

ACADEMIC MATCHING GRANT FY23 APPLICATION



Grant Objective

The Academic Matching Grant expands academic engagement in research and development to validate and advance technology concepts towards the potential of company formation.

Date of Application	
Academic Institution ("Applicant")	
Principal Investigator (PI)	
PI Email Address	
PI Phone	

Project Title
Project Summary <i>Provide a brief, non-confidential summary of your project. Contents of this section may appear on the SCRA website or other marketing materials.</i>

Total Funds Requested from SCRA (\$) <i>Not to exceed total institutional match funding.</i>	
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Institutional Match Funding (\$) <i>Institutional Support of the project within 36 months (or concurrent).</i>				
	Description of Institutional Support	Type	Disbursement Date	Amount (\$)
1		Cash <input type="checkbox"/> In-kind <input type="checkbox"/>		
2		Cash <input type="checkbox"/> In-kind <input type="checkbox"/>		
3		Cash <input type="checkbox"/> In-kind <input type="checkbox"/>		
Total Institutional Match (\$)				

*Federal funding, legal expenses, and salaries are not eligible as matching funds.

Industry Sector		
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Life Sciences	<input type="checkbox"/> Advanced Materials/Manufacturing
<input type="checkbox"/> Other _____		

☐ **Advanced Materials/Manufacturing**

☐ **Other** _____

Problem	What problem do you wish to solve? Are there any current products in the market doing the same?

Solution	Describe how your technology solves the problem.

Work Plan	<i>Describe milestones to be achieved within the project timeline (no longer than 12 months). Describe how these activities are required to advance the technology to the next stage of development.</i>

Market Viability	Describe your ideal user, and why they would prefer your solution. What are your value propositions that are better than what is available in the market today?		
Path to Market	How do you envision selling your technology? Include any barriers/challenges.		
Spin-Out/Startup Plans	Do you plan on forming an entity?	Yes	No
Maybe			
Industry Partners	List strategic partners that you have engaged that could accelerate your innovation's path to market.		
Stage of Development	What is the current stage of development for the technology? Link to TRL descriptions		
<input type="checkbox"/> TRL 3: Late Ideation	<input type="checkbox"/> TRL 4: Early Prototype	<input type="checkbox"/> TRL 5: Late Prototype	<input type="checkbox"/> TRL 6+: Deployment
Who owns the IP?			
Intellectual Property	What is the status of the IP? (check all that apply)		
<input type="checkbox"/> Provisional Patent Application	Issued Patent (Provide patent number in comment box)	Proprietary Know-How	
<input type="checkbox"/> Copyright/Trademark Pending	Registered Copyright/Trademark	Trade Secret	
<input type="checkbox"/> Other (Describe below)			
Intellectual Property Claims (include any official registered numbers)			
*FOR NON-RESEARCH INSTITUTIONS: Has an IP Policy been put in place?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> In Discussion

BUDGET			Person per Month			FUNDS REQUESTED
A.	PERSONNEL <i>(non-salaried)</i> <i>List each separately with name and title</i>	PROJECT ROLE	CAL	ACAD	SUMR	
1.						
2.						
3.						
4.						
5.						
TOTAL PERSONNEL (A)						
B.	EQUIPMENT <i>(Itemize)</i>					
C.	MATERIALS AND SUPPLIES <i>(Itemize by category)</i>					
D.	CONSULTANT SERVICES					
E.	PROTOTYPING SERVICES <i>(Include Technical College providing the service, if applicable)</i>					
F.	OTHER					
TOTAL DIRECT COSTS (A THROUGH G)						
G.	INDIRECT COSTS (F&A) <i>(Specify Rate & Base): Not to exceed 20% F&A on total direct costs</i>					
TOTAL (A THROUGH H)						

Attachment Checklist

<input type="checkbox"/>	Attachment A: Documentation of Institutional Support Listed on Page 1 provided by institution
<input type="checkbox"/>	Attachment B: Quotes for consultant/prototyping services and/or equipment (if applicable)

Name of Authorized Institution Official _____ Title of Authorized Institution Official _____ Signature _____
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Completed application and attachments MUST be submitted by authorized institutional official, either from the Technology Transfer Office (TTO), or equivalent, to:
academicinnovations@scra.org