**INSTRUCTIONS: Fill out this application in its entirety. The application must be submitted as a single pdf document to the Graduate School via email (siueresearch@siue.edu). Applicants are responsible for complying with all award requirements.**

**SECTION 1. APPLICANT INFORMATION. *TO BE COMPLETED BY APPLICANT.***

**INSTRUCTIONS: Fill out the following section. The signature and date may be completed electronically.**

|  |  |
| --- | --- |
|  |  |
| Signature | Date |
|  |  |
| Printed Name | School/College or Unit |
|  |  |
| Rank or Title | Department |
|  | |
| Title/Subject of Invention | |

**SECTION 2. INSTITUTIONAL APPROVAL. *FOR OFFICIAL USE ONLY.***

**\_\_\_\_\_** Disclosure requirements HAVE been met **\_\_\_\_\_** Disclosure requirements HAVE NOT been met

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|  |

Signature of Director of Office of Technology Transfer or Designee Date

**SECTION 3. NARRATIVE. *TO BE COMPLETED BY APPLICANT.***

**INSTRUCTIONS: Address each of the following subsections as completely as possible. The entire Narrative may not exceed 3 pages. None of the subsections may be deleted to create more space in this section.** **"Invention" refers to a patentable discovery, trade secret, or copyrightable material.**

**3A. INVENTION DESCRIPTION**

Describe the invention and its current state of development. Trade secrets need not disclose the specific trade secret material, just a description of what it concerns. Give a clear, concise picture of the invention and its basis.

**3B. PROPOSED TIMELINE**

Create a realistic timeline of the steps necessary to transfer the invention from its current state to the market. Identify and highlight the steps/milestones that will be carried out if this application is funded. The funding period is up to one year. Provide a general description of how the highlighted steps will be carried out, not a detailed “Materials & Methods” description.

**3C. OTT ACTIVITY**

Provide the internal OTT file number(s) associated with this invention. Describe the extent of any discussions/ consultations with the OTT, including whether SIUE has accepted responsibility for this invention. List any patent, patent application, copyright, or trademark number(s) and filing date(s) associated with this invention.

**3D. MARKET INFORMATION**

Provide an assessment of the potential market size (use concrete numbers when possible) and the market viability. Indicate how the invention is beneficial or an improvement on existing technology.

**3E. BUSINESS/LEGAL DISCUSSIONS**

Describe any additional discussions that either you or the OTT have been involved in, especially those relating to licensee interest. If the invention is associated with a start-up company, describe that relationship.

**SECTION 4. OTHER SUPPORT. *TO BE COMPLETED BY APPLICANT.***

**INSTRUCTIONS: Answer the questions provided. There is no page limit for this section.**

|  |
| --- |
| **QUESTION 1.**  Does the applicant have other financial or in-kind support? (Answer Yes or No.) Other support includes but is not limited to federal, other governmental, commercial, other private, and institutional.      **If you answered NO, proceed to Section 5.**  **If you answered YES, answer Questions 2 and 3 before proceeding to Section 5.** |
| **QUESTION 2.**  Provide the following information for all sources of active and pending support for the last 3 years: Project Number (and Principal Investigator), Source of Funding, Annual Budget (Direct Costs), Project Dates, % Effort, Title, Specific Aims/Major Goals.  **Active Support:**    **Pending Support:** |
| **QUESTION 3.**  Summarize the overlap of the projects with the current application. |

**SECTION 5. BUDGET INFORMATION. *TO BE COMPLETED BY APPLICANT.***

**INSTRUCTIONS: Fill in all requested information. There is no page limit for this section.**

**5A. ITEMIZED BUDGET**

For Key Personnel, enter descriptive information and salary requested. Salary support for the applicant is not permitted. For all other categories, enter a description of the item(s)/service(s) being requested and an approximate purchase cost. Make sure to enter the total amount requested. Indirect costs are not allowed.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DESCRIPTION OF ITEM REQUESTED** | | | | | | | **DOLLAR AMOUNT REQUESTED (omit cents)** | | |
| **KEY PERSONNEL** | |  | |  | |  |  |  |
| **NAME** | **ROLE ON PROJECT** | | **% EFFORT** | | **BASE SALARY** | **SALARY REQUESTED** | **FRINGE BENEFITS** | **TOTAL**  **REQUESTED** |
| • |  | |  | |  |  |  |  |
| • |  | |  | |  |  |  |  |
| • |  | |  | |  |  |  |  |
|  | | | | | | **SUBTOTAL:** | | |
| **CONSULTANT COSTS** | | | | | |  | | |
|  | | | | | | **SUBTOTAL:** | | |
| **EQUIPMENT**  ITEMIZE: | | | | | |  | | |
| • | | | | | |  | | |
| • | | | | | |  | | |
|  | | | | | | **SUBTOTAL:** | | |
| **SUPPLIES**  ITEMIZE BY CATEGORY: | | | | | |  | | |
| • | | | | | |  | | |
| • | | | | | |  | | |
|  | | | | | | **SUBTOTAL:** | | |
| **TRAVEL** | | | | | |  | | |
|  | | | | | | **SUBTOTAL:** | | |
| **OTHER COSTS**  ITEMIZE BY CATEGORY: | | | | | |  | | |
| • | | | | | |  | | |
| • | | | | | |  | | |
|  | | | | | | **SUBTOTAL:** | | |
| **TOTAL COSTS** | | | | | | |  | | |

**5B. BUDGET JUSTIFICATION**

Justify the budget items as well as the rates and/or amounts used. Include the roles and responsibilities of key personnel. Travel for dissemination is not allowed.

**Key Personnel:**

**Consultant Costs:**

**Equipment:**

**Supplies:**

**Travel:**

**Other Costs:**

**SECTION 6. REFERENCES. *TO BE COMPLETED BY APPLICANT.***

**INSTRUCTIONS: Provide full citations for all cited references. If there are no references in the application, state “No References.” This entire section may not exceed 1 page.**

**SECTION 7. APPENDIX. *TO BE COMPLETED BY APPLICANT.***

**INSTRUCTIONS: Answer the following questions about the application to determine if an Appendix is needed.**

|  |
| --- |
| **QUESTION 1.**  Has this invention been funded through a previous funding cycle of the Concept CommercializationAward?    **If you answered NO, your application is complete and no Appendix is required.**  **If you answered YES, proceed and answer Questions 2 and 3.** |
| **QUESTION 2.**  When was previous funding through the CDA provided for this invention? |
| **QUESTION 3.**  Have you already submitted a Progress Report for the funding cycle listed above?    **If you answered YES, attach a copy of the finalized, approved Progress Report as an Appendix\*\***  **If you answered NO, fill out the Progress Report and attach it to this application as an Appendix\*\*.**  **\*\***To attach an Appendix, first convert the Application and the Progress Report to pdf documents. Open the pdf application in Adobe Acrobat (not Adobe Reader), choose “Combine” from the main tasks bar, then select “Merge Files into a Single pdf.” Select the “Add Files” option, locate the Appendix pdf file, then select “Combine Files” and save the resulting pdf document for submission. This method will allow you to insert the Progress Report at the end of the application. Do not copy and paste content from the Progress Report into this space. |