

Mobility Unlimited Challenge - DISCOVERY AWARDS Application Form

This is a PDF version of the application form for the **Mobility Unlimited Challenge's Discovery Awards**.

[You must complete this form online.](#)

By completing this form, you are competing for a \$50,000 Discovery Award. The Discovery Awards aim to support entries for a Finalist Development Grant from 10 entrants who might otherwise not have the resources to enter. Applying for a Discovery Award is optional and NOT a prerequisite to submitting an entry for a \$500,000 Finalist Development Grant. If your team is ready to enter the Mobility Unlimited Challenge, complete the **[Finalist Development Grant form](#)**.

Before you submit an application for a Discovery Award, **[ensure that you meet the eligibility criteria](#)**. Read the **[Innovator Handbook](#)**, **[Frequently Asked Questions \(FAQs\)](#)** and the **[terms and conditions](#)**. Your application will be assessed against the **[judging criteria](#)**.

When filling out the application, read the questions and the associated guidance. If you have any further questions beyond the FAQs and Terms and Conditions, email **mobilityunlimited@challenges.org**.

The deadline for entries is 7 February 2018, at 23.59 BST.

Applications will be assessed based on their potential against the judging criteria. The application form provides us with an overview of your idea and how a Discovery Award will enable you to develop and submit your entry for a Finalist Development Grant.

Please respond directly to the questions. Use concrete examples and/or evidence to back up your statements, wherever possible.

There are 4 sections in the entry form

1. **Your Details** - These details will be used for our records and to contact the team.
2. **Your Idea** - This summarizes your idea. You will be assessed on your entry.
3. **Your Proposal** - This outlines the action plan for how will you use the Discovery Award and how it will enable you to develop and submit your entry for a Finalist Development Grant. You will be assessed on your development proposal.
4. **Program Evaluation Questions** - These questions will be used for internal evaluation of the Challenge. You will NOT be assessed on these questions.

SECTION 1 - Your Details

These details will be used to contact you or your team.

1a. Contact Details*

| | |
|----------------------------|--|
| Full name * | |
| Job Title (if applicable)* | |
| Email address * | |
| Address line 1 * | |
| Address line 2 | |
| City | |
| Postcode/Zipcode* | |
| Phone number* | |
| Country* | |

1b. Are you applying as an individual/group/organization? *

- Individual Group Organization

1c. Name of organization or group (if applicable)*

If not applicable, insert N/A

1d. Type of organization (if applicable) e.g.(Charity, Higher Education/Research Institution, Commercial Enterprise, Start-up...)*

If not applicable, insert N/A

1e. Size of organization? (members of staff)*

- 0-10 11-50 51-200 200+ N/A

1f. Organization website URL (if applicable)*

If not applicable, insert N/A

1g. Company/Charity/Non-Profit Registration Number (if applicable) *

If not applicable, insert N/A

SECTION 2 - Your Idea

The following questions will form the basis of your submission on which you will be assessed in line with the judging criteria. Make use of the word count available to provide as many details as possible.

2a. Title of your idea*

2b. SUMMARY: Provide a summary of your idea and the problem(s) it is addressing in no more than 150 words*

2c. How will your idea incorporate intelligent(s) systems in a new or innovative way to support and deliver radical improvement in the personal mobility and independence to the users with lower-limb paralysis?*(300 words)

2d. How will your idea potentially respond to the wants and needs of people with lower-limb paralysis in relation to their mobility and independence? What has been the role of co-creation in developing these insights?*(300 words)

2e. Explain who the potential users of your idea will be and how your idea's functionality will potentially deliver measureable, radical improvements in their mobility and independence.* (300 words)

2f. Please upload drawings or technical specifications that explain how your idea works.

This could include storyboards, animation, simulations or video.

2g. Have you considered what safety measures, standards and ethical consideration are relevant to your idea and its development?*

- Yes
- No

Explanation Box:

2h. Have you considered what the potential market for your idea is?*

- Yes
- No

Explanation Box:

2i. Provide a list of published articles or items from academic literature that support your entry, its feasibility, design, potential impact, and, its innovative nature.*

You should provide a minimum of 3 but no more than 10.

SECTION 3 - Your Proposal

The answers in this section will be assessed and used to understand how applications that scored highly in Section 2 plan to use the Discovery Award to develop and submit their entry form for a Finalist Development Grant. If you are successful, this information will contribute to the creation of the grant agreement between you and Toyota Mobility Foundation. Please make use of the word count available to provide as many details as possible.

3a. (part 1) At what level of development is your idea currently and what is the TRL (Technology Readiness Level) rating of your idea?

0-9

3a. (part 2) Why do you need a Discovery Award to continue its development as part of your entry for a Finalist Development Grant?

3b. What is your plan for the development and submission of your entry for a Finalist Development Grant?*

Your answer can include diagrams such as solid models, flow diagrams, and/or block diagrams.

3c. Upload a PDF version of your Gantt chart for activity to be conducted between the receipt of the Discovery Award and the submission of your entry for a Finalist Development Grant.*

3d. Upload your budget setting out how you will use the Discovery Award. Include other sources of funding, budget justifications and accounting practices. If relevant, the in-direct rate should not exceed 25%.*

3e. What resources will you require to develop and submit your entry for a Finalist Development Grant and how will you secure them?*

For example team members, partners, expertise, space, equipment, software etc

3f. What activity/ies do you plan to carry out using a Discovery Award? Explain why these will be essential to developing and submitting your entry for a Finalist Development Grant and why you would not be able to complete them without an Award.*

3g. What is the IP (intellectual property) status of your idea?*

3h Team make up - please provide up to 5 biographies for members of your team. Each biography should be no more 150 words.*

Each biography should include (but not necessarily be limited to) name, role in the team, relevant expertise, and, if applicable, link(s) to relevant organisations or institutions. If more than 5 biographies are included, the additional biographies will not be reviewed or considered when scoring.

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SECTION 4 - Program Evaluation Questions

These questions will be used for program evaluation and will not impact assessment of the entries. Answers to below questions will be anonymised.

4a. How many people in the team that developed this entry self-identify as being disabled or as having an impairment?*

- 0 1-5 6-10 10-15 16+

4b. How did you hear about the Challenge? (Please choose one of the following and insert the SPECIFIC NAME of your source: Mailing List, Social Media, Advertising, Events, News Media, Web, Personal Outreach)*

Eg.

Source: Mailing list

Name: Nesta Newsletter

4c. Why are you taking part in the Challenge? (Please select MAX 3 responses)*

If other, please use the space below to specify

- The Challenge inspired me to create something new
- The Challenge can show me how to transfer my knowledge/ability for new purposes
- The Challenge is a great opportunity to partner with more experienced people and organizations
- I am interested in winning the Challenge
- I am interested in increasing my reputation
- I am interested in doing something that can help people
- I would like to develop more partnerships
- Other

If other, please specify:

4d. Before entering the Challenge, were you already working in the assistive technology and developing mobility devices?*

- No
- Yes, I work in the assistive technology field and I develop mobility devices
- Yes, I work in the assistive technology field but I DID NOT previously develop mobility devices

4e. Were you already developing the idea or device that you have entered before you heard of the Challenge?*

- No
- Yes
- Yes, but I was developing the technology or ideas involved for another purpose

4f. Have you ever participated in a challenge or prize competition before?

If yes, which one(s)?

DECLARATION

D1. Please indicate that you have read and are accepting our Terms and Conditions.*

- Yes
- No

D2. Can you confirm that, to the best of your knowledge, you comply with all the eligibility criteria for the Challenge?*

- Yes
- No

D3. Can you confirm that, to the best of your knowledge, the information given in this application is correct?*

- Yes
- No

D4. Can you confirm that if you are entering the Challenge as an individual or group, you are willing to incorporate before you receive any funds for the Challenge?*

- Yes
- No