**Maturation & Prototyping Matching Fund Grant**

**Final Report**

**Grant No.** Click or tap here to enter text.

**Company Name:** Click or tap here to enter text.

**Contact Name:** Click or tap here to enter text.

**Contact E-mail:** Click or tap here to enter text.

1. **If your company received funding for this project (e.g., Federal, institutional, or awards to an affiliated startup enterprise) after the Effective Date of this Agreement, please complete the fields below:**

|  |  |
| --- | --- |
| Date of award | Click or tap to enter a date. |
| Funding agency | Click or tap here to enter text. |
| Amount of award | Click or tap here to enter text. |

1. **Please state which funding sources will be pursued in the future for continued development of the research.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Please discuss any material effects this grant had on the advancement of your research.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Please list patent applications related to the Statement of Work that were filed or issued since the award of the grant.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Were any new collaborations established with other academic insitutions as a result of this funding?  Yes  No**

**If yes, please indicate the other participating parties in the collaboration:**

|  |
| --- |
| Click or tap here to enter text. |

1. **Were any new collaborations established with non-academic entities as a result of this funding?  Yes  No**

**If yes, please indicate the non-academic participating parties in the collaboration:**

|  |
| --- |
| Click or tap here to enter text. |

1. **Were any new companies established on or after the Effective Date to advance the technology that is the subject of the Statement of Work? Yes  No**

**If yes, please list:**

|  |
| --- |
| Click or tap here to enter text. |

1. **As a separate document, please provide a summary of progress toward the achievement of the originally stated aims, a list of the results (positive or negative), and a list of any related publications.**
2. **Submit Final Report and attachments to:** [**academicprograms@scra.org**](mailto:academicprograms@scra.org)**.**
3. **Signature:**

|  |  |
| --- | --- |
| **Name of Authorized Official** | Click or tap here to enter text. |
| **Title of Authorized Official** | Click or tap here to enter text. |
| **Signature** |  |
| **Date** | Click or tap to enter a date. |