputs more reusable, both for humans and machines. As an NCRIS facility ARDC is required to make the research outputs it
enables FAIR (see the NCRIS principles). ARDC will provide guidance and support to projects on how HeSANDA can produce FAIR (or FAIR-ready) data, and these expectations will form part of the project requirements and reporting.

3.2 Reporting on research outcomes and broader impact

The HeSANDA initiative aims to support health data sharing and secondary use of data in a way that brings value to the research community; increases the impact of research; maximises the investment in health research; and provides health, economic and social benefits to Australia’s population.

To track that these benefits have been realised, the ARDC requires all projects to plan for and report on research outcomes/impact from the infrastructure we build together. Please read ARDC’s Research outcomes reporting, planning and implementation: Guidelines for Projects. These guidelines will form part of the project requirements and reporting. Such reporting only happens 12-24 months after the infrastructure build contracts have completed.

3.3 Proposal terms

1. The Proposer must inform the ARDC promptly in writing of any material change to any of the information contained in their submitted Proposal, and of any material change in circumstance that may affect the truth, completeness or accuracy of any of the information provided in, or in connection with the Proposal.

2. The Proposer acknowledges and agrees that:
   
   2.1 to the maximum extent permitted by law, neither the ARDC nor its employees, advisers or agents will in any way be liable to any person or entity for any cost, expense, loss, claim or damage arising out of or in connection with this RFP;
   
   2.2 they have not relied on any express or implied warranty or representation made by or on behalf of the ARDC other than as expressly contained in this RFP or an addendum to this RFP;
   
   2.3 they have not received improper assistance from any staff member of the ARDC;
   
   2.4 they have not colluded with other organisations to inflate funding estimates.

3. The Proposer acknowledges that the ARDC may alter this RFP, including its specifications / requirements, structure and timing, at any time and for any reason.

4. The Proposer understands that proposals will be treated as confidential by ARDC and that ARDC will not disclose Proposal contents and Proposal information, except:
   
   4.1 as required by law;
   
   4.2 for the purpose of investigations by the Australian Competition and Consumer Commission or other government authorities having relevant jurisdiction;
   
   4.3 to external consultants and advisers of ARDC engaged to assist with the Proposal Selection Process;
   
   4.4 to the Department of Education, Skills and Employment, at its request and if required, to enable transparency and accountability; and/or
   
   4.5 general information from Proposers required to be disclosed by government policy and as part of the RFP approval process.
Appendix A

HeSANDA network criteria

Portfolio criteria shall be applied to the node proposals to ensure that the HeSANDA network provides:

- broad coverage of the Australian health research sector;
- significant national coverage within some health research subject areas;
- the capacity to support health research translation;
- extensibility beyond the initial set of nodes and/or health research areas.

Individual node criteria

The following criteria will be used to evaluate each proposed node’s ability to contribute to the HeSANDA network:

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Indices</th>
<th>Rating scale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research contribution</strong></td>
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</table>
| [A] The capacity of the node to contribute to broad coverage of Australian health research sector | - The number of research institutions, organisations, and/or networks that the node would formally support  
- The quality of the commitment/involvement or connection between the node and these organisations  
- A robust method for managing the relationship between the node’s partners | 1. The node supports a limited group of researchers within a single research institution; the node represents a number of organisations but there is no compelling connection between the node and specific health research at these institutions  
2. The node supports a focused group of researchers from a range of research institutions and there is compelling evidence of active and coordinated participation of the node partners  
3. The node supports a systematic coverage of researchers from a significant number of research intensive institutions; the proposed node is centrally and structurally positioned in the operations, workflow and strategy of these organisations providing high confidence that the node will actually support and be supported by the listed organisations |
| [B] The capacity of the node to deliver clinical trials IPD into the HeSANDA network | - The volume of clinical trials data for which the node provides ownership or custodianship | 1. The node has ownership/custodianship of a limited amount of clinical trials data, and/or is unable to demonstrate how data could be... |
| [C] The commitment to deliver specific Nominated Trials through the infrastructure by March 2023 | • The number of Nominated Trials  
• The ability of these trials to test the HeSANDA model | 1. The delivery of the data from the Nominated Trials is uncertain; the trials are not representative  
2. Specific Nominated Trials will be delivered through the infrastructure and they will appropriately demonstrate the capacities of a HeSANDA node  
3. A significant number of Nominated Trials will be delivered through the infrastructure and their variety and extensiveness will validate the capacities of a HeSANDA node |
| [D] The level of competitive grant funding into these Nominated Trials to be published by the node | • The amount of competitive grants funding (e.g. NHMRC, MRFF, ARC) that supports the Nominated Trials | 1. None of the Nominated Trials are supported by competitive grant funding  
2. Some of the Nominated Trials are supported by competitive grant funding  
3. The majority of the Nominated Trials are supported by competitive grant funding |
| [E] The capacity of the node to contribute to national coverage of clinical trials data within specific health research areas (e.g. disease, community segment, intervention type) | • The proportion of trials within specific health research areas from which the node can provide data | 1. The node provides no pathway to coverage of any specific research areas  
2. The node represents a compelling source of trials data in a specific research area or areas  
3. The node will definitely provide data from a significant proportion |
of trials within a specific research area or areas; the node shows a pathway to have such a comprehensive volume of data in a specific research area so as to be a significant research asset for that discipline

| [F] The translational capacity of the research data to be made available via the node | ● The existence of translational research activities related to the area(s) of health research of the node and/or its Nominated Trials. | 1. Translational activity is not described or there is a tenuous link between the indicated translational activity and the node and its data  
2. The relevance of the data to health translation is supported by feasible pathways to translation (identification of specific translation partners; activities to support the use of the data in health translation)  
3. There is a pre-existing strong connection between data from this node and specific research translation initiatives (e.g. dynamic guideline development based on data from trials) which the HeSANDA infrastructure will increase; representatives from translation work are prominent within the listed project participants; there are practical activities (e.g. outreach) planned within the project to drive uptake and buy-in from secondary users whose work improves the health system. |
| [G] The commitment from health research communities to publish research data via the node in an ongoing business-as-usual basis following completion of the development project | ● The commitment of research institutions, organisations, and/or networks to adopt HeSANDA standards and practices | 1. The statement of commitment is unsupported or non-specific  
2. There is a structural organisational relationship with trialists as well as systematic workflows and practices that ensure that data from future trials will be made available through the node post-project  
3. The communities who will conduct or sponsor trials are formally involved in the project itself and the post-project governance of the node; there are...
existing policies and protocols (or commitment to establish such within the project) that ensure and enable data sharing; the project proposal includes outreach and awareness raising with the designated trialist community

<table>
<thead>
<tr>
<th>Infrastructure capability</th>
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</table>
| [H] The feasibility of establishing HeSANDA standards and practices within the applicant’s operational environment | ● A track record of establishing data services and infrastructure  
● Experiences and resources to guide the establishment of HeSANDA infrastructure within the node | 1. The proposed node has no track record or resources for infrastructure development and delivery  
2. The proposed node includes credible and well resourced organisations with a demonstrated record of infrastructure development  
3. Relevant project partners have extensive experience and a strong track record of infrastructure development project delivery |

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<tr>
<th>General feasibility</th>
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</table>
| [J] The feasibility of the proposal to establish a HeSANDA node | ● A credible model for the contribution of each node partner  
● A feasible plan for allocating resources (including ARDC co-investment) into the phases of HeSANDA’s workplan and the | 1. It is unclear on how resources will be coordinated and applied to the establishment of a HeSANDA node; the activities described are out of scope  
2. The pathway to establishing a |

RFP HeSANDA 2021
<table>
<thead>
<tr>
<th>in-scope activities</th>
<th>HesANDA node is supported by a credible and feasible approach; the resourcing and coordination is appropriate to the scale of work proposed; the activities described are in scope</th>
</tr>
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<tbody>
<tr>
<td>3. Same as (2) and the establishment of the node will leverage existing coordination and resource allocation mechanisms (committees, org structures); the approaches and mechanisms clearly enable involvement of data providers, service providers, and data users in the design and implementation of the node</td>
<td></td>
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</table>

[K] The level of co-investment by the node  
- The level of investment by the node partners relative to ARDC's cash co-investment
Appendix B

A copy of the application form is contained on the following pages for reference purposes only. Applicants should complete the .DOCX version of the application form which is available online at the URL provided in Section 2.8 above.
Application to establish a HeSANDA node

Applicant Details

<table>
<thead>
<tr>
<th>Name of the proposed node</th>
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<tbody>
<tr>
<td>Name of administering organisation</td>
<td></td>
</tr>
<tr>
<td>ABN/ACN</td>
<td></td>
</tr>
<tr>
<td>Contact person</td>
<td></td>
</tr>
<tr>
<td>Position</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Please confirm that you have read and commit to the requirements of the HeSANDA program as described in the RFP document</td>
<td>YES / NO</td>
</tr>
</tbody>
</table>
## Research contribution

### Criteria A

1] **Formal partners: List the groups/organisations directly contributing to this node**

N.B. Please include the administering organisation listed in the Applicant Details section above. Formal partners will contribute data, operate infrastructure, or manage the node within the project period. Additional collaborators and other research organisations affiliated with this node should be described in Question 2.

<table>
<thead>
<tr>
<th>Contribution</th>
<th>Business name</th>
<th>ABN/ACN</th>
<th>Department/group</th>
<th>State</th>
<th>Contact person</th>
<th>Position</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data contributor / Infrastructure operator / Node management</td>
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*Please add additional rows as required*
Criteria A

2] How will the proposed node contribute to coverage of the Australian health research sector?
For example, what health research organisations are involved in the node? Are there additional collaborators and other research organisations affiliated with or supported by this node? What is the nature of this affiliation and how will the relationship between the various partners and affiliates be managed?

Word limit: 500

Criteria B

3] What is the volume of clinical trials research undertaken by the node partners? What capacity do they have to make data from these trials available in the HeSANDA network?
For example, how many trials have been completed, are in progress, and/or are planned? If the node partners are custodians but not owners of data, please indicate how the data owners will be involved in the node.

Word limit: 200
4] Please provide details of your Nominated Trials

N.B. Refer to the RFP document for the definition of a Nominated Trial

<table>
<thead>
<tr>
<th>Trial name</th>
<th>Trial registry ID, ethics ID, or other ID (Pls indicate which registry, HREC, or other research registry has provided the ID number)</th>
<th>ETA of listing trial in HeSANDA catalogue</th>
<th>Competitive grant funding sources and level of support</th>
</tr>
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</table>

Please add additional rows as required
Criteria C

5] What is the ability of these trials to test the HeSANDA model?
For example, do the Nominated Trials exemplify the attributes, access, and data management needs of the node’s larger clinical trials data collection?

Word limit: 200

Criteria E

6] How does the node’s clinical trials data collection contribute to national coverage of clinical trials data within specific health research areas?
For example, does the node provide specialisation in particular health research areas (e.g. disease, community areas, intervention type, etc)?

Word limit: 200

Criteria F

7] What is the translational capacity of the research data to be made available via the node?
For example, are there specific translational activities (planned or in progress) to which the data might contribute? Are the needs of those translation activities represented in the node establishment project?

Word limit: 300

Criteria G

8] HeSANDA intends for the standards and infrastructure it develops to be integrated into business-as-usual practice for researchers. Please describe how the partners and affiliates listed above would enable this.
For example, will the data from future trials be made available through the node? Will the partners and affiliates establish agreements, policies and/or systems to enable data sharing via HeSANDA to be a business-as-usual practice?

Word limit: 300
Infrastructure capability

Criteria H

9] Do the partners have a track record of establishing services and infrastructure? Do the node partners have the experience and resources to establish HeSANDA infrastructure?

Word limit: 200

Criteria I

10] How will the partners sustain the HeSANDA node within their operational environment? For example, how would HeSANDA data sharing infrastructure align with their organisational mission, strategy, or activities? Do the node partners have a track record of data sharing or operating data services and infrastructure?

Word limit: 200
General feasibility

Criteria J

11] Please describe how the node partners will contribute to the separate phases of the HeSANDA work plan (i.e. Design, Development, Test & Deployment). How will you allocate resources including ARDC co-investment into the In-Scope Activities?

N.B. Please refer to the RFP document for details of In-Scope Activities

| Word limit: 500 |

Criteria K

12] Co-investment

Please provide details of your co-investment contribution including both cash and in-kind contributions (NB. Please convert in-kind contributions to cash equivalents)

<table>
<thead>
<tr>
<th>Description (include the description of the role of any in-kind FTE)</th>
<th>Cash</th>
<th>In-kind</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Please add additional rows as required