Inventor Pre-Application Questions

Complete the questions below and get form signed by ACOS/R then send to your Technology Transfer Specialist. An asterix (*) indicates a required field.

- Project Title*
- 2. Name of Technology Transfer Specialist
- 3. VA Technology Invention Disclosure Number. Ask your Tech Transfer Specialist if you do not have this. Note, the invention disclosure number will not start with a P, OP, or be a patent application number. The Invention disclosure number should be a year followed by a three-digit number, for example 2024-001*
- 4. Principle Investigator(s) Information:
 - a. Full Name*
 - b. Email Address*
 - c. VA Job Title*
- 5. Does the Principal Investigator have a VA Research Appointment that would allow them to serve as a PI on a VA Project? Without Compensation, WOC, appointees cannot serve as the lead investigator but can be a secondary investigator. *
 - a. Yes No
 - b. If you select Yes, Please select the research appointment type

IPA Full-time **VA WOC**

- 7. Does the principal investigator have a university affiliation?* Yes No
 - a. If yes, what is PIs current percent allocation of VA time?
- 8. Are there additional Inventors or Investigators that will work on this project? Yes No
 - a. If yes, provide their names
- 9. Project Start Date*
- 10. Project End Date (The project end date must be before September 30, 2026)*
- 11. VA Station ID Number* Find your Station Number By Clicking this Link
- 12. Will this project take place at multiple VA sites?* Yes No
 - a. If yes, provide the additional VA Station numbers
- 13. Are there any related VA, other agency, foundation awards and/or company funding?* Yes No
 - a. If yes, provide funding agency name if other agency award number used
- 14. Have you applied for any other funding for related study aims?* Yes No
 - a. If Yes, briefly describe the study aims for the other project?
- 15. Have you received BRAVE funding before? No Yes
- 16. Have you met with your Technology Transfer Specialist to discuss this proposal?* Yes No
- 17. Total Budget*
- 18. Type of Project (Check one or more boxes that apply)*

Minimum Viable Prototype production

Clinical grade prototype production

Prototype testing

Chemical or materials synthesis and testing,

including antibodies, small molecules, etc.

In vitro proof of concept testing

Ex vivo proof of concept testing

In vivo animal model testing

Pharmacokinetic or pharmacodynamic testing

Clinical pilot study

Equipment to develop a prototype or to support one of the above categories

Other commercially relevant project aims.

Describe below

23.	Comme	ercial need for the invention to be addressed in the proposed study. (May not exceed 500 characters)*
24.		e a brief description of the proposed solution to the above commercial need. (Be succinct and tive. May not exceed 500 characters, no attachments)*
25.	. Technology Readiness Level, TRL, Assessment. Select the TRL from the drop down below that applies to the current level of development. You can refer to the VA TRL Guidelines Sheet Linked Here *	
26.		Agreements Are there any Cooperative Research and Development Agreements (CRADA), Material Transfer Agreements (MTA), or other research agreements related to the technology through the VA and/or University Affiliate?* Yes No i. If you select Yes, provide the agreement as an attachment
	b.	Has a company demonstrated an interest in this technology?* Yes No i. If yes, list the companies names below
	c.	Does the project require local approvals? Examples include IACUC for animals, IRB for human studies, biohazards/radioactivity, local research approval, etc. Yes No i. If yes, list any items that require approval
27.	ACOS S	upport and Signature
	By signi	ing below the ACOS/R is affirming that they support this above proposed application with no reservations.
	Signature of ACOS for primary research site	
Once this form is completed and signed send it to your Technology Transfer Specialist		