

## Stage 2 Application – BioMedTech Horizons

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This document is to be read in association with

- Guidelines for BioMedTech Horizons program

### CLOSING DATE

Applications should be submitted by **5:00PM AEST on Monday, 15 January 2018**

### SUBMITTING AN APPLICATION

By email to: [divya.kalla@mtpconnect.org.au](mailto:divya.kalla@mtpconnect.org.au)

**Subject line:** Application Code\_Lead Company/Research Organisation name\_BioMedTech Horizons

Note: Application Code will be provided in the Invitation for Stage 2 Application via email.

Please only submit your application in .doc or .docx format only as an attachment. Any additional attachments will not be considered at this stage. Do not include macros, zip or password protect applications or attachments.

The applicant is responsible for ensuring that the application is completed accurately.

The applicant may not alter the substance of an application following submission.

Receipt of applications will be acknowledged by email within 24 hours. If you do not receive an email (and/or automatic reply) acknowledging receipt of your application please call (03) 9905 1754.

### LATE APPLICATIONS

Applications received after 5:00PM AEST on Monday, 15 January 2018 will not be accepted for assessment, as we are operating on strict timelines.

### CONDITIONS OF FUNDING

This Application Form does not constitute an offer of funding and no obligations shall arise from it. Eligible applications will be assessed against the Assessment Criteria and funding will be awarded at the discretion of the Decision Maker as defined in the BioMedTech Horizons Program Guidelines. Only the successful applicant will be offered a grant agreement.

The successful applicant must also agree to participate in any reporting, consultation and/or external evaluation requirements set out in the funding agreement. Terms and conditions are set out in BioMedTech Horizons Program Funding Agreement – Terms and Conditions

## CONTACT OFFICER

All enquiries relating to the BioMedTech Horizons Program should be directed to

Divya Kalla, Project Manager, MTPConnect.

Email: [divya.kalla@mtpconnect.org.au](mailto:divya.kalla@mtpconnect.org.au) Phone : +61 424 502 624

## COMPLETING THE APPLICATION

Ensure that contact details including name and email are correct.

Ensure that all questions in the Application Form are completed.

Indicate that the applicant understands and acknowledges Use of Information of the Application Form on Pg. 12

Indicate that the applicant makes the acknowledgements in Section 5 – Acknowledgement of the Application Form on Pg. 12

Complete and sign the Declaration on Pg. 13 of the Application Form (note: the Declaration must be signed by an authorised representative of the applicant).

## Eligibility Requirements

The Declaration is signed and Acknowledgement is completed.



## Lead Contact and Collaborator details

<b>Project Name / Title</b>	
<b>Originating Company/Research Organisation Name</b> <i>(include ABN, if applicable)</i>	
<b>Organisation type</b>	Choose Here
<b>Date of incorporation</b> <i>(if applicable)</i>	
<b>No. of employees</b> <i>(if applicable)</i>	
<b>Does your company have any overseas operations? If Yes, list the countries.</b>	
<b>Do you have a budget or cash flows forecast for the next 12 months of operation</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

### Key Contact person/Project Lead details

<b>Name, Position</b>	
<b>Telephone</b>	
<b>Mobile</b>	
<b>Email</b>	
<b>Address for Correspondence</b>	

### Collaborator 1

<b>Company/Research Organisation Name</b> <i>(include ABN, if applicable)</i>	
<b>Organisation type</b>	Choose Here
<b>Contact Name, Position held</b>	
<b>Telephone</b>	
<b>Mobile</b>	
<b>Email</b>	
<b>Address for Correspondence</b>	

**Collaborator 2**

<b>Company/Research Organisation Name</b> <i>(include ABN, if applicable)</i>	
<b>Organisation type</b>	Choose Here
<b>Contact Name, Position held</b>	
<b>Telephone</b>	
<b>Mobile</b>	
<b>Email</b>	
<b>Address for Correspondence</b>	

**Collaborator 3**

<b>Company/Research Organisation Name</b> <i>(include ABN, if applicable)</i>	
<b>Organisation type</b>	Choose Here
<b>Contact Name, Position held</b>	
<b>Telephone</b>	
<b>Mobile</b>	
<b>Email</b>	
<b>Address for Correspondence</b>	

**Collaborator 4**

<b>Company/Research Organisation Name</b> <i>(include ABN, if applicable)</i>	
<b>Organisation type</b>	Choose Here
<b>Contact Name, Position held</b>	
<b>Telephone</b>	
<b>Mobile</b>	
<b>Email</b>	
<b>Address for Correspondence</b>	

## Executive Summary

*Provide a brief summary of your proposal, addressing the problem, existing market size, the technology and its competitive edge, stage of development, the development timelines commercialisation strategy and timelines.  
(3000 Character limit ~ 500 words)*

## Product/Technology

*Elaborate on your invention/product/technology and describe the science behind your concept (3000 Character limit)*

## Intellectual Property

*Will any existing Intellectual Property (IP) be used in respect of the Project or any new IP which may be created? Will any Third-Party IP be required to carry out the Project? If so specify the nature of the IP and confirm that you or your organisation has obtained the third party's agreement to use that IP. (500 Character limit)*

*Describe the proposed ownership structure (Institute and Inventors share) of the IP generated (300 Character limit)*

## Market Strategy

*What is your addressable Market size? List existing and developing technologies on the market (include references), giving their stage of development, and highlight why your proposed solution is better (2000 Character limit)*

## Business Plan

*Summarize your Product Development and Commercialisation (PD&C) plan post Proof-of-concept (POC) including regulatory and market access strategy. Please also include draft target product profile and expected label. Please include an overall timeline for development and approval (3500 Character limit)*



## Project Technical Milestones and Budget

<b>Length of project (months)</b> <i>(Max 24 months)</i>	
<b>Proposed Start date (mmm-yy)</b>	
<b>Proposed End date (mmm-yy)</b>	

<b>Total project budget</b>	
<b>BioMedTech Horizons Grant request (in AUD)</b>	
<b>Industry contribution offered (if any)</b>	
<b>Other Government contributions (if any)</b>	
<b>In kind (in AUD equivalent)</b>	

### Brief justification of budget (700 Character limit)

### An overview of activities involved in the project (1000 Character limit)

## Major technical milestones/ Project timelines (including detailed timeframes)

<u>Budget (in AUD)</u>						
<u>End Date</u> (mm-yy)						
<u>Start Date</u> (mm-yy)						
<u>Technical Deliverable/ Milestone</u>						
<u>Activity / Description</u>						

## Risks and Risk Mitigation Plan

Determine which risks are the most important in terms of their potential to impact on the achievement of the

*objectives of the Project. Identify the source of each risk, and elaborate on their consequences, control measures in-place and treatment strategies. (1500 Character limit)*

## Team Capabilities

*Provide the credentials, current position and track records of key personnel involved in this project and include a description of the company/organisation (2000 Character limit)*

## Alignment with BioMedTech Horizons program

**How does your project customise healthcare? (700 Character limit)**

**How will the project foster multi-disciplinary and multi-sectoral collaboration? (700 Character limit)**

**How will the project transform the healthcare of Australians? Number of Australians to benefit? (700 Character limit)**

## USE OF INFORMATION

Please note that the Australian Government/MTPConnect may use the information you provide, other than personal information, to:

- a) comply with the Australian Government requirement to publish the names of all grant recipients on agency websites;
- b) inform staff negotiating and establishing grant agreements of risks and issues which need to be addressed in the grant agreement for that program; and/or
- c) Inform future assessments for applications.

You can only apply if you agree to the Australian Government/MTPConnect using the information (other than personal information) which you have provided in this form for the purposes listed at a), b) and c) above.

YES       NO

## ACKNOWLEDGEMENT

If this application for funding is successful, the applicant acknowledges and agrees:

- that the activity name, brief activity description, the amount of the funding and name of the applicant's organisation may be:
  - included in the MTPConnect's reporting to the Australian government, on the internet in line with the Commonwealth Grant Rules and Guidelines and Senate Orders;
  - used by the Commonwealth/MTPConnect in media releases and other publications (such as Annual Reports); and/or
  - Used to compile a consolidated report.
- That the BioMedTech Horizons Program Funding Agreement – Terms and Conditions will form the basis of the funding agreement and they are not negotiable.

Please indicate whether the applicant makes the above acknowledgements

YES       NO

## DECLARATION

*This Declaration must be signed by an authorised representative of the applicant (or, if this application is a joint/consortia application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the applicant.*

*An application which does not provide all required information or which contains false or misleading information may be excluded from consideration.*

I hereby apply for a grant of \$\_\_\_\_\_ (in AUD) under the Biotech Horizons program over 2 years (2018-19).

I certify that the information given in this application is complete and correct.

Signature:

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Name (BLOCK LETTERS):

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Position in applicant organisation:

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Date:

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Giving false or misleading information is a serious offence.