**Technology Development Fund (TDF)**

**2020 Pilot Grant/Development Grant Letter of Intent**

* The **Pilot Grant** is awarded annually and provides **up to $50,000** to advance early stage technologies in the validation or proof-of-concept phase.
* The **Development Grant** is awarded annually and provides **up to $150,000** to advance later stage technologies, where the concept has been proven.
* The awards can be used for 1) prototype development, 2) medicinal chemistry, pharmacokinetic/ pharmacodynamic or animal efficacy studies for potential therapeutics, 3) collection of human clinical data, 4) other advanced pre-commercial research.
* **Approximately 70% of the award must be spent through outside contract research organizations (CROs) who will work with the principal investigator and TIDO to further develop the technology.**
* **Other TDF eligibility criteria are listed in the “TDF policies and guidelines” found on [**[**link**](http://www.childrensinnovations.org/docs/TDF_Guidelines01_12_15.pdf)**].**

**Please address the following industry-specific questions while answering the**

**“Current Status of the Technology” section:**

**Devices**

1. Do you currently have a prototype? If so, what type (drawings, non-functional model, functional/working)?
2. Was your prototype tested? If yes, how was it tested (e.g. in vivo/in vitro)?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐Hospitals | ☐Patients | ☐Insurers | ☐Other |

1. Explain who would be making the product’s purchasing decision:

**Therapeutics**

1. Do you have novel compounds?
2. If so, are these acting on novel or known targets?
3. Is mechanism of action of the compound known?
4. If you do not have compounds, do you have a novel target/pathway? How was your target/pathway validated for the proposed indication?

**Diagnostics**

1. Is your technology a novel biomarker?
2. On what platform(s) was it validated?
3. How many samples have you collected?
4. How many samples have you tested? What were your positive/negative controls?
* **Please use Arial 11-point font for the LOI form below.**

**Project Title**

|  |
| --- |
| **Insert title here** |

**Principle Investigator**

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Hospital Title |  |
| Department |  | Phone |  |
| Email |  | Application Type**(please check)** | **☐ Pilot Grant****☐ Development Grant** |
| TIDO/IPO CMCC Number |  | Case Manager**(please underline one)****[**[**link**](http://tido.childrenshospital.org/about-tido/team/)**]** |

|  |  |
| --- | --- |
| Thomas Bishop | Catherine Ives |
| Abbie Meyer | James Simmons |
| Jennifer Chou | Adrienne Wong |
| Inez Falcon-Haus | Monica Jang |

 |

Are there existing or predicted contractual obligations around this technology, such as through license, option, or MTA?

|  |  |
| --- | --- |
| **☐ Yes** | **☐ No** |

**Product:**

1) What is the industry subsector?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐Diagnostic | ☐Medical Device | ☐Therapeutic | ☐Vaccine | ☐Other |

2) Please provide a **non-confidential** description of the product concept, disease area to be treated, and target patient population within the disease area.

|  |
| --- |
| **Include product description, disease area and target patient group here:** |

**Medical Need:** Briefly describe:

1) The medical need

2) The current standard of care and currently available products

3) The limitations of current approaches

4) The anticipated impact of proposed product on patient care: Will your product change the clinical workflow, and if so, how?

|  |
| --- |
| **Medical need:****Current standard of care and existing products:****Limitations of current approaches:****Impact of proposed product/change in clinical workflow:** |

**Product Development:** Briefly discuss:

1) What are the potential product development obstacles (regulatory, reimbursement, technical, competition)?

2) Please outline plans for finding a commercial partner.

|  |
| --- |
| **Potential product development obstacles:** |

**Current Status of the Technology/Most Recent and Relevant Data** (this section will be kept confidential): Refer to the questions on **page 1** for your technology’s relevant industry subsector (therapeutic, medical device, diagnostic). If “other”, please elaborate on the stage of development. In addition, please include your most relevant data. Do you currently have access to the samples required for technology validation under this grant, or will you need to collect cell lines/tissue samples/patient or physician feedback in order to evaluate the product?

|  |  |  |
| --- | --- | --- |
| ☐ *in vitro* | ☐ *in vivo* | ☐ Other |

Current data is in (check all that apply):

|  |
| --- |
| **Describe the current status of the technology here/ include relevant data:****Do you have testing materials/users on hand or will they be collected?** |

**Project Objectives:** Briefly describe the specific aims.

|  |
| --- |
| **Include project aims here:** |

**Team:** Please include the:

1) BCH investigators.

2) External partner/CRO: if the CRO has not been identified yet, please specify which aspects of the project will be outsourced.

3) If you currently have (or anticipate needing) collaborators*,* please identify them and their institutions.

|  |
| --- |
| **Include team details here:** |

**Requested funds and other resources:** Briefly detail:

1) Estimated funds needed to complete each of the project objectives and how the funds will be spent.

2) Prior, current, and pending sources of support for proposed project (FTE/space/ funding/internal resources). Please specify funding sources.

|  |
| --- |
| **Detail fund requirements here:** |

**Intellectual property:**

List any patent applications or issued patents you may have for this project.

Please specify if applications were filed by Boston Children’s Hospital or other Institutions where you may have been working previously.

|  |
| --- |
|  |

**References:** Indicate publications (including your own data) that should be considered in the evaluation and/or experts that should be consulted to validate technology. Additionally, include individuals that we should not consult with in regards to your work.

|  |
| --- |
| **Include references here:** |

**For any questions, please contact** **technology.development@childrens.harvard.edu** **or 617-919-4614(4-4614).**