**VIRGINIA CATALYST**

**FUNDING INITIATIVE ROUND 8**

**LETTER OF INTENT**

**Letters of Intent must be submitted by February 1, 2018 5:00 PM EST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Proposal Title** |  | | |
|  | | | |
| **INDUSTRY PARTNER CONTACT** | | | |
| **First Name** |  | **Address Line 1** |  |
| **Last Name** |  | **Address Line 2** |  |
| **Position** |  | **City** |  |
| **Company** |  | **State** |  |
| **Company Website** |  | **Zip Code** |  |
| **Phone** |  |  |  |
| **Email** |  |  |  |
|  | | | |
| **PRIME UNIVERSITY CONTACT** | | | |
| **First Name** |  | **Address Line 1** |  |
| **Last Name** |  | **Address Line 2** |  |
| **Position** |  | **City** |  |
| **Company** |  | **State** |  |
| **Company Website** |  | **Zip Code** |  |
| **Phone** |  |  |  |
| **Email** |  |  |  |
|  | | | |
| **PARTNER UNIVERSITY CONTACT** | | | |
| **First Name** |  | **Address Line 1** |  |
| **Last Name** |  | **Address Line 2** |  |
| **Position** |  | **City** |  |
| **Company** |  | **State** |  |
| **Company Website** |  | **Zip Code** |  |
| **Phone** |  |  |  |
| **Email** |  |  |  |
|  | | | |
| **ADDITIONAL CONTACT (OPTIONAL)** | | | |
| **First Name** |  | **Address Line 1** |  |
| **Last Name** |  | **Address Line 2** |  |
| **Position** |  | **City** |  |
| **Company** |  | **State** |  |
| **Company Website** |  | **Zip Code** |  |
| **Phone** |  |  |  |
| **Email** |  |  |  |

**Project Proposal Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In a maximum of two pages (font size 10-12) and using the following format, please address each of the following criteria:**

* **Statement of the Problem and Unmet Need.**Provide a brief summary of the problem the technology will address, and the health burden or public health need.
* **Description and Nature of the Project.**Provide a brief overview of the project plan including an analysis of its strengths as well as the gaps and requirements for progressing the idea.
* **Scientific and Clinical Impact.**Explain the novel insight, target, compound, biomarker, screen, assay, or technology and clearly outline the project's potential for translation and impact in life sciences.
* **Intellectual Property.** Provide a summary of existing or planned intellectual property associated with this project.
* **Economic Impact for Virginia.**Describe how this project will create a positive impact for Virginia through increased revenues, job creation, and/or follow on funding.
* **Plan for Commercialization.**Clearly articulate a plan for moving the project from idea into commercialization. Please also provide a description of your project’s regulatory approval status. Has your team had a pre-IND/IDE meeting with the FDA? If not, what are the plans for accomplishing this?
* **Significant Collaboration.**Describe the capabilities of each project team leader to perform the project.
* **Matching Funds.**List the source of the matching funds for the project. Proposals have a matching funding requirement, beginning at 1:1 and rising to up to a 6:1 for major projects.

**LETTER OF INTENT SUBMISSION**

I have reviewed Virginia Catalyst funding criteria, proposal process, and award guidelines.

I have notified the appropriate Grants and Contracts offices at each university involved in this project proposal.

**PROPRIETARY INFORMATION**

Inclusion of proprietary information in LOIs or full applications is discouraged unless absolutely necessary for evaluation. When proprietary information is provided, it should be clearly marked and uploaded as an appendix to the proposal. ​

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date 1/30/2018