

# Small Business Innovation Research (SBIR) and Small Business Technology Transfer Research (STTR) Phase I Matching Grant Program

**APPLICATION**

**A pre-submission consultation is required before submitting an application. Please contact Program Manager, Academic Innovations at** [**academicprograms@scra.org**](mailto:academicprograms@scra.org) **to schedule your consultation.**

Eligible applicants will be invited to present   
to the SCRA Review Team.

**pre**

**Submit completed applications to academicprograms@scra.org.**

|  |  |
| --- | --- |
| Date of Application | Click or tap to enter a date. |

Contact Information

|  |  |
| --- | --- |
| Company Name (“Applicant”) | Click or tap here to enter text. |
| Street Address | Click or tap here to enter text. |
| City, State | Click or tap here to enter text. |
| Zip + 4 Digit Code [(Look up code)](https://tools.usps.com/go/ZipLookupAction_input) | Click or tap here to enter text. |
| Company Website | Click or tap here to enter text. |
| Primary Contact | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Alternate Phone | Click or tap here to enter text. |

Eligibility

|  |  |
| --- | --- |
| Is company registered with the SC Secretary of State? | Choose an item. |
| Does this company have its principal place of business in South Carolina? | Choose an item. |
| Does this company have at least 51% of its wages paid to employees in South Carolina? | Choose an item. |
| Will at least 51% of activities conducted under the Federal Phase I award be performed within SC? | Choose an item. |
| Does the company have any overdue tax debts? | Choose an item. |
| Has the company received official notification of a Phase I award from a Federal SBIR/STTR agency for which a Matching Grant is sought? | Choose an item. |

Federal Phase I Information

|  |  |
| --- | --- |
| Program | Choose an item. |
| Fast Track | Choose an item. |
| Project Title | Click or tap here to enter text. |
| Funding Agency | Click or tap here to enter text. |
| Solicitation Number | Click or tap here to enter text. |
| Web Link to Solicitation | Click or tap here to enter text. |
| Date Awarded | Click or tap to enter a date. |
| Total Award Amount | Click or tap here to enter text. |
| Performance Period Start Date | Click or tap to enter a date. |
| Performance Period End Date | Click or tap to enter a date. |
| Principal Investigator(s) | Click or tap here to enter text. |

**Use of Matching Funds**

Use fillable fields below or attach separate document with same information. Attachment not to exceed 2 pages.

|  |  |
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| **Description of the work plan/specific aims** for the Matching Grant funds in non-technical terms, including deliverables, metrics for success, and the budget subtotal for each component of the work plan/aim | Click or tap here to enter text. |
| **Timeline for deliverables** by Applicant and all contractors/subcontractors/consultants | Click or tap here to enter text. |
| **All contractors/subcontractors/ consultants,** (including addresses) for the Matching Grant funds; if Matching Grant funds will be distributed to parties outside of South Carolina, justify the need to go outside the state | Click or tap here to enter text. |
| **Projected impact** of the Matching Grant funds on the scope and success of the project | Click or tap here to enter text. |
| **Description of benefits** that the company may provide to South Carolina | Click or tap here to enter text. |
| **Description of funds** the company is contributing to the project in addition to the Federal award | Click or tap here to enter text. |
| **Detailed budget** for the Matching Grant funds, broken down by equipment, supplies, consultants, contract research organizations, travel, and intellectual property expenses; salaries and rent are not allowable expenses | Click or tap here to enter text. |

**Attachment Checklist**

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| --- | --- |
|  | ***Attachment A:* *Use of Matching Funds Statement*** (unless fillable form completed above) |
|  | ***Attachment B:* *Certificate of Existence or Certificate of Authority*** issued by SC Secretary of State |
|  | ***Attachment C: Copy of Application*** for funded SBIR/STTR Phase I award |
|  | ***Attachment D: Documentation of SBIR/STTR Phase I Award***   * ***Either*** a copy of the executed contract for the Federal SBIR/STTR Phase I award * ***or*** Official Notification of Award from Federal funding agency (see Solicitation for details) |
|  | ***Attachment E: Supporting Documents*** (optional) including business plan, commercialization plan, executive summary, or any other information to support your application |

**Company Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What date was the company founded?** | | | | Click or tap to enter a date. | | | | |
| **What is the legal structure of the company?** | | | | Choose an item. | | | | |
| In what technology areas does the company operate? (check all that apply) |  | Information Technology | | |  | Life  Sciences |  | Advanced Materials/ Manufacturing |
| List Officers, Directors, Trustees, Advisors, etc. | | | | | | | | |
| Name | | | Title | | | | | |
| Click or tap here to enter text. | | | Choose an item. | | | | | |
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| **What is the status of the technology/business? (check all that apply)** | | | |
|  | **Concept only – early stage** |  | **Initial or early capital secured** |
|  | **Proof of concept – working prototype** |  | **Full-time management resources in place** |
|  | **Ready for product launch** |  | **Facilities in place** |
|  |  |  | **Business or strategic plan available** |
|  |  |  | **Product development plan available** |
|  |  |  | **Market research plan available  (use lang. from SBIR)** |

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| Is there a similar product/process on the market today? | Choose an item. |
| If you selected “Yes,” please detail how your product differentiates from the competition. | Click or tap here to enter text. |
| Does your company plan to manufacture/produce your product/service in South Carolina? | Choose an item. |

|  |  |
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| If you selected “No,” explain why below. | |
| Click or tap here to enter text. |  |

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| Estimate Job Impact: If grant is awarded, estimate full-time equivalent jobs (FTE’s) | | | | |
|  | Current FTE’s | Current FTE’s in South Carolina | Estimated FTE’s under Phase I  (with SCRA Matching Funds) | Estimated FTE’s under potential Phase II |
| Professional/Scientific | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Management | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Technical/Technician | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Skilled labor | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Unskilled labor | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

## Intellectual Property (IP)

|  |  |  |  |
| --- | --- | --- | --- |
| What is the status of the IP (check all that apply) | | | |
|  | Provisional |  | Proprietary Know-how |
|  | Utility Filing |  | Registered Copyright/trademark |
|  | PTC |  | Copyright/Trademark Pending |
|  | Trade Secret |  |  |

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| Who owns the IP rights? | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Provide patent number and/or patent application number(s). | |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| What is the status of the company’s rights to the IP? | | | |
|  | Exclusive License |  | Exclusive Option |
|  | Nonexclusive license |  | Nonexclusive option |

## SBIR/STTR Application History

The following questions will assist SCRA in determining the overall success rates of South Carolina companies applying for Federal SBIR/STTR awards.

Information for each Federal SBIR/STTR application in the past 5 years

| **Program** | **Project Title** | **Federal Agency** | **Score** | **Funding received** | **Year** | **Amount** |
| --- | --- | --- | --- | --- | --- | --- |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
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**Other Funding**

|  |
| --- |
| **How much money will you need to advance the technology to market?** |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Is your company actively pursuing other sources of funding?** | Choose an item. |
| If “Yes,” please describe the nature and approximate dollar value of the funding and its status: | |
| Click or tap here to enter text. | |

**Terms & Conditions**

|  |
| --- |
| The Applicant certifies that all statements, representations, and warranties made by the Applicant, or on its behalf, and any materials furnished by the Applicant or on its behalf in connection with this application are true, accurate and complete in all material respects, and do not contain any material misstatement of fact or omit to state a material fact or any fact necessary to make the statements contained herein or therein not materially misleading, to the best of the Applicant’s knowledge and belief.  The Applicant certifies that it has reviewed and understands the Solicitation for the SCRA SBIR/STTR Phase I Matching Grant Program, and that it meets all the applicable eligibility requirements.  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.  The Applicant understands that disbursement of funds is based upon the Applicant’s compliance with the terms outlined in the Solicitation and may be subject to recapture for non-compliance.  The Applicant acknowledges and accepts SCRA’s absolute right in its sole discretion to withhold, discontinue, or retract and recover in part or in full any monies awarded and/or distributed pursuant to the SBIR/STTR Phase I Matching Grant Program if it is determined that the Applicant has engaged in unlawful conduct or conduct which violates the spirit and intent of the Matching Grant Program.  By submitting this application, the Applicant is authorizing SCRA to perform a background check on the person(s) listed as contact, principals, founders, partners, etc.  If the Applicant is approved for funding, SCRA may use the company name, company description and/or logo in printed and electronic material, including the SCRA website. |

**Signature**

|  |  |
| --- | --- |
| Name of Authorized Company Official | Click or tap here to enter text. |
| Title of Authorized Company Official | Click or tap here to enter text. |
| Signature |  |

*If you have any questions or need assistance regarding this application, please contact* [*academicprograms@scra.org*](mailto:academicprograms@scra.org)*.*