

Knowledge Mobilization Partnership Program 2017 Call for Innovations & Information Package

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Action item	Deadline
Applicants submit full online application including letter of support	May 10, 2017 (by 5:00 PM EST)
CC-ABHI notifies selected applicants	June 30, 2017
Sign agreements	August 31, 2017
Start project	September 2017

1. Overview

About CC-ABHI

The Canadian Centre for Aging and Brain Health Innovation (CC-ABHI), located at Baycrest Health Sciences (Baycrest) in Toronto, Canada, **is a solution accelerator focused on driving innovation in the aging and brain health sector.** Established in 2015, it is the result of the largest investment in brain health and aging in Canadian history.

CC-ABHI is a first-of-its-kind partnership in aging and brain health, bringing together players in healthcare, sciences, industry, and the government. Its mandate is to be a solution-accelerator for the design and development of technology and/or practice-related innovations that will allow older adults to age safely in the setting of their choice while maintaining their cognitive, emotional, and physical well-being.

Innovation in this sector is vital to address the brain health and care needs of an ever-increasing number of older adults. Accordingly, CC-ABHI facilitates collaborations between leading seniors' care organizations in North America and those innovators from around the globe with promising solutions in the following areas: non-invasive medical devices, emerging technologies, wellness and digital health solutions, healthcare delivery practices, therapeutic approaches, and practitioner/caregiver training and support.

CC-ABHI's Programs in 2017

As part of its mandate, CC-ABHI has launched the following programs:

Spark Program

The Spark Program supports the development of **early-stage innovations** with the potential to drive forward solutions in the field of aging and brain health. These early-stage innovations will have been conceptualized by point-of-care staff and/or service delivery staff involved with healthcare delivery for older adults. Funding supports **proof-of-concept testing over a six to twelve-month timeline** within CC-ABHI associated healthcare delivery or service provider organizations in Canada and/or the United States.

RCP² Program

The Researcher-Clinician Partnership Program (RCP²) will **bring clinicians and researchers together to work as a team to accelerate promising solutions - products, services, and practices - in aging and brain health.** RCP² supports collaborative teams of clinicians and researchers to refine, test, validate, and disseminate their innovative solutions in real-world settings. Funding will **support solutions that are at an advanced stage of development, with promising scalability and appropriate for user testing and validation within a 12 to 18-month timeline.** By participating in this program, innovators can seek to obtain evidence that their solution is clinically, technically, commercially, and operationally feasible, and thus has the potential to be implemented with system-wide impact.

Industry Innovation Partnership Program

The Industry Innovation Partnership Program (I²P²) seeks to bridge the gap between companies with innovative aging and brain health **products/services that are at an advanced stage of development**, and healthcare institutions seeking solutions to challenging issues in aging and brain health. The program will enable successful applicant companies world-wide to test and validate their technology so as to obtain the evidence needed to successfully market their product in the seniors' care and brain health marketplace. Applicants must have an advanced product or service that they would like to test with older adults at a North American trial partner site.

Knowledge Mobilization Partnership Program

The Knowledge Mobilization Partnership Program (KMP²) will **drive adoption of best and next practices across stakeholder groups in the aging and brain health sector and may include proven innovations in practices, products and services**. This program will fund projects that have been successfully validated within their environments and are ready for broader scaling and adoption. This program will enable older adults, their circle of care, and healthcare practitioners, to gain access to knowledge, skills and support, in order to facilitate behavior change consistent with evidence. The optimal end result is improved health outcomes and quality of life for older adults and/or their caregivers.

Learn more at: www.ccabhi.com

2. Knowledge Mobilization Partnership Program

2.1 Call for Innovations (2017)

Projects & Requirements

CC-ABHI strives to accelerate solutions including practices, products, and services and to disseminate information about such solutions to improve the quality of life and health outcomes for older adults and their caregivers.

Knowledge Mobilization means getting the right information, to the right people, in the right format, at the right time, so as to influence decision-making (Levesque, 2009).

The Knowledge Mobilization Partnership Program (KMP²) will **support projects that drive the adoption of best and next practices in the aging and brain health sector and may include proven innovations in practices, products and services.** This program will fund projects that have been successfully validated within their environments and are ready for broader scaling and adoption. This program will enable older adults, their caregivers, and healthcare practitioners, to gain access to knowledge, skills and support, in order to implement practices consistent with evidence. Projects supported by KMP² will target the adoption of knowledge which will drive improved health outcomes and quality of life for older adults and their caregivers.

CC-ABHI invites applicants who have evidence based knowledge, proven solutions, next or best practice recommendations, to apply to this program. The objective of this program is to accelerate wide adoption of proven innovations across a province or across Canada.

Projects **may** encompass a range of activities that will:

- Create actual products (learning materials) and/or actual dissemination tools or methodologies;
- Enable the spread and integration of knowledge into practice throughout several organizations;
- Support staff with adopting new practices;
- Evaluate the effectiveness of knowledge mobilization activities and outcomes for end users.

Examples of eligible projects include:

- Authoring, publishing and distributing a book on proven nutritional habits and strategies to improve cognitive health of older adults aimed at a broad audience.
- Documenting and disseminating an evidence-based approach to falls prevention within long term care facilities across the province.
- Evaluating the effectiveness of a behaviour change strategy to support the adoption of an evidence-based practice to avoid emergency transfers for older adults with dementia.

Proposals must clearly articulate intended project outputs, outcomes and impact in medium and longer term.

- Types of outputs that must be addressed:
 - (1) Clinical and/or service system outputs such as: number of people targeted using the knowledge or practice; new capability created; new practices developed; etc.
 - (2) Implementation outputs such as: appropriateness, feasibility, costs, sustainability etc. that can affect successful uptake, scale and spread and will help to advance understanding of the implementation process.
- Impact indicators that will show expected long-term effects, such as: changes in thinking, behavior or practice, new products, new services, improvements in quality of life or improvements in older adult or caregiver experience etc.
- The optimal result of a KMP² project is a change in thinking, a new behavior, or the adoption of a new practice that can demonstrate improved health and quality of life for older adults and their caregivers.

The project duration must not exceed 12 months, and selected projects must commence by September 2017.

Interested applicants must submit an [online application](#) no later than 5 pm EST on May 10th, 2017.

Innovation Themes

CC-ABHI's focus is on supporting knowledge mobilization and adoption that will address one or more of the four themes listed below:

1. **Emergency Department Visits:** Solutions that avoid or reduce unnecessary emergency department visits for older adults living with dementia.
2. **Falls Prevention:** Solutions that prevent falls, or mitigate injury due to falls, in older adults with dementia.
3. **Aging at Home:** Solutions for prolonging independence and better management of complex chronic conditions for older adults with dementia living at home.
4. **Cognitive Fitness:** Solutions that improve brain health or cognitive fitness in older adults.

Eligibility

An individual employed by an Institution or affiliated with an Institution that qualifies as a Canada Revenue Agency qualified donee¹ or with a non-profit organization located in Canada, can apply for the program.

The applicant may partner with individuals from other healthcare provider organizations, research or academic institutions, third party content providers or for-profit organizations to jointly work on the project.

Role of Host Institution

The organization that employs the applicant, or to which the applicant is affiliated, will be designated as the Host Institution, and must be a Canada Revenue Agency qualified donee¹ or a non-profit organization located in Canada. The Host Institution will play an important role in the success of the project, and will:

1. Be responsible for receiving and administering the funding, overseeing activities and ensuring reporting, as set by the project.
2. Enter into a contract with CC-ABHI that will detail the roles, responsibilities, accountabilities and reporting requirements for the project. If applicable, the Host Institution will also be responsible for contracting with other institutions that employ team members on the project. The Host Institution will be responsible for distributing funds received from CC-ABHI to support the activities of project team members at their partner organizations. CC-ABHI reserves the right to require other members of the project team to execute agreements with it in connection with the project.
3. Provide facilities, management and support (direct and indirect) for the project team so that they can effectively and efficiently engage in the proposed project.
4. Ensure compliance (if applicable) with any regulatory requirements as well as any other CC-ABHI requirements including those related to research ethics and research training.
5. Support and share project costs related specifically to the dissemination or adoption of learning content, in the realm of aging and brain health for the benefit of the public.
6. Designate one of its employees as the project manager for the duration of the project.
7. If the Host Institution is a non-profit organization, the Host Institution will support and share project costs related specifically to drive adoption of best and next practices across stakeholder groups in the aging and brain health sector.

¹ Under the Income Tax Act, qualified donees are organization that can issue official donation receipts for gifts they receive from individuals and corporations.

Qualified donees are as follows:

- a registered charity (including a registered national arts service organization)
- a registered Canadian amateur athletic association
- a registered housing corporation resident in Canada constituted exclusively to provide low-cost housing for the aged
- a registered Canadian municipality
- a registered municipal or public body performing a function of government in Canada
- a registered university outside Canada that is prescribed to be a university, the student body of which ordinarily includes students from Canada
- a registered charitable organization outside Canada to which Her Majesty in right of Canada has made a gift
- Her Majesty in right of Canada, a province, or a territory
- The United Nations and its agencies

Her Majesty in Right of Canada, a province, or a territory, and the United Nations and its agencies are qualified donees that do not have to be registered to be recognized as such. (<http://www.cra-arc.gc.ca/chrts-gvng/chrts/plcy/cgd/glfdns-eng.html>)

Funding Available

Host Institution is a Canada Revenue Agency qualified donee¹ located in Canada:

- The Host Organization employing the applicant can receive up to a maximum of \$250,000 (CAD) to support eligible project costs, specifically associated with dissemination and adoption of knowledge. CC-ABHI will only fund eligible project costs.
- No specific amount of matching funds from the Host Institution is required to apply for the program. The Host Institution may contribute in cash or in-kind, either from its own sources or through other funding sources. For example, applicants might show evidence of government, industry partner or institutional commitment through a blend of cash and/or in-kind contributions such as office space, equipment, connectivity, staff salaries, etc. Preference will be given to applications that demonstrate how CCABHI's funding will leverage support from other funding sources.
- If applicable, the Host Institution will be required to submit details regarding its contribution to the project and as part of the regular progress reporting, as well as provide evidence of expenditures.
- All approved eligible project expenses will be paid by CC-ABHI to the Host Institution up to a maximum of CAD \$250,000. Refer to the [Eligible Expenses Guidelines](#).

Host Institution is a non-profit organization located in Canada:

The Host Organization employing the applicant can receive up to a maximum of \$250,000 from CC-ABHI to support up to 50% of the eligible project costs specifically associated with dissemination and adoption of knowledge. CC-ABHI will only fund eligible project costs.

The remaining 50% of the project's cost must be provided by the selected non-profit Host Institution, through a blend of cash and in-kind contributions. Applicants might show cash and/or in-kind contributions such as office space, equipment, connectivity, staff salaries, etc. For example, if the total eligible cost to execute the project is \$400,000 (CAD), then \$200,000 (CAD) must be funded by the Host Institution, and the remaining \$200,000 of funding will be provided by CC-ABHI.

Flow of Funds from CC-ABHI

- CC-ABHI will release an initial payment of 50% of the funding to the Host Organization at the start of the project. A subsequent interim payment of 40% will be released upon receipt and approval of interim progress and financial reports from the Host Institution. A holdback of 10% will be released upon project completion and receipt of the final progress and financial reports, outcomes and attestation from the Host Institution regarding the use of funds.
- The Host Institution will be accountable for the completion of certain project milestones and deliverables as well as performance reporting, as set out in the project charter.

CC-ABHI will not obtain any ownership rights to the background intellectual property associated with the content or learning materials used in the project, but will retain the right to disseminate the results of the project.

After the project is successfully completed, CC-ABHI reserves the right to broadly disseminate the output(s) of the project. This includes learning materials, tools, documents, methodologies, practices or services. Any such dissemination will be with full attribution and other appropriate recognition. If the successfully applicant or Host Institution intends for the outputs of the project to be sold, CC-ABHI reserves the right to negotiate and include a royalty arrangement in the project agreement prior to the start of the project.

2.2 Selection Process and Criteria

Full applications submitted online are internally reviewed for completeness, eligibility and use of funds prior to evaluation by an external review panel with domain expertise.

Key evaluation criteria will include:

- **Need:** What is the significance of the problem or opportunity being targeted by the Knowledge Mobilization project? What is the concrete impact on older adults and the health system?
- **Solution:** Is the practice or solution to be mobilized, proven to be a best or 'next practice'? Does the evidence indicate how the proposed practice is superior to current practice? What benefits will be realized if the practice or solution was adopted on wide scale?
- **Knowledge mobilization approach:** Is the proposed approach to disseminating the knowledge and encouraging practice change effective, sustainable and potentially scalable?
- **Project plan:** Does the project proposal list clear activities, milestones and deliverables and realistically resourced? Are outputs and outcomes clearly described, with appropriate metrics to be collected?
- **Team experience and background:** Do team members have demonstrable skills and experience to execute the project as planned?

CC-ABHI will not fund initiatives that involve basic fundamental research, capital investment in a portfolio of intellectual property, pharmaceutical clinical trials or incubators for startups. CC-ABHI does not fund initiatives that primarily focus on academic goals. CC-ABHI reserves the right to decline any applications and to annul this Call for Innovations at any time, without incurring any liability. CC-ABHI reserves the right to modify the scope of this Call for Innovations at any time, if it believes in its sole discretion that doing so will improve the caliber of applications being submitted. CC-ABHI will not fund for -profit knowledge mobilization entities.

2.3 Process and Timeline

Step 1: Review the criteria to ensure your proposal addresses one or more of the identified themes. If you decide to apply, submit an [on-line application form](#) by 5:00 PM EST May 10th, 2017. All

applications must be in English, and contain no material that is confidential or proprietary. All applications must include a letter of support from the Host Institution. You are not granting rights to any intellectual property by submitting an application.

Step 2: CC-ABHI will review the submitted applications, including project scope, timeline, deliverables and expected outcomes, against the selection criteria. Applicants may be contacted for additional information during the review phase, and must be willing to make revisions to the project plan, if requested.

Step 3: Project Selection Panel will perform an evaluation and resulting ranking reviewed by CC-ABHI Management and submitted for approvals.

Step 4: Successful applicants will be notified by June 30th, 2017.

Step 5: The agreement will set out the obligations and contributions of the Host Institution and any other parties as well as rights of CC-ABHI, including the rights to disseminate the findings, with the signing of the agreement to be completed by August 31st, 2017.

Important dates

Action Item	Deadline
Applicants submit full online application including letter of support	May 10, 2017 (by 5:00 PM EST)
CC-ABHI notifies selected applicants	June 30, 2017
Sign agreements	August 31, 2017
Start project	September 2017

2.4 Frequently Asked Questions

We are not sure if our proposal qualifies. Who can we contact for more information? Where can I learn more about CC-ABHI?

Canadian Centre for Aging and Brain Health Innovation (CC-ABHI)

Baycrest Health Sciences

3500 Bathurst Street, Toronto, ON – M6A 2E1

Email: info@ccabhi.com

www.ccabhi.com

Who can apply for the Knowledge Mobilization Partnership Program?

This funding program is open to and not limited to individuals such as clinicians, managers, researchers and academia ready to disseminate and drive adoption of solutions in the aging and

brain health sector that are of interest to older adults, caregivers and healthcare providers. Applicants must be supported by a Host Institution. In addition, the applicant may partner with team members from other organizations or third party companies from anywhere in the world to jointly work on the project.

The Host Institution must be an organization that is a Canada Revenue Agency qualified donee or a non-profit organization located in Canada.

What are CC-ABHI's expectations from applicants?

Applicants must have prior experience in leading evidence-based implementation initiatives. These initiatives may include dissemination and adoption of aging and brain health related clinical solutions or practices that have demonstrated improvements in outcomes, effectiveness, quality of aging and brain health and in testing solutions for this purpose.

The Host Institution must designate a Project Manager who is responsible to:

- Provide regular updates and reports to the CC-ABHI project lead.
- Ensure necessary resources are allocated to the project to drive project outcomes and make necessary funds available.
- Ensure engagement, time allocation and participation from staff within the Host Institution.

What is the role of the Host Institution?

The Host Institution provides the required infrastructure support for the project. It ensures that the project team has suitable office or lab space, access to appropriate computers and software, communications and financial administration systems. The Host Institution is responsible for receiving and administering the funding from CC-ABHI. The Host Institution is also accountable for adherence to regulatory requirements, ethics training and any other requirements set out in the agreement.

If the Host Institution is a non-profit organization, it must contribute to the project costs.

What should the letter of support provide?

The letter of support should:

- come from a senior executive with signing authority including, if applicable, the cash and/or in-kind contributions being committed;
- indicate the level, duration, and nature of in-kind anticipated support for the project;
- describe potential involvement and added-value to the proposed project;
- indicate current and past association with the applicant.

What is knowledge mobilization, knowledge translation, knowledge exchange, knowledge brokering, knowledge implementation and knowledge dissemination?

Knowledge Mobilization:

Knowledge mobilization includes the following concepts: knowledge translation, knowledge exchange, knowledge brokering, knowledge implementation and knowledge dissemination.

It is a dynamic and iterative process that includes the **synthesis, dissemination, exchange, and ethically sound application of knowledge** to improve health services and products and strengthen the healthcare system. Knowledge mobilization takes place within a complex system of interactions between researchers and knowledge users, which may vary in intensity, complexity, and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user (Canadian Institute of Health Research, 2013).

Knowledge mobilization is moving knowledge into active service for the broadest possible common good.

(Social Science and Humanities Research Council - SSHRC)

Knowledge mobilization is the process from the creation of evidence to its ultimate impact.

(Canadian Institutes of Health Research - CIHR)

Knowledge mobilization is getting the right information, to the right people, in the right format, at the right time, so as to influence decision making and practice (Levesque, 2009).

Knowledge Exchange:

Knowledge exchange is collaborative problem-solving between researchers, practitioners and decision makers that happens through linkage.

Effective knowledge exchange involves interaction between decision makers and researchers and results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in practice and decision-making. (Canadian Health Services Research Foundation, 2013).

Knowledge Brokering:

Knowledge brokers mediate between researchers and user communities (Jacobson et al., 2003).

Brokering is ultimately about supporting evidence-based decision-making in the organization, management, and delivery of health services (Canadian Health Services Research Foundation, 2013). Brokers may:

- Provide a consistent knowledge mobilization methodology to the project;
- Identify and train champions in the use and application of knowledge mobilization tools;
- Build strong supportive relationships amongst project stakeholders;

- Evaluate the project;
- Develop a detailed dissemination plan with knowledge sharing materials (handbooks, toolkits, manuscripts, abstracts, posters, slide decks).

Knowledge Dissemination:

Dissemination is the targeted distribution of information and intervention materials to a specific audience.

How much funding will a successful proposal receive under this program?

CC-ABHI will fund eligible project costs up to a maximum of CAD \$250,000 per project.

Which expenses are eligible for reimbursement under this program?

All approved eligible project expenses will be paid by CC-ABHI to the Host Institution up to a maximum of CAD \$250,000. Refer to the [Eligible Expenses Guidelines](#).

What happens if my application is selected?

An agreement will be established between CC-ABHI and the Host Institution representing the applicant to clarify roles, responsibilities and accountabilities, expectations and deliverables, budget and project timelines. It is expected that the Host Institution will process and approve the agreement by August 31st, 2017.

Are there any fees to apply for the program?

There is no application fee to apply for the program.

Contact: info@ccabhi.com

3. Eligible Expenses Guidelines

PRINCIPLES:

1. All funds must be used effectively, economically, and will be administered consistent with the ethical administration of public funds.
2. Funds must contribute towards the direct costs of the Project for which the funds were awarded, and the benefits should be directly attributable to the Project.
3. Allocation of existing personnel or operating expenses to the Project is not eligible expenses, unless they are clearly identifiable and attributable to the Project.
4. The host organization provides for indirect or overhead costs, such as the costs associated with facilities and basic utilities, the purchase and repair of office equipment, administration fees, insurance for equipment, and basic communication devices such as telephones and fax machines. Indirect or overhead costs refer to the ongoing expenses of operating a host organization but cannot be associated with the direct costs of the Project for which the funds were awarded.
5. Travel will always be undertaken by the most practical and economical method. When air is the most practical and economical method, only the cost of an economy class flight will be paid for with the provided funds.
6. Capital equipment required to support the Project should not exceed 20% of total Project costs.
7. The Recipient shall keep and maintain all financial records (including invoices) relating to the funds or otherwise to the Project in a manner consistent with generally accepted accounting principles; and all non-financial documents and records relating to the funds or otherwise to the Project.
8. The final determination of eligibility of expenditures rests with CC-ABHI.

ELIGIBLE EXPENSES:

Actual costs must be directly attributable to, and necessary for, the completion of the Project. Project expenses claimed must represent an incremental increase in the Recipient's normal operating expenses, any allocation of existing indirect operating expenses to the Project is not an eligible expense. The Recipient shall use the Funds solely towards the following categories of **eligible expenses**, provided they achieve its milestones and deliverables, subject to the limits and conditions set out below:

SALARIES & BENEFITS

Eligible Expenses	Ineligible Expenses
<ul style="list-style-type: none"> ✓ Salaries and benefits of personnel, or personnel from other organizations seconded to carry out the Project and/or new staff, permanent or temporary hired to carry out the Project, including fees paid to individuals engaged on employment contracts. <p>Additional Limits & Conditions:</p> <ul style="list-style-type: none"> ✓ Salaries, wages and benefits expenditures may only be claimed in proportion to the amount of time spent working directly on the Project and that the proponent is required to maintain timesheets or appropriate records for all employees working directly on the Project. ✓ For greater certainty, only staff salaries and benefits and contractor fees that are not funded by monies received from any other provincial or federal grants are eligible. 	<ul style="list-style-type: none"> ⊗ Costs related to proposal development (including staff).

INDIRECT COSTS & OVERHEAD

⊗ Ineligible

TRAVEL & ACCOMMODATIONS

Eligible Expenses	Ineligible Expenses
<ul style="list-style-type: none"> ✓ Travel and subsistence costs (meals and accommodation) include reasonable out-of-pocket expenses for field work (if required) and dissemination of activities. ✓ All out of province travel must be pre-approved in writing by CC-ABHI; such approval may be granted according to a Project Travel Plan submitted by the Recipient or reflected in the Final Project Charter. 	<ul style="list-style-type: none"> ⊗ Non-Project specific food, alcohol and accommodation expenses. ⊗ Reimbursement for airfare purchased with personal frequent flyer points programs. ⊗ Commuting costs between residence and place of employment.

OPERATING EXPENSES

Eligible Expenses	
<ul style="list-style-type: none"> ✓ Cost of direct materials and supplies, prorated for the duration of the Project, necessary for specifically identified and measured as having being used for the completion of the Project. ✓ Materials used for prototypes; configuring, testing production processes, systems, and training employees. ✓ Hardware and software implementation, installation, and setup cost required for the Project not normally provided by the host organization, and with adequate justification. ✓ Monthly charges for the use of the internet from the host organization, only when this service is required for the purpose of the Project and not normally provided by the host organization free of charge. ✓ Cellular phones, smartphone or other electronic devices when they are necessary for Project purposes only (e.g., data collection), and/or for personnel safety reasons with adequate justification. ✓ Cost of acquisition or usage of equipment pro-rated for the duration of the Project (up to maximum 20% of the Project cost). ✓ Fees paid for the purpose of participant recruitment and engagement. ✓ Safety-related expenses for field work, such as protective gear, immunizations, etc. ✓ Cost involved in providing personnel with training and/or development in novel techniques required for the Project for their role(s). ✓ Meetings and events pertaining to the Project (e.g., meeting room rentals). ✓ Costs of developing web-based information, including website maintenance fees. ✓ Costs associated with the dissemination of findings, including translation costs. 	<ul style="list-style-type: none"> ⊗ Costs not directly associated with meeting the deliverables and milestones set out in the funding agreement. ⊗ Expenses of a personal nature. ⊗ Costs related to staff awards and recognition. ⊗ Entertainment expenses, gifts and alcoholic beverages. ⊗ Expenses associated with lobbying or government relations activities. ⊗ Tax expenses (including but not limited to sales taxes, tax filing, income taxes). ⊗ Legal, accounting and consulting fees in connection with financial reorganization, security issues, capital stock issues, obtaining of licenses, prosecution of claims and the like. ⊗ Fines and penalties ⊗ Cost of basic utility services ⊗ Donations in the form of goodwill and other intangibles (such as intellectual property, including licenses and patents). ⊗ Opportunity costs, being revenues foregone by Recipient due to it not carrying out some beneficial activity as a result of its participation in the CC-ABHI Project and related programs through this Agreement. ⊗ Standard discounts and interest charges. ⊗ Losses on investments, bad debts and related collection expenses. ⊗ Losses on other Projects or contracts. ⊗ Tangible capital costs such as, but not limited to, land, buildings, vehicles, and infrastructure costs - including depreciation of assets paid for by CC-ABHI.