



## DRIVE EZ-BAA Solicitation – Abstract Submission

**Solicitation #: BAA-18-100-SOL-00018**

### Intro:

All applicants for the DRIVE EZ-BAA must complete this EZ-BAA Abstract Form. The form allows for the review of your project to confirm it is within scope and of interest for DRIVE funding. For details on the funding scope, priorities and timing, please visit [drive.hhs.gov](http://drive.hhs.gov) and review the solicitation (BAA-18-100-SOL-00018) on Federal Business Opportunities (FBO) at <https://fbo.gov/spg/HHS/OOS/OASPHEP/BAA-18-100-SOL-00018/listing.html>.

If your project is in scope it will be assigned for review and you may be considered for award. Note that the DRIVE EZ-BAA is intended for rapid awards of up to \$749K; for awards greater than \$749K, or projects that are likely to span multiple years, please apply through the full DRIVE BAA process once announced.

Please note that in order to receive an award you must have an active registration in the System for Award Management (SAM). You can register and check your registration status at [www.sam.gov](http://www.sam.gov). Full application instructions, including review criteria, can be found at in the solicitation posted on fbo.gov. Additional resources are also available on [drive.hhs.gov](http://drive.hhs.gov).

*IMPORTANT: Please complete one form for each proposition. Only include proprietary information within the marked sections; other information provided may be used and displayed publically.*



## A. Basic Information

<Proprietary> [information entered within this section will not be disclosed external to the DRIVE group]

First Name\* \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last Name (or surname) \* \_\_\_\_\_  
Email address \* \_\_\_\_\_  
Confirm email Address \_\_\_\_\_

*If your primary work location is different from your organization's headquarters, please enter those details below. Otherwise, leave blank except for phone number(s). You will be prompted to enter your organization's main address on the next screen.*

Office Address line #1 \* \_\_\_\_\_  
Office Address line#2 \_\_\_\_\_  
City \* \_\_\_\_\_ State/Province/Region \_\_\_\_\_  
Zip/Postal Code \_\_\_\_\_ Country\* \_\_\_\_\_ [pull down]  
Phone Number \* \_\_\_\_\_ [fixed format]  
Mobile Number \_\_\_\_\_ [not required, but fixed format]

<End of proprietary section>



A1. How did you learn about the DRIVE program? (Check all that apply)

- BARDA Industry Day
- DRIVE Event
- News article or blog
- DRIVE website
- BARDA via medicalcountermeasures.gov or phe.gov
- Advocacy group
- A colleague
- Social Media
- Scientific conference: \_\_\_\_\_
- Scientific publication: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

A2. Would you attend a DRIVE conference or event?

- Yes
- No

## B. Organizational Information

- B1. Organization Name\* \_\_\_\_\_  
Organization Address Line 1\* \_\_\_\_\_  
Organization Address Line 2 \_\_\_\_\_  
Organization City\* \_\_\_\_\_  
Organization State/Province/Region\* \_\_\_\_\_  
Organization Zip/Postal Code\* \_\_\_\_\_  
Organization Country\* [Pull down]  
Organization Website: \_\_\_\_\_



*Business type, size, revenue, and prior award information is for survey and metrics reporting purposes only and the proposal will be based on solicitation criteria ONLY and not on this information.*

B2. Business Type (select which NAICS code most closely aligns with your abstract)\*

B3. Business Size\*

B4. Number of Employees\*

- Micro
- Small
- Medium
- Large

B5. Annual Revenue\*

B6. Have you ever been awarded a government (federal, state, local, tribal, or territorial) contract or grant?

- Yes
- No

B7. Are you currently under a grant or contract issued by BARDA?

- Yes
  - o what was the date of the award (most recent award, if multiple)? \_\_\_\_\_
  - o What was the period of performance? \_\_\_\_\_
  - o What was the total dollar value of the contract or grant? \_\_\_\_\_
- No



B8. Is your organization registered in the SAM?

- Yes
  - o Enter ID: \_\_\_\_\_
- No
  - o If not, know that while your abstract can be reviewed before your organization has a SAM ID, you must hold an ID before an award can be made. Go to [sam.gov](http://sam.gov) to register.

B9. Specify the legal structure of the organization applying for the DRIVE award: \* (Select one)

- LLC, corporation or other legal entity
- University, non-profit, or other noncommercial drug development center
- Other [enter other]
- Non-legal entity [*DRIVE is only able to fund legal entities. If you are not a legal entity, unfortunately we will be unable to accept your abstract*]

B10. Have you previously applied to DRIVE for the same or a substantially similar project? [pull down] \*

- Yes, Please specify previous DRIVE(s) application ID: \_\_\_\_\_
- No



### C. Current Funding Sources

*This information is for survey and metrics reporting purposes only and the proposal will be based on solicitation criteria ONLY and not on this information.*

C1. Do you presently receive funding from any USG entities?\* [Check all that apply.]

- BARDA
- CARB-X
- NIAID Pre-clinical Services
- NIH/NIAID/SBIR/STTR grants or contract
- Centers for Disease Control and Prevention (CDC)
- Department of Defense (DoD)
  - Defense Advanced Research Projects Agency (DARPA)
  - Defense Threat Reduction Agency (DTRA)
  - Defense Health Agency (DHA)
  - Other DoD [enter name]
- National Science Foundation (NSF)
- Department of Energy (DOE)
- Department of Homeland Security (DHS)
- Intelligence Advanced Research Projects Activity (IARPA)
- Small Business Administration
- Other department [enter department name]
- No US Government funding



## D. DRIVe Project Proposal

D1. What is the title of your Project?

D2. Which Impact Area does your application relate to?

- Solving Sepsis
- ENACT
- Other Areas

D3. Please give a short, non-proprietary description of your project (100 words max).

<Proprietary> [information entered within this section will not be disclosed external to the DRIVe group]

D4. Please select your product type:

- Drug/Pharmaceutical
- Device/Diagnostic
- Other

D5. What stage of development is your product? [choose one]

- Hit-to-Lead (applicable to drugs and vaccines)
- Lead Optimization (applicable to drugs and vaccines)
- Pre-Clinical (applicable to drugs and vaccines)
- Phase 1 (applicable to drugs and vaccines)
- Feasibility Demonstration (applicable to diagnostics and devices)
- Optimization (applicable to diagnostics and devices)
- Product Development (applicable to diagnostics and devices)
- System Integration and Testing (applicable to diagnostics and devices)



None of the above  *[If none of the above, we will be unable to accept your abstract]*

D6. What is the funding request (in US Dollars), duration of funding, cost-share proposition (if any) and impact on advancement of the program?\*

- Amount requested from DRIVE: \_\_\_\_\_ (must be in US Dollars, \$1-\$749,000)
- Cost-share amount (provided by your organization): \_\_\_\_\_ (must be in US Dollars)
- Total project cost: [System calculated]
- Duration (months): \_\_\_\_\_
- Impact on advancement of the program (please briefly explain the impact DRIVE funding will have on your product development): [free text field –limit to 100 words]

D7. Do you own or have the rights to the Intellectual Property (IP) required to carry out your proposed project? [Choose one] \*

- Yes – IP is fully owned
- Yes – we have a fully executed license to the IP
- No, *[If no, we will be unable to accept your abstract]*
- Not applicable – our commercialization strategy does not rely on patents

D8. Please describe your proposed project in 2,000 words or less.

D9. Please describe your proposed project costs in 2,000 words or less. For helpful reference documents, please see [drive.hhs.gov/resources](http://drive.hhs.gov/resources).

<End of proprietary section>

<<END OF APPLICATION>>