**SBIR/STTR 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 a Federal Phase II award 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. |
| Contract or award number | Click or tap here to enter text. |
| Amount of award | Click or tap here to enter text. |
| Performance period | Click or tap here to enter text. |

1. **If a Phase II was awarded but the company was unable or unwilling to accept, please explain.**

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| Click or tap here to enter text. |

1. **If the company has obtained additional funding beyond the Phase I and Phase II SBIR or STTR awards, please include the amount and type of funding (e.g., equity, nonSBIR/non-STTR Federal grants, corporate sponsored research, or other).**

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| Click or tap here to enter text. |

1. **Did the SCRA Matching Grant dontribute to attracting the funding?**

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| Click or tap here to enter text. |

1. **Please provide a copy of the Federal Phase II Notification of Award or denial.**
2. **Please discuss any material effects this grant had on your company.**

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| 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.**

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| Click or tap here to enter text. |

1. **Did the SCRA matching grant support an existing collaboration with an academic institution?** [ ]  **Yes** [ ]  **No**

**If yes,** **please indicate the academic insitutions and the investigators involved.**

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| Click or tap here to enter text. |

1. **Did the SCRA matching grant support a new collaboration with an academic institution?**[ ]  **Yes** [ ]  **No**

**If yes, please indicate the academic insitutions and the investigators involved.**

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| Click or tap here to enter text. |

1. **Have you or will you be forming additional companies to develop and commercialize the technology that is the subject of the SCRA Matching Grant?** [ ] **Yes** [ ]  **No**

**If yes, please list:**

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| Click or tap here to enter text. |

1. **How many jobs have been created as a result of the SCRA Matching Grant?**

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| 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**
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. |