**Technology Development Fund (TDF)**

**2021 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 **Technology Development Grant (TDG)** 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, and 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 at** <http://tido.childrenshospital.org/technology-development-fund/grants/>

**Please address the following industry-specific questions  
while answering the “Current Status of the Technology” section on Page 5**

**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)?

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| --- | --- | --- | --- |
| 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?

**Project Title**

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| --- |
| Click here to type. |

**Principal Investigator Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click here to type. | **BCH Title** | Click here to type. |
| **Department** | Click here to type. | **Phone** (617) XXX-XXX | Click here to type. |
| **Email** | Click here to type. | **Application Type**  (please check) | Pilot Grant  Development Grant |
| **TIDO/IPO CMCC Number** | Click here to type. | **Case/ Licensing Manager** [[link](http://tido.childrenshospital.org/about-tido/team/)]  (please check) | |  |  | | --- | --- | | Catherine Ives | Greg Baker | | Nazita Gamini | James Simmons | | Monica Jang | Ayan Pal | | Nina Green |  | |

Are there existing or predicted contractual obligations around this technology?  
(e.g. through license, option, or MTA)

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| --- | --- |
| 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.

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| Click here to type. |

**Medical Need**

1) What is the medical need for this product?

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| Click here to type. |

2) What is the current standard of care? And what products are currently available in the space?

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| Click here to type. |

3) What are the limitations of the current approach(es)?

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| Click here to type. |

4) What is the anticipated impact of the proposed product?  
 Will your product change the clinical workflow? If so, how?

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| Click here to type. |

**Product Development**

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

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| Click here to type. |

2) Please outline plans for finding (a) commercial partner(s).

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| Click here to type. |

**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  
(i.e. therapeutic, medical device, diagnostic, other). If “other”, please elaborate on the stage of development.

1) Describe the current status of the technology. Please include your most relevant data.

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

Current data is in (check all that apply):

|  |
| --- |
| Click here to type. |

2) Do you currently have access to the samples/testing materials/users 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?

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| Click here to type. |

**Project Objectives**

Briefly describe the specific aims of this project

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| Click here to type. |

**Team**

Please include:

1. BCH investigators
2. External partner(s)/ CRO(s)\*  
   \* If the CRO has not yet been identified yet, please specify which aspects of the project will be outsourced.
3. Collaborators and their institutions – current or anticipated need

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**Requested Funds and Other Funding Sources**

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

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| Click here to type. |

2) Prior, current, and pending sources of support for proposed project  
(e.g. FTE, space, funding, internal resources, etc.)

Please specify funding sources.

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| Click here to type. |

**Intellectual Property**

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

Please specify if applications were filed by BCH or other institutions where you may have been working previously.

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| Click here to type. |

**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 any individuals we should not consult with in regards to your work.

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| Click here to type. |