**Innovating Medical Technologies across the Yorkshire Region**

**Place Based Impact Accelerator Application**

**Proof of Concept**

|  |
| --- |
| **SECTION A** |

| **A1. Project Details** | |
| --- | --- |
| **Project Title** |  |
| **Project Start and End Date** |  |
| **Amount of Funding requested from PBIAA** |  |
| **Conflict of Interest** | **Nothing to declare**  **Yes**  If yes please provide details: |
| **Are you applying/ planning to apply to other funding schemes for related activities?** | **Yes**   **No**  If yes please provide details: |
| **Has the project received previous Impact Funding from the PBIAA or similar?** | **Yes**  **No**  If yes please provide details and type (e.g. Proof of Market/Proof of Feasibility) |

| **A2. Applicant / Participant Details** | | |
| --- | --- | --- |
| A2.1 Principal Investigator (PI) | | |
| **Name** |  | |
| **E-mail** |  | |
| **Position / Job title** |  | |
| **School / Research Institute / Department** |  | |
| **HEI Address** |  | |
| **Does investigator define themselves as an Early Career Researcher?** | | **Yes**  **No** |

|  |  |  |
| --- | --- | --- |
| **A2.2 Co-Investigator (Co-I)** If there are multiple Co-Investigators, please copy the following list and complete for each. | | |
| **Name** |  | |
| **E-mail** |  | |
| **Position / Job title** |  | |
| **School / Research Institute / Department** |  | |
| **HEI Address** |  | |
| **Does investigator define themselves as an Early Career Researcher?** | | **Yes**  **No** |

| **A3. Research and Innovation Professional Support** (See call document for details) | |
| --- | --- |
| **A3.1 Project Manager**.Provide details of the designated Project Manager who will provide specialist MedTech translational support. You can describe their role in Section B9. | |
| **Name** |  |
| **Position, organisation** |  |
| **E-mail** |  |
| **A3.2 Commercialisation or Technology Transfer Officer**. Provide the details of the Technology Transfer Officer/Commercialisation Manager who has supported your application. They should review Section B7 and sign Section D4. | |
| **Name** |  |
| **Position, organisation** |  |
| **E-mail** |  |

|  |  |
| --- | --- |
| **A4. External Project Partner Profile:** List all partners below, for each give a named contact, their position in the organisation and contact details. Attach letters confirming commitment/collaboration and providing details of involvement – see call documentation for details of what to include in the letters of support. | |
| **Commercial Partner(s):** |  |
| **Academic Partner(s):** |  |
| **Clinical Partner(s):** |  |

|  |
| --- |
| **SECTION B Project Details This section must be no longer than 8 pages (see General Guidance, at the end of this form, for font and text size requirements)** |

|  |
| --- |
| **B1. Public Overview** |
| Provide a short non-confidential lay summary of the project, this will be placed on the PBIAA website if the application is successful (~100 words) |
|  |

|  |
| --- |
| **B2. Fit to Call** |
| Fit to the Yorkshire MedTech PBIAA scope criteria (see call document). Explain how the project will lead to economic benefit in the Yorkshire region. Clarify any other aspects of fit to the PBIAA scope if not obvious from the summary (e.g. the fit to EPSRC remit, nature of the medical technology). |
|  |

|  |
| --- |
| **B3. Opportunity** |
| * Detail the opportunity to be developed through this proposal and how this might address an unmet MedTech need (include details of previous Proof of Market/Feasibility studies where relevant). * Explain how the PBIAA funding will contribute to the development of a new product/ delivery of technical solution/ commercial feasibility. * Discuss any other relevant impact from this proposed technological development. * Summarise what is innovative about this project. |
|  |

|  |
| --- |
| **B4. Value Proposition** |
| * Describe the value proposition; who are the customers for this solution/technology? * Benchmark your development against current market solutions and/or competitor products, considering the clinical, technological and cost benefits to the health service provider. * If there are existing commercial products/services, what is the price point for these, or state the estimated cost of goods if known. * Provide evidence of the estimated addressable market size. |
|  |

|  |
| --- |
| **B5. Underpinning Background Research** |
| **Describe the research that has been completed to enable the technology to be ready for PoC funding.**   * Please note that underpinning science and research must be demonstrated prior to PoC phase. * Who has funded this work and how much funding has the technology received for it to be PoC ready? Include references in Section D2. |
|  |

|  |
| --- |
| **B6. PoC Proposal Plan** |
| **B6.1 Project Overview** |
| * Provide any background/context not covered above * Describe the purpose and scope of this proposal, including key aims and objectives * Summarise the main outcomes |
|  |
| **B6.2 Summary of Work Packages/ Activities** |
| Describe the work packages for the PBIAA project. For each work package include:   * Description of the work * Milestones * Deliverables (with dates provided in the project plan) |
|  |
| **B6.3 Project Plan** |
| Insert a clear project work plan (e.g. Gantt chart) of the work packages/activities. Include:timescales for completion of each activity with stop/go criteria, milestone dates and key deliverables |
|  |

|  |
| --- |
| B7. Intellectual Property: (to be reviewed by your Technology Transfer/Enterprise Office) |
| **B7.1. Background IP** |
| Summarise university and/or external party background IP that will be required. You should also consider:   * Are there any important academic papers that could be considered prior art? (State references) * Is this work published or has it been submitted for publication? Are there plans in place to do this? * Has this work been disclosed to anyone external to the University partner(s) leading/involved with the project? (Details) * Are there any relevant patents in this area? Have you performed a patent search and have you assessed preliminary freedom to operate? |
|  |
| **B7.2. Foreground IP** |
| Summarise any Foreground IP that may arise as a result of this project and arrangements relating to Foreground IP with External Collaborator(s). When considering your IP position, take into account the ratio of collaborator cash and/or in kind contributions with that of the University and UKRI. |
|  |

|  |
| --- |
| **B8. Next Steps After PBIAA Funding:** |
| **Describe the stages following the PBIAA funded project:**   * Describe how the project will take the development to commercial realisation, covering all the main phases to commercialisation – consider including a commercial engagement plan. * Include timescales and predicted costs for each stage. It may be useful to include an overview project plan. * How will the stages after the PBIAA project be funded? Describe your plan for follow-on funding. |
|  |

|  |
| --- |
| B9. Project management and external guidance: |
| * Describe how you will manage the project including risks, risk mitigation and IP management. * Consider all types of risk such as technical, commercial, financial and organizational/team. * Describe the potential impact of the risk and ways to mitigate it.   Note: You must identify an individual or organization who will help manage the project and provide support to facilitate the commercialisation of the technology. Please see the call guidance document for details. Describe the roles of the Project Manager in this section. |
|  |

|  |
| --- |
| **SECTION C Project Costing This section must be no longer than 2 pages** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **C.1 Project Financial Breakdown** | | | | | |
| **Provide a detailed cost breakdown for the resources required to carry out the work in the PBIAA funded project:**   * Please present costs in a table – example provided below * It is recommended that you work with your finance department to develop the costing for the proposal   \*See Guidance notes regarding eligibility of Investigator Costs | | | | | |
| **Project** *Title* | | | | | |
| Start date | | XX/XX/XXXX | End date | | XX/XX/XXXX |
| **Cost Category** | **FEC (£)** | **PBIAA (£)** | **External Collaborator Cash (£)** | **School/ Faculty (£)** | **Other (£): Detail in JoR** |
| Investigators DI\* |  |  |  |  |  |
| Investigators DA |  |  |  |  |  |
| Salaries DI |  |  |  |  |  |
| Salaries DA |  |  |  |  |  |
| Facilities DI |  |  |  |  |  |
| Facilities DA |  |  |  |  |  |
| Subcontracts |  |  |  |  |  |
| Consumables |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Fees DI |  |  |  |  |  |
| Indirect Costs |  |  |  |  |  |
| Estates |  |  |  |  |  |
| Infrastructure |  |  |  |  |  |
| **TOTAL PROJECT COST** |  |  |  |  |  |
| **Total External Collaborator Cash Contribution (£):** | |  | | | |
| **Total External Collaborator In-kind Contribution (£):** | |  | | | |

|  |
| --- |
| C2. Justification of Resources |
| Provide a justification of all resources that are being requested and explain any contributions secured from other sources. |
|  |

|  |
| --- |
| **SECTION D** |

|  |
| --- |
| **D1. Equality, Diversity and Inclusion (EDI) and Responsible Innovation** |
| **The EPSRC and PBIAA are committed to developing and promoting EDI and Responsible Innovation.** Provide an overview of how you have considered EDI and Responsible Innovation in developing your project. This may include considerations around ethics related to research involving human participants, tissue or animals; Please see guidance of relevance to your project here: <https://www.ukri.org/manage-your-award/good-research-resource-hub/> |
|  |

|  |
| --- |
| **D2. References**  Add references to all of the above sections here. Include a DOI/link where available. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **D4. Signatures** | | | |
| **Name** | **Function** | **Signature** | **Date** |
|  | Principal Investigator |  |  |
|  | TTO / Enterprise Office |  |  |
|  | Head of School or Dean |  |  |

***General Guidance***

* *Keep to the page limits for Sections B and C.*
* *Use single-spaced typescript in Arial 11 or other sans serif typeface of equivalent size in all text boxes (except in finance table). Arial Narrow and Calibri are not allowable font types.*
* *Please see the call documentation for full details of the application and review process, as well as the requirements for successful applicants.*
* *The call documentation also covers guidance on project partners Letters of Support.*
* *Completed forms should be saved as a pdf and emailed to* [*PBIAA@leeds.ac.uk*](mailto:PBIAA@leeds.ac.uk) *prior to the documented deadline.*