**APPLICATION FORM FOR CIBER-BBN**

**TECHNOLOGY TRANSFER PROGRAM**

CALL FOR PROPOSALS 2021

*Deadline:* ***15th of February, 2021***

*Limited to 20 pages*

**PROJECT TITLE:**

**PROJECT ACRONYM:**

**PROJECT COORDINATOR:**

PI name, research group

**OTHER CIBER-BBN GROUPS:**

PI names, research groups

**EXTERNAL GROUPS:**

PI names, research groups, institutions

**INDUSTRIAL PARTNERS:**

Contact names, companies

1. **PROJECT PROPOSAL ABSTRACT**

Limited to 500 words

1. **ALIGNMENT WITH CIBER-BBN STRATEGIC LINES**

*Select all that apply (Annex I to the call text)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Multimodal Diagnosis |  |  | Cell and Gene Therapy |
|  | Intelligent Biomedical Systems and Devices |  |  | Nanodiagnosis |
|  | Tissue Engineering |  |  | Therapeutic Nanosystems |
|  | Endoprostheses and Implants |  |  | Nanobiotechnology |

Explain the alignment between project objectives and CIBER BBN priorities established in the CIBER-BBN Master Plan

1. **TYPE OF PROJECT**

Mark and fill in the data for your type of project

|  |  |
| --- | --- |
|  | **(A) At least, one CIBER-BBN group, within full rights, with a CIBER patent, applied or to be applied, and one company (international patent must not have been abandoned).***(According to call requirements)* |
| **Patent title:** **Application Number:** **Country:** **Application year:** **If yet not applied, patentability report Agent and year:**

|  |  |
| --- | --- |
| **Co-Applicants** | **Percentage (%)** |
| **CIBER** |  |
|  |  |
|  |  |
|  |  |

 |

|  |  |
| --- | --- |
|  | **(B) At least, two CIBER-BBN groups, within full rights, with the technology from intramural collaboration or intramural project, and one company.** *(according to call requirements)* |
| **Technology title or name:** **Intramural collaboration or project name and acronym:** **Intramural collaboration or project starting year:** **Intramural collaboration or project final year:**  |

1. **TARGET PRODUCT PROFILE (TPP)**

Present a table with the TPP according to the characteristics of the intended final product (therapy, medical device, software, etc.).

INSERT YOUR TABLE HERE (*Limited to 2 pages*)

|  |  |
| --- | --- |
| *Target* | *Annotations* |
|  |  |
|  |  |
|  |  |

*For guidance purposes, please refer to the document “TPP examples.pdf” (attached to the call).*

*For specific information on TPP for therapeutics also refer to the FDA guide (template in Appendix C, pg. 13):*

[*https://wayback.archive-it.org/7993/20190907022334/https://www.fda.gov/regulatory-information/search-fda-guidance-documents/target-product-profile-strategic-development-process-tool*](https://wayback.archive-it.org/7993/20190907022334/https%3A//www.fda.gov/regulatory-information/search-fda-guidance-documents/target-product-profile-strategic-development-process-tool)

*For more examples of TPP (medical devices, vaccines, diagnostics, etc.) please refer to some examples of WHO:*

[*http://www.who.int/immunization/research/ppc-tpp/target\_product\_profiles/en/*](http://www.who.int/immunization/research/ppc-tpp/target_product_profiles/en/)

*Additional information for TPP:*

[*https://www.ninds.nih.gov/funding/apply-funding/application-support-library/create-bio-example-target-product-profile-tpp*](https://www.ninds.nih.gov/funding/apply-funding/application-support-library/create-bio-example-target-product-profile-tpp)

1. **DEGREE OF DEVELOPMENT OF THE TECHNOLOGY/PRODUCT AT PRESENT**

|  |  |  |
| --- | --- | --- |
| 1. **Technology/product type**
 | **Therapy** |  |
| **Medical Devices / Software** |  |
| 1. **Present TRL of your technology/product:**
 |  |

(*see annex II to the call text)*

1. **Degree of development at present**

Explain present degree of development and present results of your technology/product, e.g. laboratory results, proof of concept, clinical studies, prototype, pilot studies, etc., at the beginning of this project proposal.

1. **EXPECTED DEGREE OF DEVELOPMENT OF THE TECHNOLOGY/PRODUCT AT THE END OF THIS PROJECT**

|  |  |  |
| --- | --- | --- |
| 1. **Technology/product type**
 | **Therapy** |  |
| **Medical Devices / Software** |  |
| 1. **Expected TRL of your technology/product at the end of this project:**
 |  |

 (*see annex II to the call text)*

1. **Expected degree of development**

Explain the achievable degree of development of your technology/product at the end of this project, e.g. laboratory results, proof of concept, clinical studies, prototype, pilot studies, etc.

1. **MARKET POSSIBILITIES, POTENTIAL CLIENTS**

Identify target sector, market and potential clients. Market positioning of your technology/product.

1. **EXPLOITABLE RESULTS, ACTIONS FOR COMMERCIALIZATION**

Identify exploitable results of this project. Actions already taken or that will be taken during or after finalizing the project towards commercialization.

1. **WORKPLAN**
* Please provide the following:
* presentation of the overall structure of the work plan (table 1);
* timing of the different work packages and their components, Gantt chart or similar
* description of work packages (table 2, for each work package);
* list of deliverables (table 3)
* list of milestones (table 4)
* critical risk for implementation (table 5)

*Table 1. List of work packages*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Work package No.* | *Work package Title* | *Participant* | *Start date* | *End date* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please include also a Gantt chart or similar covering the whole duration of the project.

*Table 2. Work package description (a table for each work package)*

|  |  |  |  |
| --- | --- | --- | --- |
| *Work package number* |  | *Start Date or start event* |  |
| *Work package title* |  |
| *Participant* |  |  |  |
| *Objectives* |  |
|  |
| *Description of work* | *(where appropriate, broken down into tasks), lead partner and role of Participants* |
|  |
| *Deliverables* | *(brief description and month of delivery)* |

*Table 3. List of deliverables*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Deliverable number* | *Deliverable name* | *Work package number* | *Participant* | *Type* | *Dissemination level* | *Delivery date* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*Table 4. List of milestones*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Milestone number* | *Milestone name* | *Related Work package* | *Estimated date* | *Means of verification* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Table 5. Critical risk for implementation*

|  |  |  |
| --- | --- | --- |
| *Description of risk* | *Work package involved* | *Proposed risk-mitigation measures* |
|  |  |  |
|  |  |  |
|  |  |  |

**Definitions:**

‘Work package’ means a major sub-division of the proposed project.

‘Deliverable’ means a distinct output of the project, meaningful in terms of the project's overall objectives and constituted by a report, a document, a technical diagram, a software etc.

‘Milestones’ means control points in the project that help to chart progress. Milestones may correspond to the completion of a key deliverable, allowing the next phase of the work to begin. They may also be needed at intermediary points so that, if problems have arisen, corrective measures can be taken. A milestone may be a critical decision point in the project where, for example, the project partners must decide which of several technologies to adopt for further development.

1. **RESOURCES, PERSONNEL, INFRASTRUCTURE AND REQUIREMENTS NEEDED FOR THE PROJECT**

Describe the already available resources and the resources needed to be funded

1. **TOTAL BUDGET**

Include the CIBER-BBN total contribution and the company total contribution, As well as the expenses attributed to each contribution (from CIBER-BBN and from the company).

1. **INDUSTRIAL PROPERTY RIGHT PROTECTION STRATEGY**

Explain your plan to protect the industrial property right of the results of this project.

1. **COMPANY INVOLVEMENT WITH THE PROJECT, ITS RESULTS, TECHNOLOGY OR PRODUCTS**

Why the company is interested in, and supporting, this project proposal.

1. **ETHICAL ISSUES**

Is it foreseen the use of biological samples, patients data, animal experiments? Does the project proposal foresee any clinical trial? Please indicate the Ethical Committees in charge of assessing the study protocol.

1. **OTHER RELEVANT INFORMATION**

Include any relevant and remarkable information you may consider of interest for the evaluation of the project proposal, such as special partners, expressions of interest, funds, etc.).

1. **CIBER-BBN PLATFORMS and INFRASTRUCTURES**

Is it expected the use of CIBER-BBN platforms? Yes No

If yes, please specify which unit(s):

In ………………………………, on ……………………, 202x

Signed by ………………………………

(Principal Investigator and Project Coordinator)

Signed by ………………………………

(Industrial Partner)

Please, ADD AS MANY AS NECESSARY

Signed by ………………………………

(PI of CIBER-BBN Group ……………)

Please, ADD AS MANY AS NECESSARY

Signed by ………………………………

(PI of the External Group ……………)

Please, ADD AS MANY AS NECESSARY

**ACEPTACIÓN POR LA EMPRESA**

**DE LAS BASES DE LA CONVOCATORIA 2021**

**DE PROYECTOS DE TRANSFERENCIA DEL CIBER-BBN**

Por el presente documento D.**/**Dña. …………, con DNI ………, en calidad de ……… de NOMBRE DE LA EMPRESA, con CIF ……… y dirección………, y actuando en nombre y representación de dicha Empresa en virtud de los poderes conferidos por ……………

DECLARA

Que conoce y acepta las bases de la “convocatoria 2021 de proyectos de transferencia del CIBER-BBN” a la que NOMBRE DE LA EMPRESA se presenta solicitando el proyecto de título “…………” coordinado por el/la Dr.**/**Dra. ……………

Y para dar fe, firma el presente documento en…………, el …… de …………… de 20…

FIRMADO

*(Por favor, se requiere firma y sello).*

Nombre y apellidos

Cargo

**ACEPTACIÓN POR LAS INSTITUCIONES PARTICIPANTES**

**DE LAS BASES DE LA CONVOCATORIA 2021**

**DE PROYECTOS DE TRANSFERENCIA DEL CIBER-BBN**

Por el presente documento D.**/**Dña. …………, con DNI ………, en calidad de ……… de NOMBRE DE LA INSTITUCIÓN, con CIF ……… y dirección………, y actuando en nombre y representación de dicha Institución en virtud de los poderes conferidos por ……………

DECLARA

Que conoce y acepta las bases de la “convocatoria 2021 de proyectos de transferencia del CIBER-BBN” a la que NOMBRE DE LA INSTITUCIÓN se presenta solicitando el proyecto de título “…………” en el que participa el grupo de nuestra institución liderado por el/la Dr.**/**Dra. ……………

Y para dar fe, firma el presente documento en…………, el …… de …………… de 20…

FIRMADO

*(Por favor, se requiere firma y sello).*

Nombre y apellidos

Cargo

**ACEPTACIÓN POR LAS INSTITUCIONES COTITULARES DE PATENTES**

**DE LAS BASES DE LA CONVOCATORIA 2021**

**DE PROYECTOS DE TRANSFERENCIA DEL CIBER-BBN**

Por el presente documento D.**/**Dña. …………, con DNI ………, en calidad de ……… de NOMBRE DE LA INSTITUCIÓN, con CIF ……… y dirección………, y actuando en nombre y representación de dicha Institución en virtud de los poderes conferidos por ……………

DECLARA

Que conoce y acepta las bases de la “convocatoria 2021 de proyectos de transferencia del CIBER-BBN” a la que se ha presentado el proyecto de título “…………” coordinado por el/la Dr.**/**Dra. …………… para el desarrollo de la patente titulada “…………” y número de solicitud ……………, de la que NOMBRE DE LA INSTITUCIÓN es cotitular.

Y para dar fe, firma el presente documento en…………, el …… de …………… de 20…

FIRMADO

*(Por favor, se requiere firma y sello).*

Nombre y apellidos

Cargo