

Company & Commercial Stage Information for NIH Entrepreneur in Residence Consults

Please complete all fields to the best of your ability with the most current data 2-3 days prior to your first scheduled meeting. Submit the form by attaching it to an email and sending it to [Kate Fritz](mailto:kate.fritz@nih.gov), SBIR Program Manager.

Official Company Name

Alternative or Former Company Name(s)

Corporate Structure LLC C-Corp S-Corp Sole Proprietorship

Company Address

Company Website

Years company has been in business

Current Number of Employees FT PT

Company Team

CEO Name

Phone

Email

Employment Status FT PT Volunteer/Mentor

Does the company have a management team? Yes No

If yes, list each principal, his/her role, employment status (FT, PT, Volunteer/Mentor), and if they have commercialization experience.

Does the company have a Board of Directors? Yes No

If yes, list each member and their committees.

Is the company a spinoff from another company or spinout of a university? Yes No

If yes, please give the name of the parent company or university.

Is the company currently generating revenue? Yes No

If yes, please indicate marketed products and dollar range of your company's sales revenues in each category below.

Sales from Products/Services

Licensing Fees and Royalties

Product-related R&D Grant/Contracts

Executive Summary Please provide a brief description (~100 words) of the company and your technology.

Technology/Product Overview (for product(s) funded by NIH)

Select the one category that best describes the technology/product(s) under development with your NIH grant(s).

Therapeutic – Small Molecule

Therapeutic – Device

Diagnostic - Software

Therapeutic – Biologic (protein/peptide)

Diagnostic – Device (Image-related)

Combination Product

Therapeutic – Biologic (cell)

Diagnostic – Device (other)

Health IT/mHealth

Therapeutic – Biologic (gene)

Diagnostic – *In Vitro*

Research Tool

Therapeutic – Biologic (other)

Diagnostic – Imaging Agent

Production Tool

Scientific Progress & Stage of Development (for product(s) funded by NIH)

Please select the appropriate option for your product/technology.

FDA Marketing Pathway

PMA 510(k) 510(k) 510(k) BLA NDA Not Applicable Other
 De Novo Exempt (*non-regulated product*)

FDA Application Status

IND/IDE	Not yet submitted	Submitted				Cleared/Approved
			Submitted			Cleared/Approved
510(k)/PMA	Not yet submitted					
Clinical Development Status:	Preclinical	Phase I	Phase II	Phase III	Not applicable	
		3			Not applicable	
Device Class	1	2				

Describe your product development progress (pre-clinical or clinical) and major technical milestones achieved to date.

Intellectual Property

List any issued/pending patent applications, or summarize your patent estate.

Application Number	Status	Filing Date	Title/Abstract

Market Description, Go-To-Market Strategy, and Projected Revenues

Describe the customer(s), market segments, and market size for the product or service under development. Provide projected revenue and expected timeframes.

Explain how your product addresses an unmet need. What, if anything, do customers use now to meet this need?

Describe how you plan to commercialize the product. What is your “go-to-market” strategy (i.e. how will you get your product into customers’ hands)?

Competitive Advantage

Briefly describe the competitive advantages of the product over both currently marketed products and products under development.

What are the anticipated barriers to adoption of your product?

Business Development and Partnerships

Are you currently seeking a partner to assist with the development and/or commercialization of your product? Yes No

If yes, please indicate what kind of partnership(s) you are seeking (e.g., strategic, product development, manufacturing, distribution, etc.).

Describe any current or pending collaboration, development, license or strategic partnership agreements that your company has related to the product(s).

Please list any spin-offs from your company or put NA.

Capital Raised To-Date

List the source and amount of all capital that your company has raised since inception. In-kind support and its estimated value may also be included.

Date	Type	Source(s)	Amount

Future Investments

Is your company currently seeking investments? Yes No

If yes, describe your company's current fundraising activity and goals, including amount sought, intended use of funds, and potential sources of funding.