NIH NATIONAL CANCER INSTITUTE

NCI Office of Data Sharing (ODS) Impact Prize Registration Form

The NCI Office of Data Sharing (ODS), within the National Cancer Institute (NCI) at the National Institutes of Health (NIH), is pleased to announce the *NCI Office of Data Sharing Impact Prize*. **To enter, please complete the registration form and submit with all associated submission materials via email to** NCIOfficeofDataSharing@mail.nih.gov **by 11:59PM Eastern Time on October 5, 2026, with subject line:** ***Submission for ODS Challenge—[Title]—Last, First Name (Participant, Team Lead, or Entity Point of Contact)***

Submission Checklist

- ☐ I have read the Rules and How to Enter sections of the *NCI Office of Data Sharing Impact Prize Accouncement*: **How to Enter**
- ☐ Develop your application based on the judging criteria: **Judging Criteria**
- ☐ I am submitting to exactly ONE track (if Track 3, I submitted a 2026 NCI Data Jamboree abstract)
- ☐ The submission narrative is within the 2,500 word limit; my Supporting Evidence is 1 page max, 11pt minimum
- ☐ I have disclosed any use of generative AI (tool and role)
- ☐ All files are in PDF format
- ☐ No federal grant, cooperative agreement, or contract funds were used to develop this submission itself
- ☐ I completed the registration/consent form and all required certifications are signed
- ☐ Email subject line uses required format: *Submission for ODS Challenge—[Title]—Last, First Name (Participant, Team Lead, or Entity Point of Contact)*
- ☐ This submission has been sent to NCIOfficeofDataSharing@mail.nih.gov **by 11:59PM Eastern Time on October 5, 2026**

Section 1:

Registrant Name (Individual, Team, or Entity Name)

Indicate whether you are registering as an

- (●) **INDIVIDUAL** (i.e. on behalf of myself).[a] If you checked this box, you must complete Section 2.
- ( ) **TEAM** (i.e. on behalf of a group of individuals).[b] If you checked this box, you must complete Section 3.
- ( ) **ENTITY** (i.e. on behalf of a legally established organization, institution, or corporation).[c] If you checked this box, you must complete Section 4

Identify Challenge Track for Which You are Providing a Submission

Track 1 (Ideas)

[a] To be eligible to win a monetary prize under this Challenge, a Participant registering on behalf of themselves (i.e. as an INDIVIDUAL) must be a citizen or permanent resident of the United States. Non-U.S. citizens and non-permanent residents are not eligible to win a monetary prize (in whole or in part).

[b] To be eligible to win a monetary prize under this Challenge, a Participant registering on behalf of a group of individuals (i.e. as a TEAM) must be a citizen or permanent resident of the United States. However, non-U.S. citizens and non-permanent residents can participate as a member of a TEAM that otherwise satisfies the eligibility criteria. Non-U.S. citizens and non-permanent residents are not eligible to win a monetary prize (in whole or in part). Their participation as part of a winning TEAM, if applicable, may be recognized when the results are announced.

[c] For a legally established organization, institution, or corporation (i.e. an ENTITY) to be eligible to win a monetary prize under this Challenge, the ENTITY must be incorporated in and maintain a primary place of business in the United States.

Section 2 (INDIVIDUAL):

If you are registering for this Challenge as an INDIVIDUAL (i.e. on your OWN behalf and NOT on behalf of a TEAM or an ENTITY), provide your name and contact information as follows:

Last Name: First Name: Middle Name:

Phone Number: Email:

City: State: Zip Code:

Country: Affiliation (for biographical purposes only):

Additionally, complete the following certification:

☐ I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the Announcement of Requirements and Registration for the NCI ODS Impact Prize. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

☐ I am eligible to win a cash prize as defineda. (if not checked, you may still be considered for a non-monetary Honorable Mention)

☐ I certify that this is the only submission to NCI ODS Impact Prize with my participation (submitters are only allowed one submission for this challenge).

Please sign, enter name, and select date:

Section 3 (TEAM):

If you are registering for this Challenge on behalf of a TEAM (i.e. you and all members are participating on your own behalf and NOT on behalf of an ENTITY), provide the following information about the TEAM LEADER:

Last Name: First Name: Middle Name:

Phone Number: Email:

City: State: Zip Code:

Country: Affiliation (*optional*):

Also, provide the name(s) and contact information for each member of the TEAM:

Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:

Additionally, the TEAM LEADER and EACH TEAM MEMBER must complete the following certification:

☐ I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the Announcement of Requirements and Registration for the NCI ODS Impact Prize. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

☐ The designated Team Leader is eligible to win a cash prize as definedb. (if not checked, the team may still be considered for a non-monetary Honorable Mention)

☐ I certify that this is the only submission to NCI ODS Impact Prize with my participation and all team members listed (submitters and team members are only allowed one submission for this challenge).

Section 3 (TEAM) cont'd:

The TEAM LEADER and each TEAM MEMBER must sign, enter name, and select date:

NIH NATIONAL CANCER INSTITUTE

Section 4 (ENTITY):

If you (alone or with multiple individuals) are registering for this Challenge on behalf of an ENTITY (i.e., you and others, as applicable, are NOT registering on your own behalf, but you are registering on behalf of an ENTITY), provide the contact information for that ENTITY:

- ENTITY Name:
- City, State, Zip Code, Country:

Please also provide the following information for a POINT OF CONTACT for the participating ENTITY. The POINT OF CONTACT is the individual who is participating in the challenge on behalf of an ENTITY. If multiple individuals are participating together on behalf of an entity, the POINT OF CONTACT is the lead for the group.

Last Name: First Name: Middle Name:

Phone Number: Email:

If multiple individuals are participating together on behalf of an entity, provide the name(s) and contact information for all other individuals:

Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:
Name:	Email:	Affiliation:

Additionally, the POINT OF CONTACT must complete the following certification:

☐ I certify that I have the authority to register for this Challenge on behalf of the ENTITY listed above; that the ENTITY meets the eligibility criteria stated in the Announcement of Requirements and Registration for the NCI ODS Impact Prize; and that the ENTITY agrees to comply with the official rules and requirements of the Challenge and that participation in this Challenge constitutes full and unconditional agreement to abide by them.

☐ The designated Entity is eligible to win a cash prize as definedc. (if not checked, you may still be considered for a non-monetary Honorable Mention)

☐ I certify that this is the only submission to NCI ODS Impact Prize with my participation and all members listed (submitters and team members are only allowed one submission for this challenge).

Section 4 (ENTITY) cont'd:

The POINT OF CONTACT and each ENTITY REPRESENTATIVE must sign, enter name, and select date: