**Innovating Medical Technologies across the Yorkshire Region**

**Place Based Impact Accelerator Application**

**Proof of Market / Due Diligence OR Proof of Feasibility**

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| **SECTION A** |

| **A1. Project Details** | |
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| **Project Title** |  |
| **Project Start and End Date** |  |
| **Type of project** | **☐ Proof of market/Due diligence** **☐ Proof of feasibility** |
| **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: |

| **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** |

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| **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 and Consultancy** | |
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| Provide details of any (internal or external) support, expert opinion or consultancy you will be using in this project. You can justify your choice in Section B9. Copy if more than one person/organisation. | |
| **Name** |  |
| **Position, organisation** |  |
| **E-mail** |  |

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| **A4. External Project Partners:** If you have external project partners who are providing cash or in-kind support, please list them below (with specific named contact and contact details) and attach letters confirming commitment/collaboration and providing details of involvement. | |
| **Commercial Partner(s):** |  |
| **Academic Partner(s):** |  |
| **Clinical Partner(s):** |  |

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| **SECTION B Project Details This section must be no longer than 6 pages - (see General Guidance, at the end of this form, for font and text size requirements)** |

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| **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). |
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| **B2. Fit to Call** |
| Fit to the Yorkshire MedTech PBIAA scope criteria (see call document). Explain how this project could lead to economic benefit in the Yorkshire region in the longer term. 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). |
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| **B3. Opportunity** |
| * Detail the opportunity to be developed through this proposal and how this might address an unmet MedTech need. * For Proof of Feasibility, describe the device/technology, its intended purpose and labelling, and likely users. |
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| **B4. Value Proposition** |
| * Describe the value proposition; who are the likely customers for this solution/technology? * What existing evidence is there for the clinical or commercial need? |
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| **B5. Underpinning Background Research** |
| **Describe the research that has been completed that has indicated a potential MedTech application of the technology**   * Please note that underpinning science and research must be demonstrated prior to PBIAA funding. * Explain who has funded the previous work and the value of the grants. * Include references in Section D2. |
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| **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. |
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| **B6.2 Summary of Work Packages/ Activities** |
| Describe the work package(s) for the PBIAA project. For each work package include:   * Description of the work * Milestones * Deliverables (with dates provided in the project plan) |
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| **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, milestone dates and key deliverables. |
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| B7. Intellectual Property |
| Provide details of any Intellectual Property the technology has created, is expected to create or depends on. If new IP has been created, explain the steps performed to date to protect it. Where there are external partners, explain any arrangements relating to Foreground IP. |
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| **B8. Next Steps After PBIAA Funding:** |
| **Describe the stages following the PBIAA funded project:**   * Outline the questions that would still need to be addressed following this funding and your plan for follow-on funding if this work is successful. |
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| B9. Expertise required |
| Detail the knowledge and expertise needed to perform the proposed work and how these are met in your team. If there a need for an external commercial opinion (e.g. consultant) or for external partners to perform some aspects of the proposed work, provide their contact details. |
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| **SECTION C Project Costing This section must be no longer than 2 pages** |

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| **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. * For Proof of Feasibility and where necessary for Proof of Market, 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 (£):** | |  | | | |

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| C2. Justification of Resources |
| * Provide a justification of all resources that are being requested and explain any contributions secured from other sources. Provide a preliminary quote for any external organisation providing a service. |
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| **SECTION D** |

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| **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. For patient/user engagement studies, there must be consideration for the diversity of the target users/patient population the how this will be accounted for in the proposed activities. Projects should consider the likely impact on reducing health inequalities across the region. Please see guidance of relevance to your project here: <https://www.ukri.org/manage-your-award/good-research-resource-hub/> |
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| **D2. References**  Add references to all of the above sections here. Include a DOI/link where available. |
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| **D4. Signatures** | | | |
| **Name** | **Function** | **Signature** | **Date** |
|  | Principal Investigator |  |  |
|  | 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.*