Please note this document is provided as a preview only. Please submit your application using the online platform linked from the SPARK website.

Page: Eligibility Check
SPARK Eligibility *
SPARK Awards support therapeutics, medical devices, and diagnostics addressing unmet medical needs. If you are developing a digital health solution, please see digiSPARK.
Select one or more options
☐ My technology is a therapeutic, medical device, or diagnostic
Page: Contact Information
First Name *
Last Name *
Email Address *
Phone # *

Job Title *
Have you licensed a technology in the past? *
Have you licensed any intellectual property to a company before?
Select one option
○ Yes ○ No
Have you started a company? *
Select one option
○ Yes ○ No
Have you or your institution applied to the USPTO? *
Have you filed a patent application with the United States Patent and Trademark Office?
Select one option
○ Yes ○ No Please note: Demographic information is collected for informational purposes only. Any and all of your responses can be linked to your identity, but information identified with your name will not be shared with any reviewers, will not impact the review process, and will not be released publicly except in the situation where personally identifiable application responses are required to be inspected by university/government organizations pursuant to applicable federal and state laws. If you have questions at any time about the application form or procedures, you may contact [gali.baler@cuanschutz.edu]. Year of terminal degree *

**Page: Letter of Intent** 

<b>Project</b>	<b>Title</b>	*
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## Technology type \*

Please select from the following three categories the one that most aligns with your technology. Note, digital health solutions (pure software, apps, etc.) are not currently suitable for the SPARK Program. If you have questions about your technology type eligibility, please contact us at sparkcu@ucdenver.edu

Select one Category	
<ul><li>Drug</li><li>Device</li><li>Diagnostic</li></ul>	
Technology detail *	
Select one option	
<ul> <li>Biologic drug</li> <li>Small molecule drug</li> <li>Therapeutic device</li> <li>Surgical device</li> <li>Diagnostic assay</li> <li>Diagnostic device</li> <li>Research tool</li> <li>Combination product</li> <li>Other</li> </ul>	

Describe your technology if not listed above

Unmet Need *
What is the unmet need your technology is solving? (100 words max)
Solution * What is your approach to solve this unmet need? (100 words max)

TRL *
What Technology Readiness Level (TRL) is your product at?
Select one option
<ul> <li>1 Review of Scientific Knowledge Base</li> <li>2 Development of Product Hypothesis</li> <li>3 Identification and Characterization of Product Candidate</li> <li>4 Optimization and Initial Demonstration of Safety and Efficacy</li> <li>5 Advanced Characterization of Product and Initiation of Manufacturing or GLP Safety Studies</li> <li>6 Regulated Production, Regulatory Submission, and Phase 1 Clinical Trial(s)</li> <li>7 Scale-up, Initiation of GMP Process Validation, and Phase 2 Clinical Trial(s)</li> <li>8 Completion of GMP Validation and Consistency Lot Manufacturing, Clinical Trials Ph3, and FDA Approval or Licensure</li> </ul>
Years *
Number of years developing this technology
Disclosure *
Have you submitted this idea to CU Innovations previously with an Invention Disclosure Form?
Select one or more options
□ Yes □ No
Patent *
Has a patent application been submitted for this technology?
Select one or more options
□ Yes □ No

Trademark *
Has a trademark been registered for this technology?
Select one or more options
□ Yes □ No
Copyright *
Has a copyright been granted for this technology?
Select one or more options
□ Yes □ No
Case File
If known, please enter your CU Innovations case file number.