



**Maturation and Prototyping Matching Grant
FY 2020**

APPLICATION

Technology Transfer Office (TTO) must submit completed applications to academicprograms@scra.org with the following:

- __ Statement of Commitment or Notice of Award**
- __ Copy of Grant Funded by Academic Institution**
- __ Quotes** *for consultant/prototyping services and/or equipment*



**SCRA Maturation and Prototyping Matching Grant
FY20 Grant Application**

Date of Application	
Academic Institution (“Applicant”)	
Primary Contact	
Email Address	
Phone	

Title	
Brief Project Summary <i>Maximum 900 characters. Summary should be a non-confidential, high-level opportunity statement. Do not assume detailed knowledge in field. Do not disclose any proprietary information. (Contents of this section may be summarized and appear on the technology transfer or SCRA web site and may be distributed to potential investors and/or strategic partners.)</i>	

Funding Awarded by Academic Institution		
Amount Awarded (\$)*	Disbursement date	Funding Type
SCRA Maturation Fund Matching: Amount Requested (\$)		

**Federal funding, in-kind matches, and patent expenses are not eligible as matching funds.*

In what technology areas does the project focus?	Information Technology	Life Sciences	Advanced Materials/ Manufacturing
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What is the status of the IP (check all that apply)		
<input type="checkbox"/> Provisional Patent Application	<input type="checkbox"/> Issued Patent	<input type="checkbox"/> Proprietary Know-how
<input type="checkbox"/> US Utility Patent Application	<input type="checkbox"/> Registered Copyright/Trademark	<input type="checkbox"/> Copyright/Trademark Pending
<input type="checkbox"/> PCT Patent Application	<input type="checkbox"/> Trade Secret	

Who owns the IP rights?	
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Work Plan & Milestones to be achieved within the project timeline (no longer than 12 months) and deliverables at the end of the project – prototypes, data that would show feasibility, etc. <i>Maximum 950 characters.</i>

Performance Period (max. 12 months)	
<i>Start Date</i>	<i>Completion Date</i>



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Use of Funds

ITEM DESCRIPTION		Person-months			Funds (Requested)
A.	PERSONNEL List each separately with name and title	CAL	ACAD	SUMR	
TOTAL SALARIES AND WAGES (A)					
B.	FRINGE BENEFITS <i>(Provide justification below)</i>				
TOTAL SALARIES, WAGES AND FRINGE BENEFITS (A + B)					
C.	EQUIPMENT <i>(Itemize & provide justification below)</i>				
D.	MATERIALS AND SUPPLIES <i>(Itemize by category & provide justification below)</i>				
E.	CONSULTANT SERVICES <i>(Provide justification below)</i>				
F.	PROTOTYPING SERVICES <i>(Provide justification below & include Technical College providing the service)</i>				
G.	OTHER <i>(Provide justification below)</i>				
TOTAL DIRECT COSTS (A THROUGH G)					
H.	INDIRECT COSTS (F&A) <i>(Specify Rate & Base): Not to exceed 20% F&A on total direct costs</i>				
TOTAL (A THROUGH H)					
PI/PD TYPED NAME CONSTITUTES LEGAL SIGNATURE				DATE	
ORG. REP. TYPED NAME CONSTITUTES LEGAL SIGNATURE				DATE	



Attachment Checklist

<input type="checkbox"/>	Attachment A: Statement of Commitment or Notice of Award from Academic Institution
<input type="checkbox"/>	Attachment B: Copy of Grant Funded by Academic Institution
<input type="checkbox"/>	Attachment C: Quotes for consultant/prototyping services and/or equipment (if applicable)

Certification

<p>The Applicant certifies that there is no scientific, budgetary, or commitment overlap between this application and the Applicant's other support, including all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards.</p>

Signature

<p>Name of Authorized Institution Official</p> <p>Title of Authorized Institution Official</p> <p>Signature</p>
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If you have any question or need assistance regarding this application, please contact academicprograms@scra.org