# I-CREATE Accelerator + Prize Challenge Application

## Point of Contact Information

Company

First Name, Last Name

Job Title

Email

Phone Number

How do you best describe yourself? (Select Options Below)

* Startup / Entrepreneur
* Corporate / Industry
* Healthcare / Hospital
* Education
* Student
* Other

How did you hear about the I-CREATE DEV Solicitation and/or the BARDA Accelerator Network? (Please Select)

* ICREATE Website
* BARDA Accelerator Network Website
* LinkedIn
* Webinar/Referral
* BARDA Mailing List
* Other

## Team Information

CEO First, Last Name

CEO Email

Number of Team Members

How many founders or C-level executives in your organization self-identify as an underrepresented minority?

How many founders or C-level executives in your organization self-identify as female?

List your organization’s scientific advisory board members and board of advisors.

List all core team members as name, role/contribution, and % time with the organization (100% meaning full-time).

## Organization Information

How would you classify your organization?

What date was your organization founded?

Website URL

City, State, Country

Is your organization currently receiving support, or has it previously received support, from BARDA? (Please Select)

* Yes, I am currently receiving support
* Yes, I have received support in the past
* No, not receiving support

Organization Overview/Executive Summary (100 word limit).

Describe the problem that your organization is solving especially as it relates to the BARDA mission space (100-word limit).

Describe your organization’s innovative potential solution to the problem (100 word limit).

Elaborate on your competitive advantage over existing solutions or others in development (250-word limit). *What characteristics differentiate your product from other products? What competitive advantage does your organization have over other organizations developing similar products?*

Do you, as the applicant or applicant organization, own or license the intellectual property associated with this application and technology? (Please select)

* Yes
* No

Funding types received to date? Check all that apply.

* Self, Friends, Family
* SBIR/STTR Grant Funding
* Angel Investor
* Public / Grant funding
* Seed Funding
* Venture Capital
* Corporate Sponsorship
* No significant funding received

List the funding you have received including the award amount (USD) and date received.

Provide a bulleted list of how much non-dilutive funding your company has received to date (in USD), including the associated funders. *Format your response as follows: [Organization, $USD]. Insert N/A if not applicable.*

Provide a bulleted list of how much dilutive funding your company has received to date (in USD), including the associated investors. *Format your response as follows: [Organization, $USD]. Insert N/A if not applicable.*

Describe all partnerships you have obtained (including clinical, industry, etc.) to date and the monetary value (in USD) of these partnerships. *Format your response as follows: [Organization, $USD, brief description of purpose of collaboration and role of partner, state of partnership (i.e. discussed, formal agreement)*

## Area/Sector

What is the focus area of your science or technology? (Please Select)

* Medical Devices
* Therapeutics
* Diagnostics
* Vaccines
* Digital Health Solutions
* Enabling Technologies
* Other

What is your technology maturity level? (Please Select)

* Discovery/Development
* Proof of concept, Generating data
* Rough, low fidelity prototype
* Preparing for clinical trials, including pre-clinical studies
* Clinical Trials
* FDA review and marketing approval
* On Market

What is your Technology Readiness Level (TRL)? For reference, please see [BAN 2.0 TRL Outline document](https://docs.google.com/spreadsheets/d/1D0FDzpmnlkFV59YdPgyPIJeFLoDmh1vM/edit?usp=sharing&ouid=113848785937975105638&rtpof=true&sd=true) before indicating your TRL.

* TRL 1 through TRL 9

## Acceleration Objectives

*Please complete this application by providing non-confidential information only.*

Explain your alignment with BARDA areas of interest (250-word limit)

*Describe how your solution can or will be applied to addressing health security threats and enabling the development of novel health security solutions, including addressing threats from chemical, radiological, and nuclear threats, biological threats including viruses, bacteria, and fungi, influenza pandemic influenza, and other emerging infectious diseases.*

Describe the status of development to date and the plan for the technology/organization moving forward (250-word limit).

Outline your milestones and next steps for your company (250-word limit).

What does your team consider to be the biggest overall risk in commercializing your technology (150-word limit).

What is the biggest near-term challenge that your team must address to reach a value inflection point (150-word limit)? (Consider any feedback from investors or grant reviewers you may have received)

How do you envision using the resources, mentorship and networking opportunities provided by this program to advance your solution?

Has your company previously participated in an accelerator program?

## Uploaded Materials

Upload a non-confidential pitch deck or summary presentation (in English).

*This presentation should include
- Title Slide
- Market and Opportunity
- Technical Solution/Overview of Technology
- Competitive Advantage of Technology
- IP and Regulatory
- Team Overview
- Technical Alignment to BARDA
- Business Development Strategy
- Technology Development Timeline and Capital Need
- Proposed Use of Funds*

Upload your 3-minute video introducing your company, problem statement, innovative solution and value proposition.

[Optional] Upload non-confidential supplemental materials (publications, patents, marketing materials).

## Additional Questions

Describe the critical de-risking path for your technology to reach the market (100-word limit).

What is your financial runway? (Enter in months or years)

The I-CREATE accelerator will provide support in the following areas to teams. Which of the following areas would you rate as the highest de-risking priority for your project?

* Generation of proof-of-concept data
* Value proposition validation
* Fundraising
* Regulatory pathway development
* Clinical study/trial design and implementation
* Protection of intellectual property
* Reimbursement strategy
* Exit strategy

The I-CREATE accelerator will provide support in the following areas to teams. Which of the following areas would you rate as the second highest de-risking priority for your project?

* Generation of proof-of-concept data
* Value proposition validation
* Fundraising
* Regulatory pathway development
* Clinical study/trial design and implementation
* Protection of intellectual property
* Reimbursement strategy
* Exit strategy

The I-CREATE accelerator will provide support in the following areas to teams. Which of the following areas would you rate as the third highest de-risking priority for your project?

* Generation of proof-of-concept data
* Value proposition validation
* Fundraising
* Regulatory pathway development
* Clinical study/trial design and implementation
* Protection of intellectual property
* Reimbursement strategy
* Exit strategy

Have you ever pitched to investors or in another competition before this application?

* Investors
* Competition
* Neither
* Both

Anything else you would like to share with us? You can use this field to enter any other areas of support that you'd like to request if selected for the Accelerator Program.