

Pre-Proposal Application Form

INSTRUCTIONS Please complete all sections of the pre-proposal form. The information provided will be used to assess your project's eligibility and fit for the Penn Health-Tech Boot Camp and the Accelerator Program. Responses should be: Concise – focused and within the word limits provided Clearly written – understandable to reviewers from diverse backgrounds All application materials will be treated as confidential by the review team and advisory committees. **To download a preview of the proposal questions, [click here](#).**

Section 0: Team Information

Please list the names of all contributing team members along with their institutional affiliations and roles. Clearly identify the Principal Investigator (PI) and the primary team lead for this proposal. (If the PI and team lead are the same person, please indicate this.) Up to 3 entries are provided.

Designated personnel will receive follow up emails and updates pertaining to the application process.

Team Member #1

Name of Faculty PI/ Project Leader and Project Role:

Ex. Brian Litt, MD, Faculty PI

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

Email Address:

What is your primary affiliation?

- University of Pennsylvania
- Children's Hospital of Pennsylvania

Select your school or organization:

- Perelman School of Medicine/ Penn Medicine
- School of Engineering and Applied Science
- School of Arts & Sciences
- School of Nursing
- School of Veterinary Medicine
- School of Dental Medicine
- The Wharton School
- Stuart Weitzman School of Design
- Annenberg School for Communication
- Graduate School of Education
- School of Social Policy & Practice

Select your department or division:

- Anesthesiology and Critical Care
- Dermatology
- Emergency Medicine
- Family Medicine and Community Health
- Medicine
- Neurology
- Neurosurgery
- Obstetrics and Gynecology
- Ophthalmology
- Oral and Maxillofacial Surgery
- Orthopaedic Surgery

- Otorhinolaryngology
- Pathology and Laboratory Medicine
- Pediatrics
- Physical Medicine and Rehabilitation
- Podiatry and Podiatric Surgery
- Psychiatry
- Radiation Oncology
- Radiology
- Surgery

Select your division within the Department of Medicine:

- Cardiovascular Medicine
- Endocrinology Diabetes and Metabolism
- Gastroenterology
- General Internal Medicine
- Geriatrics
- Hematology and Oncology
- Hospital Medicine
- Infectious Diseases
- Palliative Care
- Pulmonary, Allergy and Critical Care
- Renal Electrolyte and Hypertension
- Rheumatology
- Sleep Medicine
- Translational Medicine and Human Genetics

Select your division within the Department of Surgery:

- Breast Surgery
- Cardiovascular Surgery
- Colon and Rectal Surgery
- Endocrine and Oncologic Surgery
- Gastrointestinal Surgery
- Pediatric Surgery
- Plastic Surgery
- Thoracic Surgery
- Transplant Surgery
- Traumatology, Surgical Critical Care and Emergency Surgery
- Urology
- Vascular Surgery and Endovascular Therapy

Select your SEAS department:

- Bioengineering (BE)
- Chemical and Biomolecular Engineering (CBE)
- Computer and Information Science (CIS)
- Electrical and Systems Engineering (ESE)
- Materials Science and Engineering (MSE)
- Mechanical Engineering and Applied Mechanics (MEAM)

Select your CHOP department:

- Anesthesiology and Critical Care Medicine
- Biomedical and Health Informatics
- Pathology
- Pediatrics
- Psychiatry
- Radiology
- Surgery

Which best describes your position?

- Faculty
- Staff
- Post-doc
- Resident
- Other

Would you like to add an additional team member?

- ☐ Yes
- ☐ No

Team Member #2

Name of Team Member and Project Role:

Note: This person will be contacted concerning the application status and the project.

Email Address:

What is your primary affiliation?

- University of Pennsylvania
- Children's Hospital of Pennsylvania

Select your school or organization:

- Perelman School of Medicine/ Penn Medicine
- School of Engineering and Applied Science
- School of Arts & Sciences
- School of Nursing
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Select your department or division:

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- Pathology and Laboratory Medicine

- Pediatrics
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Select your division within the Department of Medicine:

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- General Internal Medicine
- Geriatrics
- Hematology and Oncology
- Hospital Medicine
- Infectious Diseases
- Palliative Care
- Pulmonary, Allergy and Critical Care
- Renal Electrolyte and Hypertension
- Rheumatology
- Sleep Medicine
- Translational Medicine and Human Genetics

Select your division within the Department of Surgery:

- Breast Surgery
- Cardiovascular Surgery
- Colon and Rectal Surgery
- Endocrine and Oncologic Surgery
- Gastrointestinal Surgery
- Pediatric Surgery
- Plastic Surgery
- Thoracic Surgery
- Transplant Surgery
- Traumatology, Surgical Critical Care and Emergency Surgery
- Urology
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Which best describes your position?

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- Staff
- Post-doc
- Resident
- Other

Would you like to add an additional team member?

- ☐ Yes
☐ No

Team Member #3

Name of Team Member and Project Role:

Note: This person will be contacted concerning the application status and the project.

Email Address:

What is your primary affiliation?

- University of Pennsylvania
- Children's Hospital of Pennsylvania

Select your school or organization:

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- Thoracic Surgery
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- Urology
- Vascular Surgery and Endovascular Therapy

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- Radiology
- Surgery

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- Staff

- Post-doc
- Resident
- Other

Section 1: Non-confidential Title and Abstract

Provide a non-confidential title (**no more than 10 words**) intended for a lay audience to succinctly convey: what the envisioned product is what it does what problem it solves

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.

Provide a non-confidential abstract that is **no more than 100 words**.

Briefly summarize the unmet need your project addresses, your proposed solution and how it compares to the standard of care, the current stage of development and supporting evidence, and the key milestones you aim to achieve with HTA Program funding.

Section 2: Unmet Need

In 250 words or less, clearly describe the unmet need your proposed solution addresses. A strong response should include: The **clinical or operational problem** you are targeting The **incidence, prevalence, or size of the affected population**, including any relevant subgroups (e.g., pediatric, elderly, underserved populations) A description of the **current standard of care or existing solutions**, including where and how they are delivered A summary of the **key limitations or shortcomings of current approaches** (e.g., cost, accuracy, accessibility, workflow integration, outcomes) and why this need remains unaddressed.

Section 3: Proposed Solution & Stage of Development

What is your proposed solution or technology, and how does it address the unmet need? Describe how your solution works, what makes it innovative, and how it improves upon the current standard of care.

No more than 500 words.

What is the current development stage of your solution or technology? Indicate the stage (e.g., idea, benchtop prototype, functional prototype, preclinical testing, etc.) and summarize the work completed to date that demonstrates feasibility (e.g., proof of concept, usability studies, pilot data).

No more than 250 words.

Section 4: Intellectual Property

What steps have you taken to ensure your idea is protected?

Please note: if none, an invention disclosure to the technology transfer office (Penn Center for Innovation or CHOP Office of Technology Transfer) is required in order to be eligible for participation in our HTA program and must be filed by April.

- None
- Disclosure submitted
- Provisional patent filed
- Non-provisional patent filed
- Patent granted

Which is your office of technology transfer?

- Penn Center for Innovation (PCI)
- CHOP Office of Technology Transfer (OTT)
- Other

Who is your technology licensing officer (from PCI or OTT)?

Please put N/A if unknown.

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

What are the key milestones you aim to achieve over the 12-month HTA funding period? Describe the technical, regulatory, commercial, or clinical development goals that this funding and advisory support will help you advance.

Note: Your response should reference and summarize the budget categories and line items detailed in the accompanying budget template. Make sure your response briefly describes how these milestones will help de-risk your solution and move it closer to market or further investment.

Section 6: HTA Boot Camp Participation

Semifinalists will be invited to participate in a strategic development and entrepreneurial education program starting in January, teaching the basics of commercialization of technologies developed in academic settings. The goal of the HTA Boot camp program is to support the development of a high-quality translational proposal and pitch for funding consideration by PHT. The Boot Camp sessions are planned for Wednesdays, 3:30-6:30 PM, from January through March. More information, including time commitment required for teams, can be found [here](#).

Would you like to participate in the optional HTA Boot Camp?

- ☐ Yes
- ☐ No, we have already validated the problem/solution fit and product/market fit for our technology and have developed a commercialization plan (Penn Health-Tech may request submission of the related pitch deck, business plan, or equivalent documentation)
- ☐ Maybe, I need more information and/or have another reason (please provide context below).

Are you interested in working with a team of graduate students to support your project in the HTA Boot Camp?

- ☐ Yes
- ☐ Maybe, I need more information and/or have another reason (please provide context below)
- ☐ No, I already have a team of graduate students (or other trainees) who will participate in the boot camp (list names and emails of graduate students in section below)

Please share any questions or additional comments you have for PHT regarding the HTA Boot Camp.
