

ACADEMIC MATCHING GRANT APPLICATION



Grant Objective

The Academic Matching Grant expands academic engagement in research and development to validate and advance technology concepts towards the potential of company formation.

| | |
|---|--|
| Date of Application | |
| Academic Institution ("Applicant") | |
| Principal Investigator (PI) | |
| PI Email Address | |
| PI Phone | |

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|--|
| Project Title |
| |
| Project Summary <i>Provide a brief, non-confidential summary of your project. Contents of this section may appear on the SCRA website or other marketing materials.</i> |
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|--|--|
| Total Funds Requested from SCRA (\$) <i>Not to exceed total institutional match funding.</i> | |
|--|--|

| Institutional Match Funding (\$) <i>Institutional Support of the project within 36 months (or concurrent).</i> | | | |
|---|--|-------------------|-------------|
| Description of Institutional Support | Type | Disbursement Date | Amount (\$) |
| 1 | Cash <input type="checkbox"/> In-kind <input type="checkbox"/> | | |
| 2 | Cash <input type="checkbox"/> In-kind <input type="checkbox"/> | | |
| 3 | Cash <input type="checkbox"/> In-kind <input type="checkbox"/> | | |
| Total Institutional Match (\$) | | | |

*Federal funding, legal expenses, and salaries are not eligible as matching funds.

Industry Sector

- Information Technology Life Sciences Advanced Materials/Manufacturing
 Other _____

Problem *What problem do you wish to solve? Are there any current products in the market doing the same?*

Solution *Describe how your technology solves the problem.*

Work Plan *Describe milestones to be achieved within the project timeline (no longer than 12 months).
Describe how these activities are required to advance the technology to the next stage of development.*

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| Market Viability | <i>Describe your ideal user, and why they would prefer your solution. What are your value propositions that are better than what is available in the market today?</i> |
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|-----------------------|--|
| Path to Market | <i>How do you envision selling your technology? Include any barriers/challenges.</i> |
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|-------------------------------|--|-----|----|-------|
| Spin-Out/Startup Plans | <i>Do you plan on forming an entity?</i> | Yes | No | Maybe |
|-------------------------------|--|-----|----|-------|

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|--------------------------|--|
| Industry Partners | <i>List strategic partners that you have engaged that could accelerate your innovation's path to market.</i> |
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|---|---|--|---|
| Stage of Development | <i>What is the current stage of development for the technology?</i> | Link to TRL descriptions | |
| <input type="checkbox"/> TRL 3: Late Ideation | <input type="checkbox"/> TRL 4: Early Prototype | <input type="checkbox"/> TRL 5: Late Prototype | <input type="checkbox"/> TRL 6+: Deployment |

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|-------------------------|--|
| Who owns the IP? | |
|-------------------------|--|

| | | |
|---|---|---|
| Intellectual Property | <i>What is the status of the IP? (check all that apply)</i> | |
| <input type="checkbox"/> Provisional Patent Application | <input type="checkbox"/> Issued Patent <i>(Provide patent number in comment box)</i> | <input type="checkbox"/> Proprietary Know-How |
| <input type="checkbox"/> Copyright/Trademark Pending | <input type="checkbox"/> Registered Copyright/Trademark | <input type="checkbox"/> Trade Secret |
| <input type="checkbox"/> Other (Describe below) | | |

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|-------------------------------------|--|
| Intellectual Property Claims | <i>(include any official registered numbers)</i> |
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| *FOR NON-RESEARCH INSTITUTIONS: | <i>Has an IP Policy been put in place?</i> | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> In Discussion |

| BUDGET | | | Person per Month | | | FUNDS REQUESTED |
|----------------------------------|--|--------------|------------------|------|------|-----------------|
| A. | PERSONNEL <i>(non-salaried)</i> <i>List each separately with name and title</i> | PROJECT ROLE | CAL | ACAD | SUMR | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| TOTAL PERSONNEL (A) | | | | | | |
| B. | EQUIPMENT <i>(Itemize)</i> | | | | | |
| | | | | | | |
| C. | MATERIALS AND SUPPLIES <i>(Itemize by category)</i> | | | | | |
| | | | | | | |
| D. | CONSULTANT SERVICES | | | | | |
| | | | | | | |
| E. | PROTOTYPING SERVICES | | | | | |
| | | | | | | |
| F. | OTHER | | | | | |
| | | | | | | |
| TOTAL COSTS (A THROUGH F) | | | | | | |

Budget Justification *Provide details on how these expenditures will complete milestones towards commercial readiness.*

Attachment Checklist

- Attachment A: Documentation of Institutional Support Listed on Page 1** provided by institution
- Attachment B: Quotes** for consultant/prototyping services and/or equipment (if applicable)

Name of Authorized Institution Official _____

Title of Authorized Institution Official _____

Signature _____

Completed application and attachments MUST be submitted by authorized institutional official, either from the Technology Transfer Office (TTO), or equivalent, to:
academicinnovations@scra.org