

Health Hub Application

- Keep answers as concise as possible (ca. 500 characters) - in Danish or English.
 - You may include an attachment/figure with your application.
 - For more information, refer to the Guidelines Document.
 - Submit the completed application to health.hub@rn.dk
-

PROJECT INFORMATION

Project Title:

Main Applicant

Name:

Title:

Institution & Department:

Role in project:

E-mail:

Phone no.:

Project number:

(if already assigned)

Additional Team Members

Title, institution/company, role in project, e-mail address, CVR (if applicable).

Exclude external contractors

Is a formal, written collaboration agreement in place between all team members?

Yes

No

In progress

Not applicable (if all team members are from AAUH)

If in progress, include the date the agreement was initiated and by which organization.

BACKGROUND OF NEED

1. Describe the disease, medical condition, and/or health area(s) you wish to address.

BACKGROUND OF NEED CONTINUED

Unmet Clinical Need

2. What problem are you trying to solve that does not already have a viable solution?

3. Explain how you have identified that there is clinical interest within RN to solve the problem.
If you are a clinician, explain your interest from a clinical perspective

SOLUTION AND VALUE PROPOSITION

4. What is your proposed solution and how will it solve the problem?

5. What advantage(s) does your solution hold over the current standard solution?

IMPACT

6. Describe the potential impact area(s) that your innovative solution will have on the healthcare sector. Try to be as concrete as possible. E.g. better outcomes, lower costs, improving clinician/patient/caregiver experience, reducing environmental impact, improving day-to-day operation.

7. Does your proposed solution have the potential to be implemented beyond the region, either nationally or globally? Explain your answer.

COMMERCIAL POTENTIAL

Some of these questions may be difficult to answer, but please give a best guess.

8. Has a market analysis been conducted?

Yes No In progress

If yes, please briefly describe the results.

9. Which market segment(s) are you targeting?

Who will benefit from your solution? How many people are in this group?

10. Who do you expect will pay for the product?

11. Are there competitors or potential competitors?

Yes No Unknown

If yes, please describe your competitive advantage. *Why will your product/solution be better?*

12. Is there any IP associated with the solution, held by your team or externally?

Yes No Unknown

If you answered yes to the above question, have you secured the rights to use the IP?

Yes No In progress

COMMERCIAL POTENTIAL CONTINUED

13. Could there be future IP (a new patent) based on a newly developed product?

Yes

No

Unknown

Explain if relevant.

PROJECT STATUS AND PLANS

14. What have you done so far? Give a brief overview of the idea's development and previous funding.

15. How will the Health Hub funding contribute to developing the solution?

16. Describe the biggest risk(s) to the project right now, and how the Health Hub grant will help mitigate it/them.

17. What are your next steps after the Health Hub project? E.g funding applications, development plan, additional partners

18. What is the anticipated start and end date for activities covered by Health Hub funding?

Start date:

End date:

PROJECT STATUS AND PLANS CONTINUED

19. List each activity involved ONLY during the Health Hub project funding.

**If additional space is needed, you may include an appendix*

The activity	Responsible parties (internal/external)	The timeline	Anticipated outcome
1			
2			
3			
4			
5			
6			
7			

BUDGET

20. Does anyone on the team need access to physical office space?

Yes No

21. List the budget required for the planned activities in the below sheet.

**If additional space is needed, you may include an appendix*

Budget	Description (include the activity number from question 19 to which the budget relates)	Amount in DKK
Salary (name, position) <i>Salary can only be covered for clinicians and students employed by AAUH</i>	Description of task, hourly/monthly rate, hours required etc.	
External Services (name, CVR) <i>Services provided by non-partners (pay-for-service contractors, with no ownership over the final solution)</i>	Description of task (e.g. product design, prototype development of # prototypes, IP analysis and other services)	
Materials/Equipment/Other <i>If a business is participating in co-development and is also producing the product, only the direct cost of materials may be covered by the grant</i>		
TOTAL		