

**Company-in-Residence
Application Form**



Thank you for your interest in applying to The Fogarty Institute for Innovation. Please complete the following form which is intended to provide us with a summary overview of your company and team. Provide sufficient detail to convey the important elements of your project, but please also be concise. Most questions can be answered in one or two paragraphs. Note that any information you provide may be distributed within The Fogarty Institute and to select external advisors who will be assisting in the applicant review process. Therefore, do not include any sensitive or confidential information in the materials you submit.

Once you have completed the following form, please email it, along with a current resume/CV for each of your team members, to: *Info@fogartyinstitute.org*. You may also include a non-confidential pitch deck or overview presentation.

1. APPLICANT CONTACT INFORMATION

Contact Name:

Email Address: Phone:

Company Name:

Street Address:

City: State: Zip Code:

Website Address:

2. THE IDEA

a. What unmet need does your innovation seek to address?

b. Provide a concise description of your product / service and how it addresses the target unmet need. Be sure to include the key advantages it offers over existing products / services.

c. Describe the development stage of your innovation (e.g. prototype, preclinical testing, etc.) and summarize any evidence supporting its proof of concept.

d. What is the estimated market size / potential for your innovation?

e. What is the initial target market (customer & geography) for your innovation?

3. THE DEVELOPMENT PLAN

a. Summarize the key product development and business activities you would plan to undertake while at The Fogarty institute to make your company ready for Series A investment.

b. What type of facility support would you need from The Fogarty Institute?

c. What type(s) of mentoring support would you seek from The Fogarty Institute?

d. How has your project been funded to date? Provide a general sense of the amount raised and its source (e.g. grants, angels, "friends & family").

4. THE TEAM

a. Please provide the following information for each of your team members:

Name	Title/Role	Full or Part Time?	Local?* (Y/N)

** I.e. Is person local and able to maintain working hours at The Fogarty Institute?*

b. Summarize any additional key advisors/consultants involved with the project.

c. Summarize any special experience or characteristics your team has that you believe will increase your likelihood of being successful entrepreneurs?