

# Application Guidance

Last updated: 10/19/2016

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### **Download Guidance**

*In this task, all applicants are requested to click yes to confirm that they have downloaded and read the application guidance information that is linked to below. This guidance is supplied to support the application process.*

[http://sbrihealthcare.co.uk/wp-content/uploads/2016/06/SBRI\\_11\\_002\\_Portal\\_Guidance.pdf](http://sbrihealthcare.co.uk/wp-content/uploads/2016/06/SBRI_11_002_Portal_Guidance.pdf)

Yes, I have downloaded and read the application guidance

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Required fields are noted with an \*

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### **Application Title**

*Please provide a title for your application. This should be both clearly descriptive and concise (no more than 10 words), and suitable for publication \**

Insert

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### **Category Selection**

There are three briefs in the current SBRI competition. To ensure your application is reviewed by the most appropriate assessment panel, please select just one subcategory from one of the drop-down menus displayed below.

General Practice Workload and Demand Management

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### **Registered Company Name**

Insert

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### **Contract duration**

*Length of desired SBRI Healthcare contract as a number of months (6 months maximum) \**

6

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### **Total contract cost**

*(£) inclusive of VAT, please enter amount without currency sign, commas or decimals \**

100000

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## What is the best way to describe your innovation \*

Existing technology, new application

Abstract for Publication\* (100 word limit)

Insert

## Contact Details

Please provide below the contact details for the person who will act as the main point of contact for the project.

Title of applicant *	Insert
First Name *	Insert
Surname *	Insert
Position *	Insert
Organization *	Insert
Address *	Insert
City *	Insert
County *	Insert
Postcode	Insert
Country *	England
Phone *	Insert
Mobile	Insert
Email *	Insert

## Is the mailing address of your company the same as the mailing address of the Main Point of Contact? \*

Yes

## Who made you aware of this competition?

Other (please type below)

## Other

*If other, please enter here*

Insert

## Page 1

Required fields are noted with an \*

## Company Details

Registered Company Name *	Insert
Registered Address *	Insert
City *	Insert
County *	Insert
Post code	Insert
Country *	England
Company Website	<a href="http://test.com">http://test.com</a>
Company Registration Number *	Insert
VAT Registration Number *	Insert
Region *	Unknown
Company Size *	Micro <10 employees
Company Status *	Pre start-up
Type of Organization *	Private sector
Main Business Activity *	Insert
Business Sector *	Healthcare
Annual Turnover (£) *	Insert

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Required fields are noted with an \*

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### **1) Description of Proposed Idea/Technology \***

*Please provide a brief description of your proposed idea/technology and how this addresses the customer need, market and patient problems. Include how you plan to engage key stakeholders in Phase 1. Please consider defining the market/patient you plan to address; the implications, size, cost of the problem and market. Outline your solution and how it meets the market/patient needs, including the needs described in the competition category brief, how it could be implemented, cost of doing so and any other matters arising from its adoption. To support this description you may upload an image file by using 'Upload Proposal Document(s)' Task, which is available from the Main Application task menu. (500 word limit)*

Insert

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### **2) Technical Project Summary \***

*Please give a short assessment of the key technical challenges present in your phase 1 proposal and how these will be overcome. List the key technical deliverables and how they will be met. In addition, please provide a short overview of your SBRI Healthcare phase 2 plans (750 word limit).*

Insert

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### **3) Key Competitors and Intellectual Property \***

*Please provide details of any competitor technologies or market alternatives and the relative benefits of the proposed technology that fits the defined area of development. Include details of any other existing IP and its significance to your freedom to operate. (500 word limit)*

Insert

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### **4a) Project Plan and Methodology \***

*Detail the milestones necessary to achieving your technical deliverables, these should describe the critical decision points in the project and the success criteria as measurable or objective outputs. A*

maximum of 15 milestones can be described in the form below.

Please include at least one milestone that must be completed within the first 3 months of commencement and under 'Resources' identify the individuals / subcontractors required for completion of a milestone.

The date a milestone should be completed must be represented as the number of weeks that will have passed after the Commencement Date. A Gantt chart can be uploaded as a separate document to support these milestones.

	Milestone (15 word limit)	Resources (20 word limit)	Success Criteria (50 word limit)	Milestone Completion Week #
1	Insert	Insert	Insert	Insert
2	Insert	Insert	Insert	Insert
3	Insert	Insert	Insert	Insert
4	Insert	Insert	Insert	Insert
5	Insert	Insert	Insert	Insert
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

#### **4b) Project Management \***

Identify the project management processes that will ensure milestones are achieved, describe key risk and mitigation actions. (500 word limit)

Insert

#### **4c) Key Test of Success \***

Please describe an appropriate measure of Phase 1 success. This must be a single question that is specific to your project and formulated so that it can be answered with a yes/no response. (50 word limit)

Insert

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### **5) Commercialisation \***

Please give an overview of your commercialisation and business plans - from feasibility to market launch, including an estimate of the resources needed to get there.

Likely considerations when answering this question include how the product is likely to be used, by whom, how it will be paid for and distributed, cost and prices where possible and how these compare to key competitors. (500 word limit)

Insert

### **6) Technical Team and Expertise \***

Please include details of key team members, advisors and subcontracting organizations.

Key employees that are yet to be appointed can be included in the below 'Employee' table, however this status should be indicated in the Title, First Name and Surname fields, as these cannot remain blank.

Where collaborators take the form of a company rather than an individual in the 'Advisor or Subcontractor' section, the Title, First Name and Surname fields can remain blank. Expertise provided at no cost can be indicated as such by adding '0' into the Day Rate field.

#### **Employee #1**

Title	Insert
First Name	Insert
Surname	Insert
Role Performed in project (5 word limit)	Insert
Time allocated to project (expressed as FTE %) (5 word limit)	Insert
Day Rate (5 word limit)	Insert
Relevant Experience (150 word limit)	Insert



## Additional Employees

(No response)

### Advisor or Subcontractor #1

Title	Insert
First Name	Insert
Surname	Insert
Company Name	Insert
Role Performed in project (5 word limit)	Insert
Time allocated to project (expressed as FTE %) (5 word limit)	Insert
Cost, including VAT (5 word limit)	Insert
Relevant skills/attributes (200 word limit)	Insert

## Additional Subcontractors

1

### Advisor or Subcontractor #2

Title	Insert
First Name	Insert
Surname	Insert
Company Name	Insert
Role Performed in project (5 word limit)	Insert
Time allocated to project (expressed as FTE %) (5 word limit)	Insert
Cost, including VAT (5 word limit)	Insert
Relevant skills/attributes (200 word limit)	Insert

### 7a) Application Finances \*

*A summary of the finances for the contractor and any subcontractors should be provided below. Please indicate line-by-line costs of labour, materials, capital equipment, sub contract, travel &*

substinence, indirect costs, other, as well providing the total costs including VAT.  
In addition please provide a justification for the costs of the project.

	Total Cost (£)
Labour Costs *	Insert
Materials Cost *	Insert
Capital Equipment Costs *	Insert
Sub Contract Costs *	Insert
Travel & Subsistence Costs *	Insert
Indirect Costs (please specify below) *	Insert
Other Costs (please specify below) *	Insert
Total Costs (Including VAT) *	Insert

**7b) Indirect Costs \* (300 word limit)**

Insert

**7c) Other Costs \* (250 word limit)**

Insert

**7d) Payment Schedule \***

Please provide a proposed monthly payment schedule over the next 6 months, all entered amounts must be inclusive of VAT.

	Payment
Month 1 *	Insert
Month 2 *	Insert
Month 3 *	Insert
Month 4 *	Insert
Month 5 *	Insert
Month 6 *	Insert

## **7e) Justification \***

*Please provide complete breakdown and justification for the above costs (ALL COSTS SHOULD INCLUDE VAT), including daily rates for staff involved and quotes from subcontractors where applicable. (Please note the assessors are required to judge the application finances, in terms of value for money i.e does the proposed cost for effort and deliverables reflect a fair market price.) (500 word limit)*

Insert

# Phase 1 Declaration Form

Last updated: 10/19/2016

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### **Declaration \***

*Lead applicants are expected before submitting applications, to have discussed their proposal with their own company or any other body co-operation will be required in the conduct of the project. By submitting the application you are confirming that the information given in this application is complete and you will be actively engaged in this project and made responsible for its overall management and agree to administer the award if made.*

### **Lead Applicant \***

*I confirm that the information given on this form is complete and correct, and that I shall be actively engaged in this project and responsible for its overall management.*

Yes

### **Lead Applicant Details**

Company Name *	Insert
Full Name (this will act as e-signature) *	Insert
Date *	Insert
Company Position *	Insert

### **Managing Director/Finance Officer \***

*I confirm that I checked the financial details of this application and that this company is prepared to carry out this project at the stated costs and to administer the award if made.*

Yes

### **Managing Director/Finance Officer Details**

<i>Company Name *</i>	<i>Insert</i>
<i>Full Name (this will act as e-signature) *</i>	<i>Insert</i>
<i>Date *</i>	<i>Insert</i>
<i>Company Position *</i>	<i>Insert</i>