** Medicines Discovery Award Program**

**APPLICATION SUMISSION INSTRUCTIONS**

Application Deadline: October 22, 2021 23:59: 59 EST

**Please read carefully and follow the steps below to submit your application:**

**STEP 1**: Complete the Application Form – refer to pages 2 through 6 of this document

**STEP 2**: Before visiting the Submission Portal, prepare the following files\* for upload:

1. Application Form (PDF format)

2. Biographical Sketch (PDF format)

3. Key Publications (PDF format)

4. Two Letters of Support (PDF format)

\* Upload File Limit: 7 total attachments

**STEP 3**: Submit your completed application using the Submission Portal by clicking on the following link: [**Medicines Discovery Award 2021 Online Submission Portal**](https://app.smartsheet.com/b/form/8648de1c2f9d476b954661522dd69368)

**Please Note: Your completed application and supporting materials must be submitted at the same time. You will not be able to stop, save and submit at a later date. Therefore, only visit the Submission Portal after you have satisfied Steps 1 & 2.**

**STEP 4**: You will receive an automated confirmation e-mail after successfully submitting your application via the online Submission Portal. Please retain for your records.

Should you have questions about this application or the submission process, please contact Matan Rapoport at [mrapoport@discoveredi.org](mailto:mrapoport@discoveredi.org)

** Medicines Discovery Award Program**

**APPLICATION FORM** (v.2 2021)

Application Deadline: October 22, 2021 23:59: 59 EST

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| --- | --- | --- | --- |
| **Applicant Information** | | | |
| Investigator: | Click Here to Type | Professional Title: | Click Here to Type |
| Discipline/Area of Specialty: | Click Here to Type | Degree(s) / Year Obtained: | Click Here to Type |
| Institution: | Click Here to Type | Department: | Click Here to Type |
| Email: | Click Here to Type | Phone: | Click Here to Type |
| Mailing Address: | Click Here to Type | | |

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| --- | --- |
| **Administrative Support - Contact Information** | |
| Name: | Click Here to Type |
| Email: | Click Here to Type |
| Phone: | Click Here to Type |

|  |  |
| --- | --- |
| **Project Title:** | Click Here to Type |

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| --- | --- |
| **Therapeutic Area / Technology Platform** | |
| Primary: | Secondary: |

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| --- |
| **Therapeutic Modality-Technology Platform** |
| Small Molecule |
| Antibody (Mab, Fab, Fc-fusion, polyclonal) |
| Protein |
| Peptide/Peptidomimetic |
| Oligonucleotide (including antisense, siRNA’s, microRNA’s etc.) |
| Gene therapy |
| Cellular therapy |
| Drug Delivery Technology |
| Diagnostic |
| Other Please Specify |

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| **Stage of Development** |
| Validated Target |
| Hit to Lead |
| Lead Optimization |
| Pre-clinical |
| Phase 1 |
| Phase 2 |

|  |  |
| --- | --- |
| **Project Description**  (Not to exceed 1500 words for Sections 1-6  Copies (.pdfs) of key literature should be appended to the application) | |
| 1. **Title:** | Click Here to Type |
| 1. **Program Objectives:** | |
| **Aim 1:**  Click Here to Type | |
| **Expected Results, Potential Limitations, Alternative Approaches:**  Click Here to Type | |
| **Aim 2:**  Click Here to Type | |
| **Expected Results, Potential Limitations, Alternative Approaches:**  Click Here to Type | |
| **Aim 3:**  Click Here to Type | |
| **Expected Results, Potential Limitations, Alternative Approaches:**  Click Here to Type | |
| 1. **Key Results to Date:** | |
| Click Here to Type | |
| 1. **Highlights of the Innovation:** | |
| Click Here to Type | |
| **5. Biomarker Development Opportunities:** | |
| Click Here to Type | |
| **6. Competition & Differentiation:** | |
| Click Here to Type | |
| **7. Intellectual Property Position:**  (include name/number of patents and provisional patients filed) | |
| Click Here to Type | |
| **8. Potential Therapeutic Application(s) / Unmet Needs Addressed:** | |
| Click Here to Type | |
| **9. Market Size/Commercial Potential:** | |
| Click Here to Type | |
| **10. Funding Obtained to Date:**  (Please provide details of any prior, existing & pending funding with similar specific aims) | |
| Click Here to Type | |

|  |
| --- |
| **Has the technology in this application been disclosed to your technology transfer office? (It is expected that all applications will have been discussed with and vetted by your institution Technology Transfer Office prior to submission)** |
| Click Here to Type |
| **Has a company been created? (If yes, please provide details)** |
| Click Here to Type |
| **Co-Investigators & Academic Collaborations:** |
| Click Here to Type |
| **External Relationships:** |
| Click Here to Type |
| **Key Publications:**  (limit 1 page) |
| **Please prepare as separate PDFs to submit online (you can list titles here if you wish)** |
| **Biographical Sketch:**  (NIH format preferred) |
| **Please prepare as PDF to submit online** |
| **Two Letters of Support:**  (Please submit two letters of support from current or former senior faculty members familiar with your research as .pdf documents.) |
| **Please prepare as separate PDFs to submit online** |
| **How did you hear about EDI?** |
| Click Here to Type |