Call for Proposals Application Form

GENERAL INFORMATION

Project Title
______________________

Select your application category

☐ General
☐ COVID-19
☐ Oral Craniofacial Health
☐ Gene Therapy
☐ Regenerative Ophthalmology

Select your patient population

☐ Adult
☐ Pediatric
☐ Both

Was this idea generated at a Faculty Salon?

☐ Yes
☐ No

Is this proposal 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 Friday, January 22, 2021.
Please select all of the times that you can be available for an interview from the list below.

Please remember to hold your selected times in your calendar. The Call for Proposals Project Selection Committee will reach out to you about the official date and time of your interview.

☐ 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? Include characterization of the disease state, if appropriate. (500 words max)

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
Provide a sentence summary of your solution in simple words. (100 words max)

Elaborate further on your proposed solution. What makes your solution novel? Include information about impact and how your solution would change the clinical paradigm and/or workflow. Please note: Novel can be both a new technology or novel use of existing technology. (500 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)

FUNDING INFORMATION

What is the amount of funding requested? (seed funding is available from $5K - $50K)

Select the category that accurately describes how you primarily plan to utilize funding

- Translational and/or proof of concept research
- Prototype development or refinement
- Preclinical and pilot testing
- Matching funding for SBIR/STTR grants and/or other funding for technology development

Elaborate further on how this funding will specifically translate your research, lead to product development, or help commercialize your technology. (250 words max)

Please detail the capital raised or 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)

COMMERCIALIZATION INFORMATION

What is your IP progress?

- None
- 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 this project resulted in the formation of a startup company?

☐ Yes
☐ No

If yes: What is the name of the startup company?
If your startup has not yet been named, please write N/A.

______________________

If yes: Was the company formed through PCI Ventures?

☐ Yes
☐ No

TEAM MEMBER 1

Team Member #1: First Name

______________________

Team Number #1: Last Name

______________________

Team Number #1: Are you the Principal Investigator (PI) or Team Lead on this project?
Note: Each submission should indicate at least one PI or Team Lead.

☐ Yes
☐ No

Team Member #1: Please select your University of Pennsylvania or Children’s Hospital of Philadelphia affiliation. If not affiliated with Penn or CHOP, select "other."

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

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

• Undergraduate
• Masters
• Doctoral
• Medical Student

Team Member #1: Please select your employer, school, or program.
Note: Listed in alphabetical order. If not affiliated with Penn and CHOP, please use "other."

School or Program
• Annenberg School for Communication
• Carey Law School
• Children's Hospital of Philadelphia
• College of Arts and Sciences
• Dental Medicine
• Engineering and Applied Science
• Graduate School of Education
• Penn Nursing
• Perelman School of Medicine
• School of Veterinary Medicine
• Social Policy and Practice
• The Wharton School
• Weitzman School of Design
• Other

Primary Affiliation

• Annenberg School for Communication
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• Weitzman School of Design
• Other

Secondary Affiliation

If Other, please specify
______________________

Team Member #1: By checking the box below, you are attesting to the accuracy of the information provided in this form.
☐ Yes

Would you like to add another team member? (You may add up to 5 team members)
☐ Yes
☐ No

TEAM MEMBER 2

Team Member #2: First Name
______________________

Team Member #2: Last Name
______________________

Team Number #2: Are you the Principal Investigator (PI) or Team Lead on this project?
Note: Each submission should indicate at least one PI or Team Lead.
☐ Yes
☐ No
Team Member #2: Please select your University of Pennsylvania or Children’s Hospital of Philadelphia affiliation.
If not affiliated with Penn or CHOP, select "other."

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

If selected Student: Please indicate your academic level as a student.
- Undergraduate
- Masters
- Doctoral
- Medical Student

Team Member #2: Please select your employer, school, or program.
Note: Listed in alphabetical order. If not affiliated with Penn and CHOP, please use “other.”

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Secondary Affiliation
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- The Wharton School
- Weitzman School of Design
- Other

If Other, please specify __________________________

Team Member #2: By checking the box below, you are attesting to the accuracy of the information provided in this form

- I agree

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

- Yes
Team Member #3: First Name
______________________

Team Number #3: Last Name
______________________

Team Number #3: Are you the Principal Investigator (PI) or Team Lead on this project?
Note: Each submission should indicate at least one PI or Team Lead.
☐ Yes
☐ No

Team Member #3: Please select your University of Pennsylvania or Children's Hospital of Philadelphia affiliation.
If not affiliated with Penn or CHOP, select "other."
☐ Faculty
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Team Member #3: Please select your employer, school, or program.
Note: Listed in alphabetical order. If not affiliated with Penn and CHOP, please use "other."

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Primary Affiliation
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If Other, please specify

____________________

Team Member #3: By checking the box below, you are attesting to the accuracy of the information provided in this form

☐ I agree

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

☐ Yes
☐ No

TEAM MEMBER 4

Team Member #4: First Name

____________________

Team Member #4: Last Name

____________________

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

☐ Yes
☐ No

Team Member #4: Please select your University of Pennsylvania or Children's Hospital of Philadelphia affiliation.
If not affiliated with Penn or CHOP, select "other."

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

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

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

Note: Listed in alphabetical order. If not affiliated with Penn and CHOP, please use “other.”

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Secondary Affiliation

If Other, please specify
____________________

Team Member #4: By checking the box below, you are attesting to the accuracy of the information provided in this form.

☐ I agree

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

☐ Yes
☐ No

TEAM MEMBER 5

Team Member #5: First Name
____________________

Team Member #5: Last Name
____________________

TEAM MEMBER 5
Team Number #5: Are you the Principal Investigator (PI) or Team Lead on this project?
Note: Each submission should indicate at least one PI or Team Lead.
- Yes
- No

Team Member #5: Please select your University of Pennsylvania or Children’s Hospital of Philadelphia affiliation.
If not affiliated with Penn or CHOP, select "other."
- Faculty
- Postdoc
- Staff
- Student
- Other, please specify... __________________________

If selected Student: Please indicate your academic level as a student.
- Undergraduate
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Team Member #5: Please select your employer, school, or program.
Note: Listed in alphabetical order. If not affiliated with Penn and CHOP, please use "other."

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Team Member #5: By checking the box below, you are attesting to the accuracy of the information provided in this form.

☐ I agree