

Page: Project Background

1) Project Title *

2) Project Abstract *

Provide a one-sentence summary of the problem your project addresses and the solution you propose.

3) Have you previously applied to CAPCaT? *

Select one option

- Yes
- No

When? *

4) Are you based in the U.S.? *

Select one option

- Yes
- No

State *

Select one option

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota

- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

5) Are you applying from a business or academic institution? *

Select one option

- Business
- Academic

Name of Business: *

Name of Academic Institution: *

6) Disease Focus *

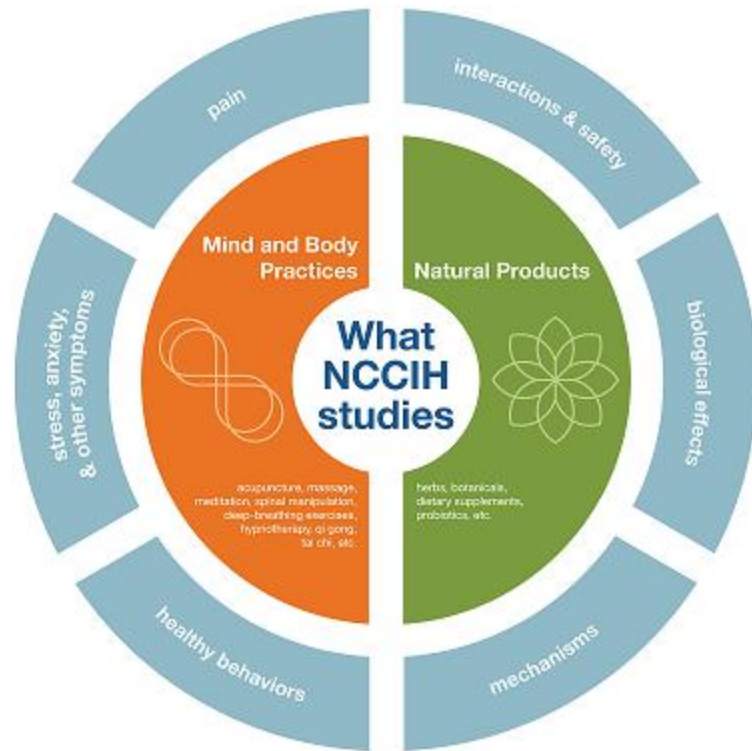
Select all applicable disease areas:

Select one or more options

- Heart
- Lung
- Blood
- Sleep

7) NCCIH Alignment *

Indicate how your project aligns with NCCIH areas of interest:



Select one or more options

- Natural product interactions/safety
- Biological effects of natural products
- Mechanisms of natural products
- Healthy behaviors
- Mind-body interactions (stress, anxiety, symptoms)
- Pain related mind-body interplay
- Other (focuses on human health aspects not listed above)

8) Solution type *

Identify the nature of your solution

Select one or more options

- Device
- Diagnostic
- Software/App
- Therapeutic
- Hardware
- Other

Please specify other solution type *

Page: A) Overview and Unmet Need

9) Unmet Need *

Describe the unmet need your technology addresses. Include evidence from multiple stakeholder perspectives (patients, clinicians, payers).

10a) Describe your product or solution and how it addresses the market need.
*

10b) Describe how your product or solution is different and better than the competitors. *

10c) How does this technology facilitate care in non traditional settings (e.g., hospital at home, paramedicine, or remote patient monitoring)? *

10d) If your solution utilizes AI/ML, describe how it augments the diagnostic and management capabilities of frontline healthcare workers (e.g., community health workers, paramedics, home health staff) or minimally trained caregivers *

Page: B) Development Status

11) Prototype Status *

Do you have a prototype?

Select one option

- Yes
- No

If yes, what stage? *

Select one option

- Rough, low fidelity
- Working, high fidelity
- Other

Describe prototype stage *

Using Cimit's Healthcare Innovation Cycle (see the [overview](#) if needed), indicate the maturity stage for each domain:

12a) Clinical *

Select one option

- 1) Need
- 2) Clinical Idea
- 3) Proof of Concept
- 4) Proof of Feasibility
- 5) Proof of Value
- 6) Initial Clinical Trials
- 7) Validation of Solution
- 8) Approval and Launch
- 9) Clinical Use
- 10) Standard of Care

12b) Market/Business *

Select one option

- 1) Need
- 2) Clinical Idea
- 3) Proof of Concept
- 4) Proof of Feasibility
- 5) Proof of Value
- 6) Initial Clinical Trials
- 7) Validation of Solution
- 8) Approval and Launch
- 9) Clinical Use
- 10) Standard of Care

12c) Regulatory *

Select one option

- 1) Need
- 2) Clinical Idea
- 3) Proof of Concept
- 4) Proof of Feasibility
- 5) Proof of Value
- 6) Initial Clinical Trials
- 7) Validation of Solution
- 8) Approval and Launch
- 9) Clinical Use
- 10) Standard of Care

12d) Technology *

Select one option

- 1) Need
- 2) Clinical Idea
- 3) Proof of Concept
- 4) Proof of Feasibility
- 5) Proof of Value
- 6) Initial Clinical Trials
- 7) Validation of Solution
- 8) Approval and Launch
- 9) Clinical Use
- 10) Standard of Care

13a) What activities will be completed with this award? List major milestones, decision points (go/no-go), and how this work advances your technology toward commercialization. *

13b) Detail your plan for clinical adoption. Address how you will measure and ensure the following implementation metrics: acceptability (to users), adoption, appropriateness, fidelity, market penetration, and sustainability *

13c) Explain how the technology integrates into existing clinical or electronic medical record (EMR) workflows. Does the solution require clinicians to significantly alter their current practice, or does it fit into existing reimbursement and care paradigms? *

14) Intellectual Property *

Secure IP is required to be considered for funding. Please explicitly describe the status of intellectual property involved, including all submitted or issued patents (provisional or utility and ownership), licenses, possible infringements.

Select one or more options

- Provisional Patent(s)
- Issued Patent(s)
- Utility patent(s)
- Licenses
- Trademarks/Copyrights
- Other

Please describe the status of any provisional patent(s) including the application number: *

Please describe *

Please describe *

Please describe *

Please describe *

Please describe other intellectual property *

15a) Describe your proposed regulatory pathway and current progress. *

15b) Has this been validated by FDA or a regulatory consultant? *

16) Time to patient/Market *

When do you anticipate regulatory approval and commercial availability?

17) Reimbursement Strategy *

Explain your reimbursement strategy, including reimbursement codes.

Page: D) Commercial and Revenue plan

18) Funding History *

Summarize any funding or grants already received for this project.

19) Revenue Plan *

Who is your customer? Describe how and when you plan to generate revenue; include timeline.

Page: E) Team and Resources

Indicate the person who is authorized to represent the institution that will ultimately be responsible for the application.

Full Name *

First, Middle Initial, Last

Title *

Preferred salutation (Mr., Ms., Dr., Prof., etc.) *

Email address *

Phone number *

Provide the name and contact information for the administrative point of contact.

Full Name *

Email address *

Phone number *

20c) Additional Team Members

List any additional team members. Include:

- Name(s)
- Title(s)
- Email address(es)

21) Work Address *

Street:

Line2:

City:

CountryCode:

State:

Zip:

22a) Population/Public Health *

If one or more members of your team have expertise in population/public health, please indicate here (choose all that apply)

Select one or more options

- Formal training (e.g., MPH or similar)
- Work experience
- Academic publications (provide citations in Question 30)
- No expertise in this area

22b) Implementation Science *

If one or more members of your team have expertise in implementation science, please indicate here (choose all that apply)

Select one or more options

- Formal training
- Work experience
- Academic publications (provide citations in Question 30)
- No expertise in this area

23) Team and Resources *

Provide an overview of the team and explain how it has the requisite skills and access to the needed resources/ environment to be successful.

24) Letter of support

If this application is from a company, please provide a letter from a senior company executive (CEO, division leader, etc.) demonstrating their review and support of this project. If this application is from an academic institution, please provide a letter from your office of sponsored programs stating that they have reviewed the budget and regulatory aspects of the proposal, and it is in compliance with NIH guidance.

[File Upload]

Page: F) Budget and Compliance

25) Budget Form *

Each performance site must submit a separate budget using the [Center budget form](#). Budgets must be signed by an authorized institution official.

[File Upload]

26) Budget Justification *

Upload a description of why the attached budget is appropriate for the proposed work. Be sure to include personnel responsibilities and effort commitments. Equipment is generally not supported but may be on occasion if well justified by the needs of the project. If the applicant has a negotiated indirect rate with NIH/DHHS it is acceptable to apply this rate, if not the applicant can apply a 10% indirect rate.

[File Upload]

27) Regulatory Compliance *

Will your project involve human or vertebrate animal subjects?

Select one option

- Yes
- No

28) IRB Approval *

Do you have IRB approval for this project?

Select one option

- Yes
- No

Name of the IRB *

Protocol Title *

Approval Date *

29) Vertebrate animal approval *

Do you have IACUC approval for this project?

Select one option

- Yes
- No

Name of IACUC *

Protocol Title *

Approval Date *

30) Supporting Media

Upload a PDF with visuals or diagrams to help reviewers understand your proposed solution..

[File Upload]

31) Cited References *

Upload a PDF with all referenced academic publications.

[File Upload]

32) Outreach

How did you hear about the CAPCaT funding opportunity?

Select one or more options

- Newsletter
- Website
- Referred
- Other

Please list who referred you to this solicitation) *

Other Source *

33) Request for Support Services

We encourage you to request help from the Center, please check all boxes for which you would like assistance, if any, and the Center will follow-up

Select one or more options

- Clinical operations/workflow
- Clinical trials
- Regulatory
- Commercialization
- Technology
- Teaming
- Other

Other Support Requested *
