

Call for Proposals Application Form


PROJECT INFORMATION

 Project Title

 Select your application category

Please visit <https://healthtech.upenn.edu/call-for-proposals/> for category information.

- ☐ General
- ☐ Health Technology for Social Justice
- ☐ Oral Craniofacial Health
- ☐ Targeting and Delivery in Neuro-Gene Therapy
- ☐ Regenerative Ophthalmology


 Select your patient population


- ☐ Adult
- ☐ Pediatric
- ☐ Both


☒ If your application moves forward to the semi-finalist round, you will be invited in for an interview on **Friday, May 7, 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

 Briefly describe the unmet need you are solving, the current standard of care, and how it is reimbursed. (500 words max)


 What is the proposed solution and how is it an improvement compared to the standard of care? How would impact be measured? Would the reimbursement model change? (500 words max)

 Provide a single sentence description of your solution.

 What has been accomplished to date? It is okay if this is just an idea. This helps us decide what project phase you are in and the required resources. (250 words max)


 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

 Please detail the sources of external funding related to this project (i.e. SBIR/STTR grants, corporate and institutional, capital raised, etc)

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
- Dental 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
- 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

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
