

Berlin Health Innovations

CALL: BHI DIGITAL HEALTH ACCELERATOR PROGRAM 2018

– SIGNATURE PAGE –

Project Title:

Please insert project title here

Institution(s):

Applicant	Please list institution(s) here
PI/Kostenstelleninhaber/in (if different from Applicant)	Please list institution(s) (must be Charité, MDC and/or BIH) here:

Please check all that apply (mandatory):

- I hereby confirm that I am an employee of the institution(s) named above.
- In submitting this application, I agree to the conditions and obligations of the BHI Digital Health Accelerator Program 2018.
- I agree that the information may be communicated to members of BIH and Berlin Health Innovations involved in the selection process, members of the technology transfer office of my institution, as well as external reviewers who have signed a confidentiality agreement.
- PI/Kostenstelleninhaber/in only: I hereby confirm that my employment contract with BIH/Charité/MDC covers at least the duration of the proposed project.

Applicant:

Please insert name here	Please insert date	Please sign
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PI/Kostenstelleninhaber/in (if different from applicant):

Please insert name here	Please insert date	Please sign
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Berlin Health Innovations

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– OPTIONAL: APPLICATION FOR PROTECTED TIME –

TEAM MEMBER 1

Project Title:

Please insert project title here

Institution(s):

Applicant	Please list institution(s) here
PI/Kostenstelleninhaber/in (if different from Applicant)	Please list institution(s) (must be Charité, MDC and/or BIH) here:

Confirmation of Financing as Part of the Funding Covered by the BHI Digital Health Accelerator Program 2018

I hereby confirm as director of the clinic/ research institute _____ at Charité – Universitätsmedizin Berlin / Max Delbrück Center for Molecular Medicine / Berlin Institute of Health, that _____ receives our fullest support with the implementation of the pursued project. We are ensuring _____ up to 50 percent exemption of clinical/ research tasks for the BHI Digital Health Accelerator Program 2018 during the term of funding. After successful evaluation, upon conclusion of the funding, the clinic/ research institute will enable _____ continued employment in the previous position. I agree to have knowledge of the fact that the BHI Digital Health Accelerator Program 2018 cannot continue the funding of _____ if these requirements cannot be ensured.

Signature:

**Name of Clinic Director/
Director of Research Institute**

Date

Signature

Berlin Health Innovations

CALL: BHI DIGITAL HEALTH ACCELERATOR PROGRAM 2018

– OPTIONAL: APPLICATION FOR PROTECTED TIME

TEAM MEMBER 2

Project Title:

Please insert project title here

Institution(s):

Applicant	Please list institution(s) here
PI/Kostenstelleninhaber/in (if different from Applicant)	Please list institution(s) (must be Charité, MDC and/or BIH) here

Confirmation of Financing as Part of the Funding Covered by the BHI Digital Health Accelerator Program 2018

I hereby confirm as director of the clinic/ research institute _____
 at Charité – Universitätsmedizin Berlin / Max Delbrück Center for Molecular Medicine / Berlin Institute of Health,
 that _____ receives our fullest support with the implementation of the pursued
 project. We are ensuring _____ up to 50 percent exemption of clinical/ research tasks
 for the BHI Digital Health Accelerator Program 2018 during the term of funding. After successful evaluation, upon
 conclusion of the funding, the clinic/ research institute will enable _____ continued
 employment in the previous position. I agree to have knowledge of the fact that the BHI Digital Health Accelerator
 Program 2018 cannot continue the funding of _____ if these requirements
 cannot be ensured.

Signature:

**Name of Clinic Director/
 Director of Research Institute**

Date

Signature

Berlin Health Innovations
CALL: BHI DIGITAL HEALTH ACCELERATOR PROGRAM 2018
– APPLICATION FORM –

1. APPLICANT/S

1.1. Applicant

Last name	
First name	
Position	
Research group	
Institution	
Email	
Telephone	
Gender (Female/ Male/ Other)	

Group leader (PI/Kostenstelleninhaber/in, if different from applicant)

Last name	
First name	
Position	
Research group	
Institution	
Email	
Telephone	
Gender (Female/ Male/ Other)	

1.2. Applicant credentials (max. 1500 characters)

- Please **describe the team** who will realize your project, including each team member's background, credentials, experience, relevant career stages, industry experience, etc.
- Highlight what makes your team entrepreneurial and uniquely positioned for this project.
- List **any collaborator(s)** who complement your expertise **and any service providers** you consider contracting.
- If applicable, describe any unique infrastructural/facility advantages at your disposal.

2. PROJECT DESCRIPTION

2.1. Project title (max. 150 characters)

Please use a non-confidential **project title** that catches the essence of your project.

2.2. Description of the unmet medical need/“pain point” (max. 1500 characters)

Please describe the **unmet medical need** or **“pain point”** that your solution targets.

2.3. Description of your invention/solution (max. 2500 characters)

- Please describe how **your solution addresses/helps solve** described unmet medical need/“pain point”.
- Ensure to aim for a **concrete translational goal** that includes developing an asset/a set of assets with the potential for commercialization (e.g., licensing, sale, spin-off).
- Please provide any **evidence** indicating that your solution and approach could work (e.g., proof of technology/concept).

2.4. Uniqueness of your new invention/solution (max. 1000 characters)

Please describe what makes your solution unique. How does it **differ from** the current “gold standard”?
How is it better or different?

2.5. Current development stage/maturity of your new invention/solution (max. 1500 characters)

Please describe what you **have achieved to date** (e.g., technology, prototype, validated solution, regulatory milestones, business model, pilot customers). Please be specific.

2.6. Suggested work packages, milestones and resources necessary to reach your goal.

Note: The completion of these work packages should not exceed 6 months (max. 1500 characters)

Please describe what you **are planning to achieve** during the 6-months program. Please list the work plan as follows:

- Work package 1: Description, time frame, related milestone 1, related budget 1
- Work package 2: Description, time frame, related milestone 2, related budget 2
- Etc.

2.7. Future development plan (max. 1500 characters)

- If your project is successful, **how do you intend to proceed** after the 6-months support period of the program? How do you get to market? What are key milestones and timelines (e.g., technology, prototype, validated solution, regulatory milestones, business model, pilot customers)? Please be specific.
- If all goes as planned, how do you generally intend to commercialize your solution (e.g., licensing, sell, (co-) found a start-up)?

3. INTELLECTUAL PROPERTY

3.1. Have you been in contact with the Technology Transfer Office (TTO) of your institution (Berlin Health Innovations for BIH/Charité: MDC-TTO) regarding this project/the technology in this project?

- Yes.
- Contact person: _____
 - TTO file number: _____

No

3.2. Have you been in contact with external patent lawyers regarding this project/the technology in this project?

- Yes.
- Current status: _____

No

4. COMMERCIALIZATION

4.1. Target market/s (max. 1,500 characters)

Please characterize and size the overall market/s you are planning to address.

4.2. Potential business model(s) (max 1500 characters)

Please describe **potentially viable business model/s** for your solution. Focus here on the following questions for each business model:

- Who are the **key stakeholders** for your solution (e.g., patients, clinicians, hospitals, insurers, other industries/companies)?
- How does your solution **create, deliver, and capture value** for these key stakeholder groups?
- How does your solution **scale**?

4.3. Commercial potential (max 1000 characters)

For each described business model, please list or estimate:

- **How many patients and/or customers** exist for your solution (in Germany/EU/worldwide)? (total market)
- What **fraction** of these patients and/or customers might you be able to reach with your solution? (serviceable market)
- Please provide **revenue/costs saving estimates** that could be generated with this solution (in Germany/EU/worldwide). Use reference price points, if available.

4.4. Indicate your potential competitors (max. 1000 characters)

Please describe **similar or alternative solutions** that exist, are being developed or could be developed for the unmet medical need/"pain point" that you address. Who are or might become your **key competitors**?

5. CHARTS (optional)

Please upload (as attachment to the application forms) any images/charts/schematics that support your proposal by helping reviewers better understand the technology and your future plans.

6. PUBLICATIONS (optional)

Please list up to five key publications that you feel are important to understand the technology you are describing. These can concern previous work you have done and results/data you have gathered and that justify your proposed next steps, or publications providing background information to the technology. Please, do not include any of your previous publications unrelated to the project that you are describing in this proposal.

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2.	
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7. PATENTS (optional)

Please list any key patents related to the project that your research team holds (up to 5).

1.	
2.	
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8. Motivation

Please suggest the top 3 reasons why your project should be funded in the BHI Digital Health Accelerator Program 2018.

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3.	