# **Innovation Seed Fund 2024-25**

# **Expression of Interest Form**

##### Due by: 1:00 pm (AWST) Thursday 5 December 2024

* ***Please refer to the relevant*** [***Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities) ***which include application instructions.***
* ***Activity Leads are responsible for complying with internal deadlines and ensuring all certifications are complete prior to submission.***

## Activity Category

Select the **one** Activity Category most applicable to this submission.

|  |  |  |
| --- | --- | --- |
| 1 | Devices, diagnostic and platforms including digital |  |
| 2 | Therapeutics and vaccines |  |

## Activity Details

|  |  |
| --- | --- |
| Activity title |  |
| Innovation Maturity Level (IML) applicable to the Activity  *Must be within the range of IML 3 to IML 7 (see Guidelines and Conditions Appendix 1 for the appropriate Activity Category)* | IML 3  IML 4  IML 5  IML 6  IML 7\*  *\* subject to meeting the eligibility criterion regarding matched funding/investment* |
| Amount requested (ex GST)  *IML of the proposed Activity:*   * *IML 3: $50,000 -$100,000* * *IML 4-6: $250,000-$500,000* * *IML 7: $500,000-$750,000* | $ |
| Duration of the Activity in months  *The Activity must be completed within 12 months for IML 3, and 24 months for IML 4-7* |  |

## Matched funding/investment (IML 7 only)

For IML 7 activities, it must be demonstrated that funding/investment from non-governmentsources has been secured**,** that at least matches the amount of funding requested.

*Note: Matching funding/investment must not be through entities that are part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community.*

If this information is considered ‘Commercial in Confidence’ it may be provided in a separate attachment marked as such and for the attention of the Office of Medical Research and Innovation only. In this case, please indicate that this applies in the ‘Non-government entity’ box below and enter the total matched funding/investment amount in the ‘Funding/Investment Amount secured’ box.

Insert additional rows as required.

|  |  |
| --- | --- |
| **Non-government entity** | **Funding/Investment Amount secured**  *($ ex GST and in Australian dollars)* |
|  | $ |
|  | $ |
| **TOTAL** | **$** |

|  |  |
| --- | --- |
| I confirm that I have attached documents that demonstrate other funding/investment has been secured for each of the above | Yes |

## Responsible Entity

|  |  |
| --- | --- |
| Responsible Entity  *Entity which would administer grant funds* |  |
| ABN |  |
| Registered address  *Must have a physical and operational presence in WA* |  |
| Contact officer pre-award  *(different to Activity Lead unless not possible e.g. Sole Trader)* | Name:  Position:  Email:  Phone: |

## Activity Lead

|  |  |
| --- | --- |
| Title (e.g. Dr, Ms) First name SURNAME |  |
| Citizenship/residency status | Australian citizen  Australia permanent resident  New Zealand citizen  appropriate work visa |
| Primarily based in WA  *Confirm that you will physically reside in WA for a minimum of 80% during the grant* | Yes |
| Position/title at Responsible Entity |  |
| Primary telephone number |  |
| Primary email address |  |

## Team Members

Provide details of all team members involved in the Activity. Add rows if necessary.

If a team member is affiliated with more than one entity or has more than one position/title at one entity, complete a new line for each of these.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Employer** | **Position/Title** | **Role in this Activity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Activity summary

Provide a **plain language** summary of the proposal, including the aims, objectives, significance and expected benefits to the WA health system and health and medical innovation sector. This summary may be used for publicity purposes.

*[Maximum 250 words]*

|  |
| --- |
|  |

## Significance of the Problem

Briefly describe the following:

1. the problem that the innovation addresses
2. the relevance and scale of the problem in WA
3. the importance of addressing the problem in WA, and at a national and global level.

*[Maximum 250 words]*

|  |
| --- |
| a)  b)  c) |

## Proposed innovation

Briefly describe the following:

1. the proposed innovation (process, product and/or service) and how it is novel (new)
2. the justification for the selected maturity level of the innovation Activity, which must be within the range of IML 3 to IML 7, and how this is appropriate for the funding requested and Activity duration proposed (refer to Appendix 1 of the Guidelines and Conditions)
3. the expected IML at the end of the Activity and justification for this
4. the differentiation between the proposed innovation and any existing, emerging or competing processes, products and/or services.

*[Maximum 250 words]*

|  |
| --- |
| a)  b)  c)  d) |

## Proposed innovation Activity

Briefly describe the following:

1. an outline of the innovation Activity that will be undertaken, including objectives, methodology and realistic measures of expected outcomes and a brief justification of the proposed duration of the Activity
2. an outline of the costs which will be supported by the requested funding amount and a brief justification for these
3. the contribution the grant funding will make to progression of the solution along the innovation pipeline, in the context of other funding that may be required for the proposed Activity.

*[Maximum 250 words]*

|  |
| --- |
| a)  b)  c) |

## Intellectual Property

Briefly describe the following:

1. any existing IP that will contribute to the Activity (e.g. patent filings) and freedom to operate with this (e.g. through IP ownership or having a licence to use)
2. the anticipated strategy for the protection and management of IP that is developed through the Activity and beyond.

*[Maximum 250 words]*

|  |
| --- |
| a)  b) |

## Anticipated commercialisation strategy

Briefly describe the following:

1. the anticipated commercialisation pathway for the innovation from its current stage to market, including possible timeframes for each stage and go/no-go decision points
2. the anticipated model for the generation of financial returns through commercialisation of the innovation
3. potential investors and/or natural partners/acquirers of the innovation.

*[Maximum 250 words]*

|  |
| --- |
| a)  b)  c) |

## Value proposition

Briefly describe the following:

1. the potential impact of the proposed innovation on the problem in WA
2. the impact that the innovation will have on the health and/or wellbeing of the WA community
3. the potential commercial value of the innovation, including market size and scalability, at the WA, national and global level
4. the drivers for clinicians, patients, community and/or industry to adopt the innovation.

*[Maximum 250 words]*

|  |
| --- |
| a)  b)  c)  d) |

## Assessors not to be approached

Provide the name(s) of any assessor(s) or organisation(s) you request not to be approached to assess this application (if applicable) to [DOH.OMRI@health.wa.gov.au](mailto:DOH.OMRI@health.wa.gov.au). This information will only be available to the Office of Medical Research and Innovation and the relevant HSP, and must be provided by the application closing date.

## Team certification

We certify that:

1. we understand that application to the Full Proposal stage is upon invitation only
2. we commit to taking part in the Activity proposed in this application for the duration of the grant if successful
3. the information supplied by us on this form is complete, true and correct in every particular
4. we agree to abide by the *Guidelines and Conditions*
5. we agree to participate in an evaluation whether the application is successful or unsuccessful
6. we have discussed the likely impact of the Activity on participating organisations, and this Activity is acceptable to them
7. we have relevant permissions to use any third-party intellectual property required to deliver the innovation Activity and have Freedom to Operate for this Activity
8. the Activity Lead does not have overdue reporting obligations for any grant funding program administered by the Office of Medical Research and Innovation (including FHRI Fund programs) from any year (excludes authorised extensions)
9. we will advise if any other funding is awarded for any component of the Activity.

### Activity Lead

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Signature** |  | **Date** |  |

Other Team Members associated with the Responsible Entity and any other participating organisations.

Insert additional tables as required.

### Team Member 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Signature** |  | **Date** |  |

## Responsible Entity certification

I certify that:

1. I am an authorised representative of the Responsible Entity
2. all the eligibility criteria listed in the *Guidelines and Conditions* are met
3. the Activity Lead will have a position or title at the Responsible Entity for the period of the grant if successful
4. the Responsible Entity endorses this application and confirms that the information supplied on this form is complete, true and correct in every particular
5. the Responsible Entity is willing to administer the grant if successful under the conditions specified in the *Guidelines and Conditions*, including the requirement to ensure that appropriate agreements are in place with the Activity Lead, team members and participating entities
6. the grant will not constitute the entire financial base of the Responsible Entity, i.e. the Responsible Entity has other external sources of income
7. the Responsible Entity or other entities that fund or are involved in the Activity are not part of an industry that produces products or services that may contribute to poor physical health or mental wellbeing of the community
8. the Department of Health will be notified immediately of any changes to eligibility or changes to the information originally provided in this application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | | |
| **Position** |  | | |
| **Signature** |  | **Date** |  |

**[Scan this QR code with your smart phone to go the WA Health website](http://www.health.wa.gov.au/)**

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