

Pre-Proposal Application Form

Section 0: Team Information

Please list up to three key team members contributing to the project, including each person's institutional affiliation and role. Clearly identify the **Principal Investigator (PI)** and **primary team lead**. If the same person will serve in both roles, please indicate this.

The designated PI and primary team lead will receive follow-up emails and updates regarding the application process.

Team Member #1: Primary Team Lead

Name and Project Role

Provide the full name and project role of the primary team lead. If this person is also the Principal Investigator (PI), please indicate both roles.

Example: Adam Johnson, MD - Faculty PI and Primary Team Lead

Note: This person will serve as the main point of contact for the project.

Email Address

Is this the primary team lead's first time submitting an application to Penn Health-Tech?

- ☐ Yes
- ☐ No
- ☐ Unsure

Primary Institutional Affiliation

Select the primary team lead's institution.

Which option best describes the primary team lead's role?

Would you like to add another team member to the application?

- ☐ Yes
- ☐ No

Team Member #2

Name and Project Role

Provide the team member's full name and role on the project.

Example: John Smith, PhD - Associate Professor, Technology Lead

Note: This person will receive application status updates and other communications about the project.

Email Address

Is this the team member's first time submitting an application to Penn Health-Tech?

- ☐ Yes
- ☐ No
- ☐ Not Sure

Primary Institutional Affiliation

Select the team member's institution.

Which option best describes the primary team lead's role?

Would you like to add another team member to the application?

- ☐ Yes
- ☐ No

Team Member #3

Name and Project Role

Provide the team member's full name and role on the project.

Example: John Smith, PhD - Associate Professor, Technology Lead

Note: This person will receive application status updates and other communications about the project.

Email Address

Is this the team member's first time submitting an application to Penn Health-Tech?

- ☐ Yes
- ☐ No
- ☐ Not sure

Primary Institutional Affiliation

Select the team member's institution.

Which option best describes the team member's role?

Section 1: Non-confidential Title and Abstract

1. Provide a non-confidential project title of no more than 10 words.

Write for a general audience and clearly convey:

- What the envisioned product is
- What the product does
- What problem it addresses

Example 1: Smartphone app to reduce readmissions of acute myocardial infarction patients.

Example 2: Home-based test to predict and monitor risk of preterm birth.

2. Provide a non-confidential abstract of no more than 100 words.

Briefly summarize:

- The unmet need your project addresses
- Your proposed solution and how it compares with the current standard of care

- The project's current stage of development and supporting evidence
- The key milestones you aim to achieve with HTA Program funding

Section 2: Unmet Need

3. In no more than 250 words, clearly describe the unmet need your proposed solution addresses.

A strong response should address:

- The **clinical or operational problem**
- The **incidence, prevalence, or size of the affected population**, including relevant subpopulations, such as pediatric, older adult, or underserved populations
- The **current standard of care or existing solutions**, including where and how they are delivered
- The **limitations of current approaches**, such as cost, accuracy, accessibility, workflow integration, or outcomes, and why the need remains unmet

Section 3: Proposed Solution & Stage of Development

4. In no more than 500 words, describe your proposed solution or technology and how it addresses the unmet need.

A strong response should explain:

- How the proposed solution works
- What makes it innovative
- How it improves upon the current standard of care or existing solutions
- How these improvements address the unmet need described above

5. In no more than 300 words, describe the current stage of development of your solution or technology.

A strong response should include:

- The current development stage, such as concept, benchtop prototype, functional prototype, or preclinical testing
- The work completed to date
- Evidence supporting feasibility, such as proof-of-concept results, usability studies, or pilot data

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Section 4: Intellectual Property

6. What steps have you taken to protect the intellectual property associated with your solution or technology?

Describe any invention disclosures, patent applications, issued patents, or other intellectual property protections associated with the project.

Please note: If an invention disclosure has not yet been filed, selected teams must submit one to the appropriate technology transfer office—the [Penn Center for Innovation](#) or the [CHOP Office of Technology Transfer](#)—by April of the Accelerator year as a condition of continued participation in the HTA Program.

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7. Which technology transfer office is responsible for your project's intellectual property?

8. Who is the technology licensing officer assigned to your project?

Please provide the officer's full name. If an officer has not yet been assigned by PCI or CHOP's Office of Technology Transfer, enter **“Not yet assigned.”**

Section 5: Key Milestones, Path to Market, and Budget

9. What key milestones do you aim to achieve during the 12-month HTA funding period?

Describe the technical, regulatory, commercial, or clinical development milestones that HTA funding and advisory support will help you advance. For each milestone, briefly identify:

- The intended outcome
- The anticipated timing
- How success will be measured
- The related budget categories or line items included in the accompanying budget template
- How achieving the milestone will reduce risk and move the solution closer to commercialization or follow-on funding



10. Complete and upload the Pre-Proposal Milestones and Budget Template.

The template should outline the activities, milestones, and estimated funding needed for the proposed 12-month project period. The information provided should align with the milestones described above.

Please note: The submitted template will serve as an initial outline of your proposed milestones and funding needs. We expect the scope and details to evolve as you refine your approach and develop the full proposal.

[Download the Pre-Proposal Milestones and Budget Template.](#)

Section 6: HTA Boot Camp Interest

The Penn Health-Tech Boot Camp is a strategic innovation education program designed to help teams develop a high-quality translational pitch for funding consideration by PHT and future partners. Over four in-person sessions running from December through March, your team will start with an overview of how health technology innovations are evaluated for commercial potential, then move through a structured, iterative process of building and refining your pitch deck, addressing the clinical need, proposed solution, business opportunity, and development plan. Along the way, you'll receive direct coaching

from the PHT team and present to peers in breakout groups, culminating in a final practice pitch in March.

Sessions are scheduled as follows:

- **Commercialization Evaluation Overview**, December 9, 3:30 to 5:00 PM
- **Pitch Deck Development**, Session 1, January 20, 3:30 to 6:30 PM
- **Pitch Deck Development**, Session 2, February 17, 3:30 to 6:30 PM
- **Practice Pitch Presentations**, March 17, 3:30 to 6:30 PM

Enrollment is open to teams invited to submit a full proposal to PHT. However, once you enroll, participation is mandatory, including committing to sending a team representative to each session (up to two representatives are welcome).

11. If selected as a semifinalist, is your team interested in and available to participate in the HTA Bootcamp, with at least one team member attending each session?

- ☐ Yes: Our team is interested and available to have at least one team member attend each session.
- ☐ No: Our team is not interested in participating in the HTA Bootcamp.
- ☐ Unsure: Our team needs additional information or may have other considerations affecting participation. Please provide additional context in the comments section below.

12. You indicated that your team is not interested in or available to participate in the HTA Bootcamp. Please select all reasons that apply.

- ☐ We have already validated the unmet need and problem–solution fit for our technology.

- ☐ We have already validated product–market fit for our technology.
- ☐ We have already developed a commercialization plan for our technology.
- ☐ We have already developed a pitch deck for our technology.
- ☐ We have completed a similar commercialization or venture-development program.
- ☐ The HTA Bootcamp does not align with our team’s current needs or stage of development.
- ☐ No team member is available to attend the required sessions.
- ☐ Other (please explain in the comments section below).

13. Please share any questions or additional comments you have regarding the Boot Camp.