



TechNovum™
The UT Health San Antonio Accelerator
Cohort 2 Application - 2020

All completed applications should be emailed to TechNovum@uthscsa.edu
Application Deadline: May 1, 2020

Applicant Information

Name of primary applicant:

Primary department affiliation at UTHSA:

Names of other team members, if any:

Applicant email:

Applicant phone:

Are team members identified on OTC Technology ID Number: Yes: No:
If the answer is “no”, a confidentiality agreement may be required.

Technology / Product

Please answer the following questions to the best of your ability:

UTHSA OTC Technology Identification Numbers:

Has OTC completed a Technology Management Report (required)? Yes: No:

Describe, in lay terms, the innovation, discovery, invention or product. (not to exceed 50 words)

What is the current status and stage of its development: Check all that apply:

- | | |
|--|-------------------------------|
| Ideation | Pre-clinical (pre-toxicology) |
| Intellectual property pending (drawings, chemical structures, CAD, etc.) | Pre-clinical (pre-IND) |
| Physical/technical prototype | IND submitted |
| Digital Health and or “app” | Clinical Data |
| Art: any drawing of any kind including but not limited to: medical device drawings, medicinal chemistry structures, antibody regions, etc. | Other (Please specify): |



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Problem / Solution

What is the problem that your invention solves? (50 words)

Briefly, name others trying to solve this same problem? (Who is your competition?) (50 words)

Who are the primary customers for the product or service that you will provide? (50 words)

Have you validated the market need for your product or service? For example, have you interviewed potential customers about their need in this area or identified secondary market reports or literature that documents the need or problem?



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Company / Management Team

Historically speaking, applications with potential management team members identified are more competitive.

Does this technology have a management team already in place? Yes: No:

Describe the roles (e.g. coinventor, product development, marketing, etc.) of each of your team members in this project.

Are you interested in the formation of a new company around your innovation? (Company startup is NOT a requirement of the Accelerator program.) Yes: No:

What type of financing, if any, have you utilized to develop the innovation/discovery/invention to date? Indicate the sources, names and amounts.

- Federal or other grants. Source _____ Departmental Funds
Investor None
UTHSA PTEF Other (Please specify):

Have you participated in an accelerator or incubator program previously? If so, which one(s)?

Your participation in the TechNovum cohort will require a significant time commitment over several months. Teams that are selected will be required to participate in weekly, 3-hour sessions over a 14 week period, one-on-one mentoring sessions scheduled at your convenience, and perform weekly specific assignments outside cohort session time to validate your technology/product. (A more detailed schedule will be available.) If you are selected and agree to join the UT Health Accelerator, are you willing to commit to these requirements?

Yes: No:

For use by OTC:

Has this technology been optioned or licensed? Yes: No: