**FULL APPLICATION for ACADEMIC and NON-PROFIT ENTITIES**

**BY INVITATION ONLY**

**Attachment I: Cover Page**

**CT Bioscience Innovation Fund (Bioscience Fund)**

*The Cover Page is required for BOTH a Preliminary Application and a Full Application. It should be completed by the principal investigator of each participating institution. For projects with multiple investigators, the lead investigator should be indicated.*

*An application is incomplete if any of the below information or the required signature is omitted. The Cover Page must be signed by the Vice President of Research or other authorized official to confirm institutional approval for the application including financial as well as other types of regulatory compliance.*

Title of Project: Click here to enter text.

Amount Requested: $Click here to enter text.

Institution: Click here to enter text.

PI Name (sponsor where applicable): Click here to enter text.

PI Department/Mailing Address: Click here to enter text.

PI Phone: Click here to enter text.

PI Email: Click here to enter text.

Work will be conducted in Connecticut: Yes [ ]  No [ ]  (If No, justification must be provided.). Click here to enter text.

Will a start-up company be established? Yes [ ]  No [ ]  Name? Click here to enter text.

If yes, have any discussions begun with regards to licensing the Intellectual Property (I.P.)? Click here to enter text.

Is there an existing prototype and/or lead compound? Yes [ ]  No [ ]

Signature(s):­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibilities for the scientific conduct of the project and to provide the required progress reports if funding is awarded as a result of this application.

Authorized Representative and Title: Click here to enter text.

I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with all terms and conditions of the Connecticut Bioscience Innovation Fund and all applicable laws and ethical standards if funding is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Items included in Project (please check where appropriate):

[ ] [ ]  Proprietary and privileged information (identify such words/paragraphs on specific pages in **yellow highlighted text** type)

[ ] [ ]  Preclinical Investigation

[ ] [ ]  In Vitro/Cell Investigation

[ ] [ ]  Vertebrate Animal

[ ] [ ]  Human subjects

[ ] [ ]  Other; Specify: Click here to enter text.

How did you hear about the Connecticut Bioscience Innovation Fund?

[ ]  CI/Bioscience Website) [ ]  Social Media (Please specify: [ ]  LinkedIn [ ]  Twitter [ ]  Facebook)

[ ]  Press [ ]  Event [ ]  University Contact; Tech Transfer Office [ ]  Other; Specify: Click here to enter text.

**Attachment III: Project Description**

**CT Bioscience Innovation Fund (Bioscience) Full Application – BY INVITATION ONLY**

*Attachment III should be completed by the institution. Please be sure to include the following sections:*

*a. Project Objectives*

*In the space provided below, describe the goals and objectives of the project. Discuss the rationale for choosing these objectives. Explain how these objectives compare to the state of the art and what distinguishes this proposed work from other efforts.*

Click here to enter text.

*b. Scientific Plan*

*In the space provided below, describe the technical plan over the proposed project period including how the proposed project will be organized into tasks and how the tasks are related to key milestones of Bioscience funding. Include any preliminary data and reference to the scientific basis for the innovation. Define clear, quantitative milestones and provide an expected schedule for reaching these milestones, including regulatory approvals where applicable. Summarize the technical tasks that must be accomplished, with special emphasis on new or innovative technologies required for success of the project. Describe the potential pitfalls and alternative strategies that may impact the success of the project.*

**Click here to enter text.**

*For projects involving several Principal Investigators and/or organizations, describe the expected contributions of each participant, as well as a leadership plan that addresses roles/areas of responsibility, fiscal and management coordination, process for making decisions on scientific direction and allocation of resources, data sharing and communication among investigators, publication and intellectual property policies, and dispute resolution.*

Click here to enter text.

*c. Scientific Data*

*In the space provided below, describe the scientific data related to the technology/project. Include all preliminary studies, proof-of-concept data, and descriptions of prototypes if applicable.*

Click here to enter text.

*d. Bibliography*

*List the existing research and technology base that supports the proposed work. Please note that the bibliography shall not be included within the page limitations. List all author’s last names in references rather than using et al.*

Title of Project: Click here to enter text.

PI Name: Click here to enter text.

Academic Institution: Click here to enter text.

Collaborator(s): Click here to enter text.

Description: Click here to enter text.

**Attachment IV: Market & Commercialization Details**

**CT Bioscience Innovation Fund (Bioscience Fund) Full Application – BY INVITATION ONLY**

*Succinctly answer the below listed questions related to the market opportunity and commercial potential of your product/technology. Responses do not need to be lengthy but should demonstrate thoughtfulness, understanding of the marketplace, and knowledge of the target industry/population.*

**Readiness and IP Status**

1. Provide a historical timeline (either graphically or in bullet format) for work completed on your technology/product to date. Indicate any significant milestones achieved. Click here to enter text.
2. Check below the appropriate level of “Technology Readiness” that describes your product/service:

|  |
| --- |
|[ ]  1. Basic principles observed and reported
 |
|[ ]  1. Technology concept and/or application formulated
 |
|[ ]  1. Analytical and experimental critical function and/or characteristic proof of concept
 |
|[ ]  1. Component and/or breadboard validated in laboratory environment
 |
|[ ]  1. Laboratory scale: similar system validated in relevant environment
 |
|[ ]  1. Pilot scale: prototypical system validated in relevant environment
 |
|[ ]  1. Full scale system demonstrated in relevant environment
 |
|[ ]  1. Actual system completed and quantified through test and demonstration
 |
|[ ]  1. Actual system operated over full range of expected conditions
 |

1. Please describe the proprietary nature of your product/service and how it is protected.

Click here to enter text.

1. What patents have been applied for or issued? Click here to enter text.
2. Who owns the technology/product? Click here to enter text.

**Market Opportunity & Competitors**

1. What problem does your product/service solve? Click here to enter text.
2. What is your target market? Click here to enter text. What is the market size? Click here to enter text.
3. How would your product/service benefit the target market(s) over existing solutions?

Click here to enter text.

1. Who are the potential customers for your product/service? Click here to enter text.
2. List your existing or potential competitors and describe any competitive advantage(s) of your product/service. Click here to enter text.

Below provide a summary table comparing your product to the top 3 competitors.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Feature** | **Click & Enter Applicant Technology/Service** | **Click & Enter Competitor 1** | **Click & Enter Competitor 2** | **Click & Enter Competitor 3** |
| Enter Feature A | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Enter Feature B | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Enter Feature C | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Enter Feature D | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Enter Feature E | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Describe your overall go-to-market strategy including details on how the product will be supplied to the target market and any anticipated barriers to success. Include anticipated milestones that will be achieved. Click here to enter text.

**Team & Funding to Date**

1. Below provide a list of the key people (e.g., researchers, employees, consultants) involved in business functions and/or development of your product/service including their biographical sketches (per the NIH format), relevant scientific, business and/or commercialization experience, current positions, and current percentage effort.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Person** | **Role &****Responsibilities** | **Relevant Experience**  | **Status (employee, consultant, other)** | **% Time Devoted to Project** | **Biosketch Provided? (Y/N)** |
| Enter Person A | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Enter Person B | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Enter Person C | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Enter Person D | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Enter Person E | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Enter Person F | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Have any other people (e.g., mentors, advisors) played important roles in the project’s development? Describe their involvement. Click here to enter text.
2. As a result of Bioscience funding, how many anticipated future jobs will this project create, and over what timescale? Click here to enter text.
3. How has your project been funded to date? Describe any actual cash investments, indicating amounts, source of funds and whether they came from private or public sources. Indicate if the funds were from loans, grants, equity or other sources. Click here to enter text.
4. Are any additional investors (angels, venture funds, etc.) currently interested in investing in your project? Click here to enter text. If yes, please provide details as to their level of commitment. Click here to enter text.

If awarded through the Bioscience Fund, what are the project’s next steps after the Bioscience Fund dollars are utilized? What will the anticipated and achievable milestones be at the end of this project? Include plans of future research, commercialization, additional investment sources, etc. Click here to enter text.

**Attachment V: Evidence of Commitment**

**CT Bioscience Innovation Fund (Bioscience Fund) Full Application – BY INVITATION ONLY**

*Attachment V should be completed by the institution. Please be sure to include the following sections:*

***a. Commitment of Academic Institution, Company and other Collaborators***

*Describe the commitment of the academic institution and that of other collaborators to this project.*

*b. Financial Commitment from other Sources*

*Describe financial commitments to the project from other sources.*

***c. Available Facilities and Major Items of Equipment***

*Describe the facilities and major equipment available for this project.*

***d. Other Support***

*List all active and pending grants and provide the following information: grant title, funding agency, your role, percent effort, total direct costs, funding period, overall objectives, and whether funding is complimentary to the Bioscience proposal. Specifically, identify other support that has scientific or budgetary overlap with the current application.*

Title of Project: Click here to enter text.

PI Name: Click here to enter text.

Academic Institution: Click here to enter text.

Collaborator(s): Click here to enter text.

Details: Click here to enter text.

**Attachment VI: Financials**

**CT Bioscience Innovation Fund (Bioscience Fund) Full Application – BY INVITATION ONLY**

*Attachment VI should be completed by the institution.*

Budget: *Each application must contain a budget for each year of support requested and a cumulative budget for the full term of requested support. Identify each year’s request (“First year,” “Second year,” or “Cumulative Budget”) at the top right of each page. Use the prescribed budget format provided in Attachment VI.*

1. *Funds are to be used for activities that yield the highest value to the project’s development and moving it toward commercialization. For example, funds can be used to cover costs associated with key scientific experiments/milestones or prototype development; for commercialization planning activities such as business plan assistance and development, market analysis or market entry/sales strategy development; for startup expenses such as accounting, legal or intellectual property development; and/or for hiring resources, consultants or employees necessary to complete the related work.*
2. *Financial assistance may be used for reasonable operating expenses such as salaries, rent, and utilities that would provide a direct benefit to the project. Tuition reimbursement is not an allowable cost.*
3. *Salaries will be reviewed against current NIH salary ranges; in no circumstance should a salary request exceed $183,300 Per the current NIH guidelines, salary requests are not to exceed $183,300 in accordance with the institutional compensation range for each position, and commensurate with the time allotted to the proposed research. Funds must not be used to augment the existing salaries of investigators. Funds must not be used to reimburse faculty members for consulting or other activities that are in addition to a regular full-time institutional salary. (For postdocs, graduate students and technical staff, etc., list only the total number of persons and total amount of salaries per year in each category.)*
4. *Travel is allowable as a direct cost when such travel will provide direct benefit to the project. A detailed justification must be provided. All expenses must be incurred during the funding period and are subject to audit.*
5. *Indirect costs may NOT be charged to the project. Reasonable charges for access to facilities, necessary furniture, fixtures and access to capital equipment strictly necessary -required for conduct of the project should be included as itemized direct costs. The Fund reserves the sole right to approve the use of funds. The applicant acknowledges and agrees that (a) the proceeds of the financial assistance may and shall be used exclusively for costs directly incurred for the purpose of the approved project, and (b) no part of the proceeds of the financial assistance may or will be (i) used to pay, or to reimburse the Company/Institution or any other person for the payment of, costs of any kind incurred prior to the funding, or (ii) used to repay any prior loan, capital contribution or other investment in the project/Company/Institution.*
6. *All funded projects are subject to an audit; therefore, it is strongly advised that awardees retain associated receipts and maintain detailed records of expenses incurred.*

[ ]  ***I have reviewed the budget guidelines and understand the requirements.***

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                       Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Title of Project: Click here to enter text.

PI Name: Click here to enter text.

Academic Institution: Click here to enter text.

Collaborator(s): Click here to enter text.

**Attachment VI: Financials (continued)**

Budget for Year: Click here to enter text.

|  |  |  |
| --- | --- | --- |
|  | **Funded Person Months** | **Funding Requests** |
| **A. Senior Personnel** (Staff, PI and other Researchers). | Click here to enter text. | Click here to enter text. |
| 1. Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2. Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3. Others (List individually on Budget Justification Page) | Click here to enter text. | Click here to enter text. |
| 4. Total Senior Personnel (1-4) | Click here to enter text. | Click here to enter text. |
| **B. Other Personnel** (List individually on Budget Justification Page) | Click here to enter text. | Click here to enter text. |
|  **Total Personnel Costs** (Sum A+B) | Click here to enter text. | Click here to enter text. |
| **C. Permanent Equipment** (Describe on Budget Justification page) | Click here to enter text. | Click here to enter text. |
| **D. Other Direct Costs** (Describe on Budget Justification Page) | Click here to enter text. | Click here to enter text. |
| 1. Materials and Supplies  | Click here to enter text. | Click here to enter text. |
| 2. Publication Costs/ Page Charges  | Click here to enter text. | Click here to enter text. |
| 3. Computer Services  | Click here to enter text. | Click here to enter text. |
| 4. Intellectual Property Filings | Click here to enter text. | Click here to enter text. |
| 5. Other (e.g., itemized charges for access to facilities, etc.)  | Click here to enter text. | Click here to enter text. |
|  **Total Other Direct Costs** (Sum D) | Click here to enter text. | Click here to enter text. |
| **E. TOTAL COSTS** (Sum A through D) | Click here to enter text. | Click here to enter text. |
| F. Projected Revenues | Click here to enter text. | Click here to enter text. |
| G. Total Contributions from Other Sources | Click here to enter text. | Click here to enter text. |

**Attachment VI: Financials (continued)**

|  |
| --- |
| **Budget Explanation/Justification:** *Clearly delineate the specific use and justification of funds. Breakdowns should be as accurate and specific as possible. For equipment funding requests, describe and justify each piece of requested equipment. Identify location of use. If comparable equipment is available at the institution, explain why it cannot be used.* Description: Click here to enter text. |

**Attachment VII: Appendix**

**CT Bioscience Innovation Fund (Bioscience Fund) Full Application – BY INVITATION ONLY**

*Additional materials in support of the application may be included in this section, and are not included in the 15-page limit. Examples of materials that may be provided in this section include letters of commitment from the institution and collaborators (e.g., strategic partners), patent descriptions, licensing agreements, other materials from Attachment V (Evidence of Commitment), etc. Additional materials should be titled and make reference to the related section in the application.*

Title of Project: Click here to enter text.

PI Name: Click here to enter text.

Academic Institution: Click here to enter text.

Collaborator(s): Click here to enter text.

Details: Click here to enter text.