

# 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.

<b>Date of Application</b>	
<b>Academic Institution ("Applicant")</b>	
<b>Principal Investigator (PI)</b>	
<b>PI Email Address</b>	
<b>PI Phone</b>	

<b>Project Title</b>
<b>Project Summary</b> <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>

<b>Total Funds Requested from SCRA (\$)</b> <i>Not to exceed total institutional match funding.</i>	
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<b>Institutional Match Funding (\$)</b> <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"/>		
<b>Total Institutional Match (\$)</b>			

\*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.*

<b>Market Viability</b>	<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>

<b>Path to Market</b>	<i>How do you envision selling your technology? Include any barriers/challenges.</i>

<b>Spin-Out/Startup Plans</b>	<i>Do you plan on forming an entity?</i>	Yes	No	Maybe
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<b>Industry Partners</b>	<i>List strategic partners that you have engaged that could accelerate your innovation's path to market.</i>

<b>Stage of Development</b>	<i>What is the current stage of development for the technology?</i>	<a href="#">Link to TRL descriptions</a>	
<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

<b>Who owns the IP?</b>	
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<b>Intellectual Property</b>	<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)		

<b>Intellectual Property Claims</b>	<i>(include any official registered numbers)</i>

<b>*FOR NON-RESEARCH INSTITUTIONS:</b>	<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.						
<b>TOTAL PERSONNEL (A)</b>						
B.	<b>EQUIPMENT</b> <i>(Itemize)</i>					
C.	<b>MATERIALS AND SUPPLIES</b> <i>(Itemize by category)</i>					
D.	<b>CONSULTANT SERVICES</b>					
E.	<b>PROTOTYPING SERVICES</b>					
F.	<b>OTHER</b>					
<b>TOTAL COSTS (A THROUGH F)</b>						

**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)

**Signature Authority** *Provide the name and email of institution representatives that will perform the DocuSign Roles listed below, if grant application is approved for funding.*

DOCUSIGN ROLES	NAME	EMAIL
1a. Principal Investigator <i>(Review only)</i>	_____	_____
1b. Agreement Review <i>(Proceeds to Fin. Input)</i>	_____	_____
2. Financial Input <i>(Proceeds to Final Signature)</i>	_____	_____
3. Final Signature <i>(Proceeds to SCRA)</i>	_____	_____

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