

**Cover Page**

*I2P Grant Pre-Application*

**Project Information**

Project Title: Click here to enter text.

Estimated Budget for 6/12 (circle one) months:  $25,000  $40,000

Development Stage:

Concept / idea  Disclosed to Office of Tech. Transfer  Patent(s) pending / issued

Product Type (please mark the one box that best represents your product):

Diagnostic  Therapeutic  Device  Software/App

Since what year have you been working on this technology (approx.)? Click here to enter text.

**Principal Investigator (PI) Information**

Contact PI Name: Click here to enter text.

Institution: Click here to enter text.

PI Department: Click here to enter text.

PI Phone and Email: Click here to enter text.

PI Position: Faculty Student\* Postdoctoral trainee\* Staff\*

\*If student, post-doctoral trainee or staff, name of Faculty Sponsor: Click here to enter text.

Has the contact PI ever licensed a technology (any technology, not necessary the one in this application)?  No  Yes

Has the contact PI ever applied for a patent, trademark or copyright?  No  Yes

Has the contact PI ever started a company?  No  Yes

If multi-PI model is chosen (optional):

Co-PI #1 Name: Click here to enter text.

Co-PI #1 Department: Click here to enter text.

Co-PI #2 Name: Click here to enter text.

Co-PI #2 Department: Click here to enter text.

**Demographic Information**

The information you give for gender, race, ethnicity, and disadvantaged background is used only for aggregated statistical reporting. Your individual information for these items is confidential.

By filling in these items, you help the Southeast XLerator Network Hub gather information on participation in the program by people from diverse groups. That, in turn, helps the the Hub and NIH identify inequities in recruitment and retention, and promote diversity in science.

Date of Birth (MM/DD/YYYY): Click here to enter text.

Do not wish to provide

Gender:

Male

Female

Do not wish to provide

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Do not wish to provide

Race:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Do not wish to provide

Do you have a disability?

No

Yes (Check all that apply)

Hearing

Mobility/Orthopedic Impairment

Visual

Other

Do not wish to provide

**Project Description** (must be **2 pages or less**)

Describe the product/idea you are proposing. Does it address an unmet clinical need?

Click here to enter text.

Describe the size of the market for this technology and any competitive products currently in use or in development. Describe how the product/solution solves a market need/pain point.

Click here to enter text.

How is your product unique? Is it patentable? If not patentable, is other proprietary protection likely?

Click here to enter text.

In broad terms, what do you plan to use the funds for? How would they advance the technology?

Click here to enter text.

Briefly explain any specific expertise and experience the PI or team has that will help this project.

Click here to enter text.

**References Cited** (maximum of 10; any standard format that includes article title)

Click here to enter text.

**Other Support** (list only support **relevant to this product**)

Suggested format:

Grant Number (PI name) Start date – End date % effort (role)   
Name of Sponsor Funding amount

Grant title

Brief description of major goal or specific aims.

Example:

5 R01 HL 00000-07 (Baker) 4/1/1994 – 3/31/2002 1.20 calendar (PI)

NIH/NHLBI $122,717  
Ion Transport in Lungs

The major goal is to study chloride and sodium transport in normal and diseased lungs.

If there is no relevant funding, write “none”.

**Active Funding**

Click here to enter text.

**Pending Funding**

Click here to enter text.

**Previous Funding**

Click here to enter text.