ACT is holding a call for networks to join the ACT-2 grant application. Within the proposal, we aim to provide financial support to approximately 40 new or existing trial networks, networks also have the opportunity to be affiliated with ACT-2 without funding. Trial networks bring together relevant stakeholders (e.g., researchers, patient partners) and are focused on conducting clinical trials in disease states, patient populations, or interventions. Over the course of ACT-2, we will endeavor to develop strategies for sustainable network funding. **If your network would like to apply to join ACT-2 please collect the following information and submit it to** ACT.canada@phri.ca **by February 2nd,2026 at noon.**

Network information:

1. **Network name and acronym (if applicable):**
2. **Network contact person and email:**
3. **Preliminary questions:**
    a. Is your network currently supported by CIHR funding not related to ACT-1 (e.g., CIHR Institute network grant)? Y/N
    b. Was your network part of ACT-1? Y/N
    c. Was your network a new network funded through the ACT RFA competition for new networks to join ACT-1? Y/N
    d. Is this submission for a new network (created in the last 3 years)? Y/N
    e. Do you agree to the following requirements to be an ACT-2-associated network?
        - ≥ 1 member will attend annual ACT Consortium meeting Y/N
        - Facilitate component of ACT-2 concierge service whereby network agrees to send trial summary and statement of site payments to all members whenever an investigator or biotechnology company approaches them with a request so that investigators indicate whether they are interested in learning more about the trial within a 72-hour window Y/N
        - Endorse the single national research ethics board (REB) with strict timelines selected from the ACT-1 open competition (i.e., CANReview) Y/N * *We recognize networks do not have the ultimate authority to enact adoption of a single national REB; however, having all ACT-2 groups endorse and advocate for it will help ensure its implementation.*

- Endorse the ACT-1 CIHR master clinical trial agreement Y/N **We recognize networks do not have the ultimate authority to enact adoption of the ACT CIHR master clinical trial agreement; however, having all ACT-2 groups endorse and advocate for it will help ensure its implementation*.
- Support trying where possible to expand trial populations to include historically under-represented groups, such as women of childbearing potential, pregnant or breastfeeding women, older persons, people with renal impairment as appropriate Y/N
- Endorse "permission to approach" to optimize trial accessibility for potentially eligible participants Y/N *A majority of hospitals in Canada utilize an approach where someone within the patient's circle of care must first approach the patient to see if they are interested in having a study team approach them about a potential trial. This approach frequently results in most Canadians never learning about trials that are relevant to their health because their healthcare providers are busy and do not remember trials they are not leading. A few hospitals have adopted a "permission to approach" process in their hospitals whereby if a clinician says they are interested in all of their patients being considered for a trial, the study personnel can act as their steward and start screening all of their patients. In ACT-2 we want to try and expand the "permission to approach" process to as many Canadian hospitals as possible. *We recognize networks do not have the ultimate authority to enact permission to approach; however, having all ACT-2 groups endorse and advocate for it will help ensure its implementation*.
- Provide email contact for all members, which will only be used for essential ACT-2 communications Y/N
- Support national research prioritization efforts and collaboration in the event of health emergencies (ex. pandemic) Y/N
- Commit to attempt to expand your network into as many Canadian hospitals, clinics, or centres as possible relevant to your network's focus to maximize greater access of all Canadians to trials.
- Commit that network processes or structures will not delay trial start up times Y/N
- Commit that network processes or structures will positively impact creating health opportunities for Canadians Y/N

4. Network Information

a. Briefly describe the purpose and/or mission, vision and need for the network (maximum 200 words)

b. Briefly describe the network's history of engagement with clinical trials (maximum 100 words).

c. Outline the network's governance model (maximum 100 words).

d. Show that the network has or will include at least 10 investigators, in at least 5 provinces/territories, at 5 or more sites. We expect network size to reflect the prevalence of their disease states, population or intervention. If your network represents a rare disease, describe how your network has optimized participation from investigators nationally and internationally (maximum 150 words).

e. Describe current or planned collaboration and/or partnership with international sites, investigators, and networks (maximum 100 words).

f. Describe how your network addresses equity, diversity, and inclusion in both network composition and trial conduct (maximum 150 words).

g. Outline the number of ongoing and completed trials conducted by the network (leading or collaborating) in the last 5 years. Include details about sample size, phase (1, 2, 3, 4), number of sites (single vs. multicentre), national vs. international (maximum 200 words).

h. Outline the number of grant applications for clinical trials submitted by network investigators in the last 5 years (maximum 150 words).

i. Do you have a training program? Briefly describe network training initiatives. Include the number and type of trainees in the last 5 years (maximum 100 words).

j. Do you have patient-engagement activities? Briefly describe (maximum 150 words).

k. Do you have an indigenous health partnership? Briefly describe (maximum 100 words).