


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

Faculty

Postdoc

Staff

Student

Other, please specify... _____


 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

- University of Pennsylvania Health System
- Veterinary Medicine
- Wharton School
- Other

 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

 If Other, please specify

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

Business Administrator (BA) Information:

BA Last Name Franklin
 BA First Name Benjamin
 BA Email Bjfrank@upenn.edu
 BA Phone 215-888-8888

START DATE	END DATE	MILESTONES	JUSTIFICATION	CATEGORY	AMOUNT	VENDOR
1/1/19	3/1/19	Benchtop experiments	Validate prototype proof of concept	Personnel	\$10,000.00	
				Equipment		
				Materials and Contract	\$2,000.00	
				Other		
				Milestone total	\$12,000.00	
4/1/19	7/1/19	Prototype refinement	make iterative changes to prototype based on experimental results	Personnel		
				Equipment		
				Materials and Contract	\$9,000.00	
				Other		
				Milestone total	\$9,000.00	
8/1/19	12/1/19	Pre-clinical pilot	GLP study to support device validation at New Bolton Center	Personnel		
				Equipment		
				Materials and Contract	\$17,000.00	Penn Vet
				Other		
				Milestone total	\$17,000.00	
				TOTAL	\$38,000	

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.