Application Form

Note: Please be mindful of the interdisciplinary backgrounds of the reviewers and make the proposals accessible to the readers.

☐ Project Questions

▌ Project Title

______________________

▌ Select your application category
☐ General
☐ Musculoskeletal Tissue Injury and Repair
☐ Connected Health

▌ Select your patient population
☐ Adult
☐ Pediatric
☐ Both

▌ Was this idea generated at a Faculty Salon?
☐ Yes
☐ No

▌ Is any member of your team a part of PCMD?
☐ Yes
☐ No

▌ Is this a resubmission of a previously unfunded proposal to Penn Health-Tech, the Medical Device Accelerator, or the Joint Call for Proposals for Medical Devices and Health Technology Development?
☐ Yes
☐ No

☑ If your application moves forward to the semi-finalist round, you will be invited in for an interview on October 28th. Please select all of the times that you can be available for an interview from the list below.

☐ 9am to 9:30am
☐ 9:30am to 10am
☐ 10am to 10:30am
☐ 10:30am to 11am
☐ 11am to 11:30am
☐ 11:30am to 12noon
☐ 1pm to 1:30pm
☐ 1:30pm to 2pm
☐ 2pm to 2:30pm
☐ 2:30pm to 3pm
☐ 3pm to 3:30pm
☐ 3:30pm to 4pm
☐ 4pm to 4:30pm
☐ 4:30pm to 5pm

▌ Describe the unmet need and problem you are solving. What is your potential target market, and why are you best suited to solve this problem? (500 words max)

_____________________________________________________________
Describe your proposed solution. What makes your solution novel? (250 words max)

Provide a 1-2 sentence summary of your solution. (125 words max)

Who are the primary competitors? How is your solution differentiated? (250 words max)

What have you accomplished to date on this project? Detail your three most significant accomplishments to date. (250 words max)

Proposed Budget and Milestones:

a) Pilot funding is available from $5K - $50K. What is the amount of funding requested?

b) Briefly describe how this funding will specifically translate or help commercialize your project (i.e. follow-on funding that could result from the success of the proposal). (250 words max)

Please detail the sources of external funding related to this project (i.e. SBIR/STTR grants, funding from Ben Franklin Technology Partners, University Science Center QED program, etc)

What is your IP progress?

- None filed
- Disclosure filed
- Provisional Filed
- Nonprovisional Filed
- Patent Granted

If applicable, list the Docket #

Who is your technology licensing officer?

Please put N/A if unknown or the question is not applicable to your project.
Has the research being proposed resulted in the formation of a startup company?

☐ Yes
☐ No

If yes: Was the company formed through PCI Ventures?

☐ Yes
☐ No

If yes: What is the name of the startup company?

______________________

Has the company or project raised any capital to date?

☐ Yes
☐ No

If yes: List the sources of capital and amount raised.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

TEAM QUESTIONS

1. First Name

______________________

2. Last Name

______________________

3. Are you the Principal Investigator or Team Lead on this project?
   Note: Each submission should indicate at least one PI or Team Lead.

☐ Yes
☐ No

4. Please select your University of Pennsylvania or Children’s Hospital of Philadelphia affiliation.

☐ Faculty
☐ Postdoc
☐ Staff
☐ Student
☐ Other, please specify... __________________________

5. If selected Student: Please indicate your academic level as a student.

• Undergraduate
• Masters
• Doctoral
• Medical Student

6. Please select your employer, school, or program.

• Children’s Hospital of Pennsylvania
• College of Arts and Sciences
• Dental Medicine
• Design
- Engineering and Applied Science
- Law
- Nursing
- Perelman School of Medicine
- University of Pennsylvania Health System
- Veterinary Medicine
- Wharton School
- Other

If Other, please specify __________________________

7. By checking this box you are attesting to the accuracy of the information provided in the application and agree to the rules and guidelines outlined.

☐ Yes

Would you like to add another team member? (You may add up to 5 team members)

☐ Yes
☐ No

Team Member #2

8. Team member #2 First Name __________________________

9. Team member #2 Last Name __________________________

10. Team member #2: Are you the Principal Investigator or Team Lead on this project?
Note: Each submission should indicate at least one PI or Team Lead.

☐ Yes
☐ No

11. Team member #2: If selected Student: Please indicate your academic level as a student.

- Undergraduate
- Masters
- Doctoral
- Medical Student

12. Team member #2: If selected Student: Please indicate your academic level as a student.

- Undergraduate
- Masters
- Doctoral
- Medical Student

13. Team member #2: Please select your employer, school, or program.

- Children’s Hospital of Pennsylvania
- College of Arts and Sciences
- Dental Medicine
- Design
- Engineering and Applied Science
- Law
- Nursing
- Perelman School of Medicine
If Other, please specify __________________________

☐ 14. Team member #2: By checking this box you are attesting to the accuracy of the information provided in the application and agree to the rules and guidelines outlined.

☐ Yes

☐ Would you like to add another team member? (You may add up to 5 team members)

☐ Yes

☐ No

Team Member #3

☐ 15. Team member #3 First Name __________________________

☐ 16. Team member #3 Last Name __________________________

☐ 17. Team member #3: Are you the Principal Investigator or Team Lead on this project?

Note: Each submission should indicate at least one PI or Team Lead.

☐ Yes

☐ No

☐ 18. Team member #3 Please select your University of Pennsylvania or Children's Hospital of Philadelphia affiliation.

☐ Faculty

☐ Postdoc

☐ Staff

☐ Student

☐ Other, please specify... __________________________

☐ 19. Team member #3: If selected Student: Please indicate your academic level as a student.

• Undergraduate

• Masters

• Doctoral

• Medical Student

☐ 20. Team member #3: Please select your employer, school, or program.

• Children's Hospital of Pennsylvania

• College of Arts and Sciences

• Dental Medicine

• Design

• Engineering and Applied Science

• Law

• Nursing

• Perelman School of Medicine

• University of Pennsylvania Health System

• Veterinary Medicine

• Wharton School

• Other
21. Team member #3: By checking this box you are attesting to the accuracy of the information provided in the application and agree to the rules and guidelines outlined.

☐ Yes

Would you like to add another team member? (You may add up to 5 team members)

☐ Yes
☐ No

Team Member #4

22. Team member #4 First Name


23. Team member #4 Last Name


24. Team member #4: Are you the Principal Investigator or Team Lead on this project?
Note: Each submission should indicate at least one PI or Team Lead.

☐ Yes
☐ No

25. Team member #4 Please select your University of Pennsylvania or Children's Hospital of Philadelphia affiliation.

☐ Faculty
☐ Postdoc
☐ Staff
☐ Student
☐ Other, please specify... __________________________

26. Team member #4: If selected Student: Please indicate your academic level as a student.

• Undergraduate
• Masters
• Doctoral
• Medical Student

27. Team member #4: Please select your employer, school, or program.

• Children’s Hospital of Pennsylvania
• College of Arts and Sciences
• Dental Medicine
• Design
• Engineering and Applied Science
• Law
• Nursing
• Perelman School of Medicine
• University of Pennsylvania Health System
• Veterinary Medicine
• Wharton School
• Other

If Other, please specify

_________________________________
28. Team member #4: By checking this box you are attesting to the accuracy of the information provided in the application and agree to the rules and guidelines outlined.

☐ Yes

Would you like to add another team member? (You may add up to 5 team members)

Note: Each submission should indicate at least one PI or Team Lead.

☐ Yes

☐ No

Team Member #5

29. Team member #5 First Name
______________________

30. Team member #5 Last Name
______________________

31. Team member #5: Are you the Principal Investigator or Team Lead on this project?

☐ Yes

☐ No

32. Team member #5 Please select your University of Pennsylvania or Children’s Hospital of Philadelphia affiliation.

☐ Faculty

☐ Postdoc

☐ Staff

☐ Student

☐ Other, please specify... __________________________

33. Team member #5: If selected Student: Please indicate your academic level as a student.

* Undergraduate
* Masters
* Doctoral
* Medical Student

34. Team member #5: Please select your employer, school, or program.

* Children’s Hospital of Pennsylvania
* College of Arts and Sciences
* Dental Medicine
* Design
* Engineering and Applied Science
* Law
* Nursing
* Perelman School of Medicine
* University of Pennsylvania Health System
* Veterinary Medicine
* Wharton School
* Other

☐ If Other, please specify
______________________

35. Team member #5: By checking this box you are attesting to the accuracy of the information provided in the application and agree to the rules and guidelines outlined.

☐ Yes
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<th>START DATE</th>
<th>END DATE</th>
<th>MILESTONES</th>
<th>JUSTIFICATION</th>
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<th>AMOUNT</th>
<th>VENDOR</th>
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<td>GLP study to support device validation at New Bolton Center</td>
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**DIRECTIONS:**
Please update the example milestones and expenses with those relevant to your project.
Add as many milestones and expenses as necessary.

**NOTES:**
Allowable Costs: personnel, supplies, equipment and instruments, contract services, etc.
Faculty salaries and graduate tuition are not allowable. No more than 25% of the budget can be used for personnel costs.