**Commercialization Incentive Fund (CIF)**

**2022 Grant Letter of Intent**

* The **CIF Grant,** managed and overseen by the Office of Technology Commercialization (OTC) at CHLA, is awarded annually and provides **up to $25,000** to advance early stage technologies in the validation or proof-of-concept phase.
* The awards can be used for: 1) prototype development; 2) medicinal chemistry; pharmacokinetic/ pharmacodynamic or animal efficacy studies for potential therapeutics; 3) collection of human clinical data; and 4) other advanced pre-commercial research and proof of concept.
* Other CIF eligibility criteria are listed in the “CIF policies and guidelines”**.**
* Please fill in all fields and submit proposal in Microsoft Word format, Arial 11-point font, 10 page limit to mbroome@chla.usc.edu.

**Project Title**

|  |
| --- |
| **Insert title here** |

**Principle Investigator**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Title |  |
| Department |  | Phone |  |
| Email |  | | |

Are there existing or predicted contractual obligations around this technology, such as through license, option, or MTA?

|  |  |
| --- | --- |
| **☐ Yes** | **☐ No** |

**Product:**

1) What is the industry subsector?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐Diagnostic | ☐Medical Device or Software | ☐Therapeutic | ☐Vaccine | ☐Other |

2)Please provide a **non-confidential** description of the product concept, disease area to be ted, and target patient population within the disease area.

|  |
| --- |
| **Include product description, disease area and target patient group here:** |

**Medical Need:**

The anticipated impact of proposed product on patient care: Will your product change the clinical workflow, and if so, how? Briefly describe under each subtopic:

|  |
| --- |
| **Medical need:**  **Current standard of care and existing products:**  **Limitations of current approaches:**  **Impact of proposed product/change in clinical workflow:** |

**Product Development:** Briefly discuss:

1) What are the potential product development obstacles (regulatory, reimbursement, technical, competition)?

2) Please outline plans for finding a commercial partner.

3) What are the technical challenges and the ability to scale?

|  |
| --- |
| **Potential product development obstacles:**  **Please outline plans for commercial partners or provide list of interested commercial partners:**  **Technical challenges and scalability:** |

**Current Status of the Technology/Most Recent and Relevant Data** (this section will be kept confidential):

Please answer the questions below for your relevant technology and provide the answers in the box below. Please include your most relevant data. Do you currently have access to the samples required for technology validation under this grant, or will you need to collect cell lines/tissue samples/patient or physician feedback in order to evaluate the product? What state is data in (e.g. in vitro, in vivo, or other)?

In addition to the questions in comments section above, please answer the following industry-specific questions as it applies to your technology’s relevant industry subsector. If “other”, please elaborate on the stage of development.

Devices or Software

1. Do you currently have a prototype? If so, what type (drawings, non-functional model, functional/working)?
2. Was your prototype tested? If yes, how was it tested (e.g. in vivo/in vitro)?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐Hospitals | ☐Patients | ☐Insurers | ☐Other |

1. Explain who would be making the product’s purchasing decision:

Therapeutics

1. Do you have novel compounds or novel uses of known compounds/approved drugs?
2. If so, are these acting on novel or known targets?
3. Is mechanism of action of the compound known?
4. If you do not have compounds, do you have a novel target/pathway? How was your target/pathway validated for the proposed indication?

Diagnostics

1. Is your technology a novel biomarker?
2. On what platform(s) was it validated?
3. How many samples have you collected?
4. How many samples have you tested? What were your positive/negative controls?

|  |
| --- |
| **Describe the current status of the technology here/ include relevant data:**  **Do you have testing materials/users on hand or will they be collected?**  **Devices or Software, Therapeutics, or Diagnostics:** |

**Competitive Landscape:** Please include information on the following:

1) Competing technologies and companies.

2) Are there other products or technologies that may preclude or limit using the technology. What is the freedom to operate?

|  |
| --- |
| **Competitive Landscape:** |

**Project Objectives:** Briefly describe the specific project objectives.

|  |
| --- |
| **Include project aims here:** |

**Team:** Please include the:

1) CHLA investigators.

2) External partner/CRO: please specify which aspects of the project will be outsourced.

3) If you currently have (or anticipate needing) collaborators*,* please identify them and their institutions.

|  |
| --- |
| **Include team details here:** |

**Requested funds and other resources:** Briefly detail:

1) Estimated funds needed to complete each of the project objectives and how the funds will be spent. While CIF may fund up to $25K it is possible CIF will decide to award less. Describe what can be done with less.

2) Prior, current, and pending sources of support for proposed project (FTE/space/ funding/internal resources). Please specify funding sources.

|  |
| --- |
| **Detail funding requirements here:** |

**Intellectual property:**

List any patent applications or issued patents you may have for this project. If software, please indicate any algorithms involved.

Please specify if patent applications were filed by CHLA or other institutions where you may have been working previously.

|  |
| --- |
| **List patent applications or issued patents here:** |

**Publications:** Please indicate any publications or pending publications (including your own data) involving your technology that should be considered in the evaluation. Please provide a working (non-pay) link or pdf copy.

|  |
| --- |
| **Include references here:** |

**For any questions, please contact** [**mbroome@chla.usc.edu**](mailto:mbroome@chla.usc.edu)