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| ***To be filled in by UNITEC*** | |
| Received on |  |
| By |  |
| Case number |  |

CONFIDENTIAL

**innoLIFE Application Form**

Please check out the eligibility criteria on Unitec’s web site (unige.ch/unitec/en) before filling out the innoLIFE application form.

In case of doubt about eligibility, or if you need help to fill out any items of the application, do not hesitate to contact your Unitec case manager.

If you wish, you may attach a presentation or business plan as an annex.

**Name of applicant :** …………………………………………

**Title of invention disclosure (as previously submitted to Unitec) :**

……………………………………………………………………………………………………………………….

**Please send the application to** [**innolife@unige.ch**](mailto:innolife@unige.ch)

**with copy to your Unitec case manager**

**Project title**

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**1. General information**

**1.1 Applicant**

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| --- | --- |
| Name |  |
| Academic title |  |
| UNIGE department |  |
| Phone |  |
| Email |  |

**1.2 Summary of the general goal of the project (max. 100 words)**

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**1.3 Healthcare area**

🗆 Therapeutic 🗆 Diagnostic

🗆 Medical device 🗆 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.4 Stage of development**

🗆 Discovery 🗆 In vitro proof of concept available

🗆 In vivo proof of concept available 🗆 Prototype available

*Comments on stage of development*

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**2. Project**

**2.1 Research background**

*Please provide information on preliminary work, including key results.*

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**2.2 Prior funding**

*Please list all past and current sources of funding for this project.*

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**2.3 General project description**

*Please describe the project up to the point where it can be licensed by Unitec to a company (pre-existing company or newly created spin-off). If you anticipate that you will require additional funding, please indicate how you intend to obtain it. Please also indicate what external expertise/partnering you will need to complete the project.*

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**2.4 Product to be developed**

*What will be the (ultimately) marketed product or service ? What is the medical indication/intended use ?*

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**2.5 Problem to be solved**

*What is the problem / unmet medical need ? How big is the problem ?*

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**2.6 Innovation/USP**

*What is the impact of / value created by your solution. How is your solution different and better ? (Please quantify if possible).*

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**2.7 innoLIFE project description**

*Which specific experiments would the innoLIFE grant fund ? What specific milestones would you aim to reach with the innoLIFE project and why would these milestones be significant ? What would be the deliverables of the innoLIFE project ?*

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**2.8 Intended use of innoLIFE funding**

🗆 Buy services from external service providers

🗆 Buy services from UNIGE platforms/collaborators

🗆 Consumables

🗆 Salaries

🗆 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Team**

**3.1 Identified personnel**

*Please list all UNIGE personnel involved in the project, their expertise and availability to carry out the innoLIFE project (%FTE). Will they (or replacements) be available until the project is at a stage when it can be licensed to a company ?*

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**3.2 Collaborators/external expertise**

*If the project requires external expertise, please list all potential collaborators/partners/service providers that you have already identified, and/or indicate which additional partners you still need to identify.*

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**3.3 Spin-off creation**

Do you intend to create a spin-off to develop this project ?

🗆 Yes (go to 3.4) 🗆 No (go directly to 4)

**3.4 Entrepreneurship**

Name of the project champion/entrepreneur : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*What type of entrepreneurship coaching/training has/will the project champion had/have :*

🗆 Fongit 🗆 Innosuisse start-up coaching

🗆 Innosuisse Business Concept 🗆 Innosuisse Business Creation

🗆 UNIGE Science Innovation Hub 🗆 Bench2Biz workshop

🗆 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of training/coaching :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Intellectual property**

**4.1 Existing IP**

🗆 No patentable IP identified 🗆 Entered national phase of PCT

🗆 Identified patentable IP, requiring additional data 🗆 Granted patent

🗆 Priority filed 🗆 FTO search done

🗆 PCT filed

*Comments on IP situation*

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**4.2 Potential for new IP**

*Do you expect the results of the innoLIFE project to lead to new patentable IP ? If yes, please indicate what patentable IP you expect to generate.*

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**5. Implementation strategy**

**5.1 Market**

*Is there a potential market opportunity ? What is the market size ?*

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**5.2 Business model**

*How will the product/services be brought to customers ? How will revenue be generated ?*

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**5.3 Competition**

*What competitors or alternative products exist (or are being developed) ? What will be the advantage of your solution compared to the existing approaches ?*

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**5.4 Risk analysis**

*What risks could prevent you from reaching your goal? How will the innoLIFE project help you reduce the risk ?*

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**6. Conflict of interest declaration**

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**7. List of additional documentation provided (optional)**

*e.g. Powerpoint presentation of the background research and/or the project , executive summary of business plan (for spin-off projects only), etc.*

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**8. Comments**

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**Signature of applicant :**

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Name: Date

**Signature of group leader (if not applicant) :**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Date

**Signature of head of department :**

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Name: Date