

**Cover Page**

*KYNETIC Product Development Grant Pre-Application – Cycle #3*

**Project Information**

Project Title: Click here to enter text.

Development Stage:  Concept/idea  Discussed idea with Tech Transfer Office or KCV  Submitted Invention Disclosure  Patent(s) pending / issued

Product Type (please mark the one box that best represents your product):

Diagnostic  Therapeutic  Device  Software/App  Other:

How long have you been working on this technology (approx.)? Click here to enter text.

Is this a resubmission?  No  Yes

If yes, please include a Response to Previous Reviews after your Product Description.

**Principal Investigator (PI) Information**

Contact PI Name: Click here to enter text.

PI Institution: Click here to enter text.

PI Department: Click here to enter text.

PI Phone and Email: Click here to enter text.

PI Position: Faculty Student\* Postdoctoral trainee\* Staff\*

\*If student, post-doctoral trainee or staff, name of Faculty Sponsor: Click here to enter text.

Faculty Sponsor email address: Click here to enter text.

Year terminal degree was received (or is anticipated): Click here to enter text.

Has the contact PI ever licensed a technology (any technology, not necessary the one in this application)?  No  Yes

Has the contact PI ever started a company?  No  Yes

Has the contact PI ever applied for a patent, trademark or copyright?  No  Yes

If multi-PI model is chosen (optional):

Co-PI #1 Name: Click here to enter text.

Co-PI #1 Department: Click here to enter text.

Co-PI #2 Name: Click here to enter text.

Co-PI #2 Department: Click here to enter text.

**Demographic Information (please complete for each PI)**

The information you give for gender, race, ethnicity, and disadvantaged background is used only for aggregated statistical reporting: your individual information for these items is confidential.

By filling in these items, you can help the KYNETIC hub gather demographic information on participation in the program. That, in turn, **helps the KYNETIC hub and NIH identify potential inequities, support inclusive recruitment and retention, and promote diversity in science**.

|  |  |
| --- | --- |
| Date of Birth (MM/DD/YYYY): Click here to enter text.  Do not wish to provide | |
| Gender:  Male  Female  Other  Do not wish to provide | Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  Do not wish to provide |
| Do you have a disability?  No  Yes (Check all that apply)  Hearing  Mobility/Orthopedic Impairment  Visual  Other  Do not wish to provide | Race (check one or more boxes):  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  Do not wish to provide |
| Are you from a disadvantaged background, which is defined by meeting two or more of the following criteria:  Yes  No  Do not wish to provide   1. Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act (Definition: [[https://nche.ed.gov/mckinney-vento/](about:blank));](about:blank) 2. Were or currently are in the foster care system, as defined by the Administration for Children and Families (Definition: [https://www.acf.hhs.gov/cb/focus-areas/foster-care](about:blank)); 3. Were eligible for the Federal Free and Reduced Lunch Program for two or more years (Definition: [https://www.fns.usda.gov/school-meals/income-eligibility-guidelines](about:blank)); 4. Have/had no parents or legal guardians who completed a bachelor’s degree (see [https://nces.ed.gov/pubs2018/2018009.pdf](about:blank)); 5. Were or currently are eligible for Federal Pell grants (Definition: [https://www2.ed.gov/programs/fpg/eligibility.html](about:blank)); 6. Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child (Definition: [https://www.fns.usda.gov/wic/wic-eligibility-requirements](about:blank)). 7. Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer ([https://data.hrsa.gov/tools/rural-health](about:blank)), or b) a [Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas](about:blank) (qualifying zipcodes are included in the file). Only one of the two possibilities in #7 can be used as a criterion for the disadvantaged background definition. | |

**Project Description** (**2 pages or less**)

Describe the product/idea you are proposing. Does it address an unmet clinical need?

Click here to enter text.

Describe the market for this product and any competitive products currently in use or in development.

Click here to enter text.

How is your product unique? Is it patentable? If not patentable, is other proprietary protection likely?

Click here to enter text.

In broad terms, how do you plan to use the funds? How would they advance the technology? Describe for the first $50,000 AND up to $200,000.

Click here to enter text.

Briefly explain any specific expertise and experience the PI or team has that will help this project.

Click here to enter text.

**Response to Previous Reviews** (300 words or less; only required if application is a re-submission.)

Click here to enter text.

**References Cited** (maximum of 10; any standard format that includes article title)

Click here to enter text.

**Other Support** (list only support **relevant to this product;** If there is no relevant funding, write “none”)

Suggested format:

Grant Number (PI name) Start date – End date % effort (role)   
Name of Sponsor Funding amount

Grant title

Brief description of major goal or specific aims.

**Active Funding**

Click here to enter text.

**Pending Funding**

Click here to enter text.

**Previous Funding**

Click here to enter text.