***Letter of Intent***

***Grant Round 16***

**Letters of Intent must be** [**electronically submitted**](https://www.virginiacatalyst.org/submit-loi.html) **by January 5, 2024 at 5:00 PM EST**

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| ***Industry Partner*** |
|  First Name |  | Address Line 1 |  |
|  Last Name |  | Address Line 2 |  |
|  Position |  | City |  |
|  Company |  | State |  |
|  Website |  | Zip Code |  |
|  Phone |  |  |
|  Email |  |
|  |
| ***Investigator from:*** [ ]  EVMS [ ]  GMU [ ]  ODU [ ]  UVA [ ]  VCU [ ]  VT |
|  First Name |  | Address Line 1 |  |
|  Last Name |  | Address Line 2 |  |
|  Position |  | City |  |
|  Phone |  | State |  |
|  Email |  | Zip Code |  |
|  |
| ***Investigator from:*** [ ]  EVMS [ ]  GMU [ ]  ODU [ ]  UVA [ ]  VCU [ ]  VT |
|  First Name |  | Address Line 1 |  |
|  Last Name |  | Address Line 2 |  |
|  Position |  | City |  |
|  Phone |  | State |  |
|  Email |  | Zip Code |  |
|  |
| ***Additional Contact (optional)*** |
|  First Name |  | Address Line 1 |  |
|  Last Name |  | Address Line 2 |  |
|  Position |  | City |  |
|  Organization |  | State |  |
|  Phone |  | Zip Code |  |
|  Email |  |  |
|  |

***Title of Proposed Project***

***Market Need***

Provide a brief summary of the unmet need and the size of the market in dollars and numbers of patients

***Proposed Solution***

The proposed solution is best described as:

[ ] therapeutic [ ] product [ ] manufacturing [ ] IP licensing [ ] other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a brief description of the product or service to be commercialized to meet the need

***Collaborative Team***

**Industry Partner:**

Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Investigators from the following (minimum of two):**

[ ] Eastern Virginia Medical School (EVMS)

[ ] George Mason University (GMU)

[ ] Old Dominion University (ODU)

[ ] University of Virginia (VT)

[ ] Virginia Commonwealth University (VCU)

[ ] Virginia Polytechnic Institute and State University (VT)

**Additional partners optional:**

 \_\_\_\_\_ Organization name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ Organization name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Economic Impact for Virginia***

Describe how this project will create a positive economic impact for Virginia through increased revenues, profitability, job creation, and follow-on funding.

***Matching Funds***

Minimum of 1:1 matching fund requirement. [Read matching funds documentation criteria](https://www.virginiacatalyst.org/uploads/7/3/8/8/73883877/virginia_catalyst_matching_funds_dec2021.pdf)

Amount requested from Virginia Catalyst Grant ($200,000 - $800,000): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the source(s) of matching funds:

 Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***LETTER OF INTENT SUBMISSION***

[ ] I have reviewed Virginia Catalyst [funding criteria](https://www.virginiacatalyst.org/uploads/7/3/8/8/73883877/virginia_catalyst_grant_funding_criteria_dec2021.pdf), [proposal process](https://www.virginiacatalyst.org/apply.html), and [award guidelines](https://www.virginiacatalyst.org/uploads/7/3/8/8/73883877/virginia_catalyst_grant_funding_faq_april2019.pdf).

[ ] I have notified Grants and Contracts offices at each university involved in this 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.

**Print Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date 10/31/2023