**UTRFF Application Information Page**

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| **DO NOT include information considered “trade secret” under Ohio Revised Code Section 1333.61(D).** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Applicant Organization** | |  | | | | | | | | | |
| **Principal Investigator** | | **Name:** | | | | | | | | | |
| **Title:** | | | | | | | | | |
| **Phone Number:** | | | | | | | | | |
| **E-mail:** | | | | | | | | | |
| **Technology Transfer or Research Office Contact** | | **Name:** | | | | | | | | | |
| **Title:** | | | | | | | | | |
| **Phone Number:** | | | | | | | | | |
| **E-mail:** | | | | | | | | | |
|  | | | | | | | | | | | |
| **Project Title:** |  | | | | | | | | | | |
| **IP: Patent Application Number or Patent Number(s)** | | | | | | | |  | | | |
| **Total Project Budget** | **$**Click here to enter text. | | | | **UTRFF Funds =**  **$**Click here to enter text. | | | **Matching Funds = $**Click here to enter text.  **UT Applicants ONLY Source of Match**  **(Index #)** Click here to enter text. | | | |
| **This is a:** | | | new | revised | | | proposal | | | |
| **If this is a revised proposal, please identify  the date of the previous submission(s)** | | | | | Date: | | |  | | | |
|  | | | | | | | | | |
| **I have participated in an  I-Corps program.** | | | Yes | No | | | If yes, please identify program you attended and date below. | | | |
| **UT’s Introduction to Customer Discovery (ICD); I-Corps@Ohio; NSF I-Corps**™ | | | | | **Program Attended:** | | | **Dates attended:** | | | |
| **Technology Focus Area (select one)** | | | | | | | | |
| Advanced Manufacturing  Advanced Materials  Biomedical/Life Sciences  Drug Development  Other: Click here to enter text. | | | | | | Energy/Smart Energy Solutions  Medical Devices  Sensors  Software/Information Technology | | |
| **Do you have the equivalent of a laboratory-scale proof of concept?**  Yes  No | | | | | | | | | |
|  | | | | | | |  | | |
| Typed Name of Authorizing Agent (UT Applicants Dept. Chair) | | | | | | | Title of Authorizing Agent | | |
| Signature | | | | | | | Date | | |
|  | | | | | | |

**Applicant Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorizing Agent** | | | |
| Name |  | Title |  |
| Organization |  | | |
| Address |  | | |
|  | | |
| City, State, Zip |  | | |
| Telephone |  | Email |  |
|  |  |  |  |
| **Principal Investigator** | | | |
| Name |  | Title |  |
| Organization |  | | |
| Address |  | | |
|  | | |
| City, State, Zip |  | | |
| Telephone |  | Email |  |
|  |  |  |  |
| **Fiscal Agent** | | | |
| Name |  | Title |  |
| Organization |  | | |
| Address |  | | |
|  | | |
| City, State, Zip |  | | |
| Telephone |  | Email |  |
|  |  |  |  |
| **Grant Administrator** | | | |
| Name |  | Title |  |
| Organization |  | | |
| Address |  | | |
|  | | |
| City, State, Zip |  | | |
| Telephone |  | Email |  |

**Authorizing Agent** – the individual authorized by the Applicant to accept the terms and conditions of an award of Grant Funds. (The Grant Agreement will be sent to the Authorizing Agent)

**Principal Investigator** – the individual authorized by the Applicant to direct the Project for which the Grant Funds have been awarded.

**Fiscal Agent** – the individual authorized by the Applicant to sign Grant-related financial documents, *e.g.,* Requests for Payment, Grant financial reports, *etc.* (The Fiscal Agent should be the individual who actually interacts regarding project invoices)

**Grant Administrator** – the individual authorized by the Applicant to oversee the day-to-day administration of Grant Funds, including preparing progress reports, monitoring project progress, *etc.*

**Note**: The same individual may hold more than one of these positions

Proposal narrative **is limited to six pages** and must include the underlined part of each question followed by its response.

**Resubmission:** If this is a resubmission, please identify any adjustments made in your current application in response to reviewers’ concerns from the previous submission.

**Do you need access to lab space at the University of Toledo?**   Yes  No

1. Market Opportunity: Describe the market opportunity including projected path and timeline to market entry of first product. In addition, please provide an estimate of the total capital needed to bring the product to market (and likely or known sources of that capital, e.g. grants, loans, self-financed, etc.). [1/2 page]
2. Overview of Technology/product: Briefly describe your technology, including what you expect the final product to be. Competitive advantages and benefits over currently available similar technology: If there is competition, identify specific ways that yours will better in terms of economics, efficiency, etc. Stage of development: Do you have a prototype or other proof of concept? Do you have data to support your conclusions to date? [1/2 page]
3. Proof Point:Describe the proof needed to bring the technology to the point where it is either ready to be licensed to a company or deemed unfeasible for commercialization. *In other words, what does industry need your technology to be or do in order for it to be brought to market?* If you have worked with a start-up or other company to identify the proof needed, please discuss, i.e. *they have told you what you need to accomplish before they can license and commercialize it*? Do you anticipate that you will be able to complete this proof by the end of one year or will further work and funding be necessary? If more is anticipated, please estimate the timeline and associated cost. [3/4 page]
4. IP Position:Briefly describe the IP position. Is patent prosecution in progress? If yes, in which countries? If not, have you made any public disclosures, presentations? Is there an issued patent or allowed claims? Provide application # or issued patent #. [1/4 page]
5. Team:Name and discuss the experience and commitment of each team member in commercializing new technology and give a very brief bio including credentials, position at your institution, any issued patents or licensed technologies, etc. Preference will be given to applications which propose technology validation, prototyping, and assessment of critical failure points by an independent evaluator. Please provide independent evaluator name and area of expertise. [1/2 page]
6. Start-up:If you are considering forming a start-up, briefly discuss your plan. [1/4 page]
7. Project Plan:Describe a one year scope of work that demonstrates how the needed proof will be generated using the example below. Available resources: Identify resources required to conduct the proposed work (who, what, when, where). If you need access to lab space, provide brief description of your needs. Demonstrate how the needed proof can be successfully generated during the project timeframe of one year. Describe as many milestones as your SOW requires below (not limited to four as in the example).Where possible, the milestones should be quantifiable/measurable in nature. [3 pages]

*Example: Describe each step in detail below including title, timeframe in months/weeks required to perform the work, dollar amount the work within each milestone is expected to cost, and person/entity performing the work.*

Milestone 1: Title of Milestone (months 1-3) $X,000: Description

Milestone 2: Title of Milestone (months 4-6) $X,000: Description

Milestone 3: Title of Milestone (months 7-12) $X,000: Description

1. Budget: Table and Narrative: The following table, without modification to its categories, must be used in your response to the above question and must be consistent with your budget as approved by your institution. Include a short narrative/justification that links your budget to your project plan. *Note that:* Awards are intended to advance technologies, not build lab capacity/capability. As such, any equipment purchases for a proposal must be adequately justified within the budget narrative.

|  |  |  |
| --- | --- | --- |
| **Total Project Request** | **$XX,XXX** | |
|  | **UTRFF Project Funds** | **\*Cost Share = 20%** |
| Personnel | $X | $X |
| Purchased Services | $X | $X |
| Supplies | $X | $X |
| Equipment | $X | $X |
| **TOTALS** | $XX,XXX | $XX,XXX |

\*Cost Share: Applicants will be required to provide a 20% cash match of the total project and reimbursement for each line item will be paid on an 80/20% proportional basis from UTRFF Project Funds and Cost Share. *For example*, if the total project cost is $50,000, the applicant institution or PI’s college will need to commit $10,000 towards project costs through the institution’s normal procedures. Totals at the bottom of both columns should equal the Total Project Request at the top of the chart.