## Point of Contact Information

Company name

First Name, Last Name

Job Title

Email

Phone Number

How do you best describe yourself? (Select Options Below)

* Startup / Entrepreneur
* Corporate / Industry
* Healthcare / Hospital
* Education
* Student
* Other

How did you hear about the I-CREATE DEV Solicitation and/or the BARDA Accelerator Network? (Please Select)

* ICREATE Website
* BARDA Accelerator Network Website
* LinkedIn
* Webinar/Referral
* BARDA Mailing List
* Other

## Team Information

Tell us about the active team members at your company (Name, Title/Role, %Time committed to company)

How many founders or C-level executives in your organization self-identify as an underrepresented minority?

How many founders or C-level executives in your organization self-identify as female?

## Organization Information

What sector is your company in? (Select one)

* AI / Digital Health
* Medical Device / Diagnostics
* Pharma / Therapeutics
* Product Development
* Other

Website URL

What date was your organization founded?

City, State/Region, Country

How would you classify your organization?

Is your organization currently receiving support, or has it previously received support, from BARDA? (Please Select)

* Yes, receiving support
* Yes, has received support
* No, not receiving support

Organization Overview/Executive Summary (250 word limit)

Describe the problem your company solves (100 word limit)

Describe your organization’s innovative potential solution to the problem (100 word limit0

What is your competitive advantage/value proposition and how is your solution different from current solutions (250 word limit)

Do you, as the applicant or applicant organization, own or license the intellectual property associated with this application and technology? (Please select)

* Yes
* No

Funding types received to date? Check all that apply.

* Self, Friends, Family
* SBIR/STTR Grant Funding
* Angel Investor
* Public / Grant funding
* Seed Funding
* Venture Capital
* Corporate Sponsorship
* No significant funding received

List the funding you have received including the award amount (USD) and date received.

## Area/Sector

What is the focus area of your science or technology? (Please Select)

* Devices
* Therapeutics
* Diagnostics
* Vaccines
* Digital Health
* Enabling Technology
* Other

What is your technology maturity level? (Please Select)

* Discovery/Development
* Proof of concept, Generating data
* Working, High-fidelity prototype
* Preparing for clinical trials
* Clinical Trials
* FDA Approval
* On Market
* Other

Please specify (50 word limit)

What is your Technology Readiness Level (TRL)? For reference, please see [BAN 2.0 TRL Outline document](https://docs.google.com/spreadsheets/d/1D0FDzpmnlkFV59YdPgyPIJeFLoDmh1vM/edit?usp=sharing&ouid=113848785937975105638&rtpof=true&sd=true) before indicating your TRL. (Please select)

* TRL 1 through TRL 9

## Proposal

Please complete this application by providing non-confidential information only.

Explain your alignment with BARDA areas of interest (250-word limit)

Describe the status of development to date and the plan for the technology/organization moving forward including proposed use of proceeds if selected for funding (250-word limit).

## Uploaded Materials

Upload your non-confidential one-pager or executive summary. (Choose File)

Upload a non-confidential pitch deck or summary presentation (in English). Please review the Pitch Deck Outline for more in-depth guidance.\* (Choose file)

This presentation should include  
- Title Slide  
- Market and Opportunity  
- Technical Solution/Overview of Technology  
- Competitive Advantage of Technology  
- IP and Regulatory  
- Team Overview  
- Technical Alignment to BARDA  
- Business Development Strategy  
- Technology Development Timeline and Capital Need  
- Proposed Use of Funds

Upload non-confidential supplemental materials (publications, patents, marketing materials). (Choose file)

Anything else you would like to share with us? (No word limit)

## Required Disclosures of Foreign Affiliations or Relationships to Foreign Countries

Foreign Owned Influence: the Awardee shall not have, and shall ensure that affiliates, Sub-awardees and DEV Project Sub-awardees do not have foreign investment capital/interests from USG prohibited sources list of embargoed and sanctioned countries, as defined by U.S. Departments of Treasury and Commerce. If selected for I-CREATE funding, the applicant entity must complete the Foreign Involvement Check form.

Is any part of the applicant team or organization based outside of the United States? (This does not mean you are not eligible for funding)\* (Select)

* Yes
* No

Is any part of the applicant team or organization affiliated with a Foreign Country of Concern (listed below) or a Foreign Entity of Concern as defined in Section 10638(3) of the CHIPS and Science Act of 2022 (Public Law 117-167)?  
- The People’s Republic of China  
- The Democratic People’s Republic of Korea  
- The Russian Federation  
- The Islamic Republic of Iran.\*

(Select)

* Yes
* No